

WHATLEY & ASSOCIATES

29 PUBLIC SQUARE
P.O. BOX 411
COLUMBIA, TENNESSEE 38402-0411

S. Jason Whatley
Franziska E. Abbott
Cory L. Ricci

Telephone: (931) 388-4288
Facsimile: (931) 388-4286
www.whatleylaw.net

Paralegals:
Donna K. Symlar
Mitzi Montes

February 6, 2017

VIA HAND-DELIVERY:

Dr. Christopher Marczak
Superintendent, Maury County Schools
501 W. 8th St.
Columbia, TN 38401

RE: Mary Catherine Thomas (d.o.b. 05.17.01), 10th grade, Culleoka Unit School

Dear Dr. Marczak:

I have been retained to represent Anthony Thomas, custodian and father of 10th grade student, Mary Catherine Thomas, regarding extremely serious allegations of inappropriate contact and/or kissing between her and a Culleoka Unit School teacher, Tad Cummins. Mr. Thomas was informed by law enforcement on Tuesday, January 31, 2017 of these allegations. The Maury County Sheriff's Detective who contacted Mr. Thomas was unaware that Mr. Thomas had no idea of the allegations. According to the detective, another student at Culleoka School observed Mr. Cummins kissing my client's daughter on Monday, January 23, 2017 – a full week prior to his incidental learning of the allegations. Mr. Thomas immediately attempted to call the Culleoka School principal but was unable to get an answer of any kind.

The following day, February 1, 2016, Mr. Thomas contacted your office and spoke with an "Amanda" – who my client believes was Human Resources Manager, Amanda Alexander. Ms. Alexander expressed concern and regret that Mr. Thomas had been left in the dark about the allegations and further shared her position that the Culleoka School principal was to have done that already. She stated further that the investigation was not complete and that Mr. Thomas would be informed with the findings thereof. Finally, Ms. Alexander insured Mr. Thomas that there would be no contact or communication between the child and the alleged perpetrator.

Unfortunately, to date, Mr. Thomas has not heard back from Ms. Alexander – nor has he heard anything further from Maury County Schools on the subject. At the same time, Mr. Thomas's daughter, Mary Catherine, has informed him that she continues to have at least one class or period ("R.T.I.") with Mr. Cummins. Upon inspection of her cellphone, the two are also having telephone communications.

Dr. Christopher Marczak

February 6, 2017

Page 2 of 3

To make matters worse, it appears that this issue is being readily discussed by faculty members and, on at least one recent occasion, in a derogatory tone and manner about Mr. Thomas' daughter.

The purpose of this letter is to demand as follows:

(1) That we, on behalf of Mr. Thomas, receive an immediate update as to all allegations regarding Mary Catherine Thomas and any inappropriate contact with Tad Cummins, complete with all allegations and facts learned, statements given by other teachers and students, and any and all other written or recorded information. We are demanding that this information be provided by close of business today;

(2) That, also by the end of today, you communicate back to me that measures have been taken to ensure that there will be absolutely no contact or communication between this student and Tad Cummins;

(3) That we receive a copy of Mr. Cummins personnel file;

(4) That you coordinate a meeting with me and my client so as to discuss this matter further, the same to be scheduled at your earliest convenience; and

(5) That you direct your faculty and staff to cease and desist immediately from discussing these allegations to or within the hearing of other students.

I cannot overemphasize to you the concern we have here. While I certainly do not know any facts personally, and while I understand that due process must be observed, I must also express my own outrage that Mr. Thomas has been simply brushed aside by your administration in terms of these very serious allegations. Also, if it is true that contact between this student and Mr. Cummins has continued in light of these allegations, I can tell you that my client will use whatever legal means are at his disposal, including filing suit, to assist Maury County Schools in protecting Mary Catherine from Mr. Cummins at least until the investigation is complete -- and my client agrees that it is complete.

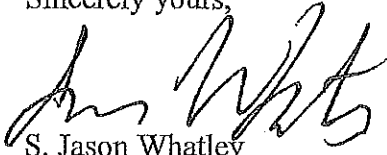
Your reputation precedes you as a person who is dedicated to promoting and improving our public schools. For that reason, I am sure that you agree with the concerns and demands as expressed in this letter. We will assume for now that you also were left unaware that Mr. Thomas had so callously been kept outside the loop regarding his daughter and potential or real threats to her safety. Therefore, we hope that this letter assists in putting us on the same page and we look forward to working with you to that end.

I look forward to hearing from you today.

I remain,

Dr. Christopher Marczak
February 6, 2017
Page 2 of 3

Sincerely yours,


S. Jason Whatley
Attorney at Law

Syperm.
CLR

Statement from the family of Elizabeth Thomas
March 13, 2017

We (law enforcement agency releasing the statement) have been asked by the family of Elizabeth Thomas to release the following statement:

Family Statement:

We want to thank the Maury County Sheriff's Office, Tennessee Bureau of Investigation and other law enforcement agencies working to find Elizabeth, the Amber Alert system for quickly getting out the alert about her, and all of you who have shared her photo and story in hopes of helping to find Elizabeth. Your prayers and support are deeply appreciated.

We ask that you continue to share Elizabeth's story and to immediately notify law enforcement if you think you may have seen her. You can be Elizabeth's eyes, her ears and her voice. Your information or tip may be what leads to getting this child home.

As a family, we are focused on one thing and one thing only – Elizabeth's quick and safe return. Because of that, we will not be making any further statements, and we ask the news media recognize and respect our desire for privacy as we deal with this situation.

Thank you.

Family of Elizabeth Thomas

Dr. Christopher J. Marczak
Superintendent of Schools



Maury County Public Schools
501 West 8th Street, Columbia, TN 38401
(931) 388-8403, Fax (931) 840-4410

Scott A. Gaines
Assistant Superintendent of Instruction

Stan J. Breeden
Assistant Superintendent of Operations

MEMORANDUM

Date: 02/08/2017

From: Amanda Hargrove, Chief of Staff

RE: Tad Cummins

I spoke with Penny Love, Principal Culleoka Unit School, concerning the issues raised in a letter received by my office from Whatley and Associates dated 02/06/2017.

The letter states the student still has one class of (RTI) with the teacher. This statement is false. The student's schedule was changed in order to separate the teacher and student. The student does not have RTI with the teacher.

The teacher was suspended from his employment with MCPS on 02/06/2017.

The main issues of concern were accusations that the faculty and staff are readily discussing this issue at school and on at least one occasion in a derogatory tone and manner about the student. Ms. Love had no knowledge of derogatory remarks being made by faculty about the student. Ms. Love did receive remarks from faculty concerning conversations between students concerning the incident. Faculty assured Ms. Love efforts had been made to advise students to refrain from discussion of the incident.

Ms. Love will meet with faculty during their weekly faculty meeting and address the issue. She will advise all faculty and staff to not discuss the situation whether or not in the presence of students. School administration will do their due diligence to ensure this matter is not discussed by students or faculty.

The letter requested the following information which will be provided to Whatley & Associates:

- 1) Investigation Report from MCPS
- 2) Personnel File of Tad Cummins

Investigation Report



Complaint Managers: Amanda Hargrove, Chief of Staff and Teneke Claybourne, HR

Complainant: Culleoka Unit School Administration

Date of Complaint: 01/24/2017

Date of Report: 01/30/2017

Violation/Allegation: Inappropriate Conduct by a teacher towards a student

A. Nature of the Allegation

Student 1 filed a report on January 24, 2017, with school administration accusing a teacher at the school of kissing a student in his classroom. Student 1 named the teacher as Mr. Tad Cummins. Student 1 named the student as Mary Catherine (Beth) Thomas.

Undisputed Background Information

Tad Cummins has been employed as a teacher at Culleoka Unit School since 2011.

Mary Catherine (Beth) Thomas is currently a 9th grade student at Culleoka Unit School. Beth has Mr. Cummins as a teacher for 3rd block – Forensics class.

C. Parties and Persons Involved

Tad Cummins, teacher
Beth Thomas, student
Student 1, middle school student
Student 2, middle school student
Student 3, high school student
Teacher 1, co worker

D. Complainant's Position

Student 1 states that on January 23, 2017, while walking into Mr. Tad Cummins room to retrieve her bag, she witnessed Mr. Cummins kissing Beth Thomas. In her written statement, Student 1 states "It wasn't like a make out kiss, just a peck on the lips."

After witnessing the alleged incident, Student 1 felt uncomfortable and left the room. Upon leaving the room, Student 1 saw Student 3 in the staircase. Student 1 told Student 3 what she witnessed. Student 3 stated during questioning that Student 1 did say she saw Tad and Beth kissing. This was told to Student 3 on the day it happened when she saw Student 1 on the staircase of the school. Student 3 described Student 1 as "freaked out" by the incident.

The next day, January 24, 2017, Student 1 confronted Mr. Cummins about his relationship with Beth Thomas. Student 2 accompanied Student 1 as she asked Mr. Cummins about his relationship. Mr. Cummins commented to both Student 1 and Student 2 that he is a father figure to Beth. He commented he saw her as a close and best friend. He also revealed to both Student 1 and Student 2 that Beth had been through a lot and had suffered an abusive home life.

Student 1 decided to go to the school administration and report what she had witnessed.

E. Respondent's Position

Mary Catherine (Beth) Thomas— admits she does go to Mr. Cummins room when she becomes upset and anxious during the school day. She looks at him like a friend and a counselor who knows how to calm her down when she is experiencing anxiety. She stated students hang out in his classroom a lot. Everyone goes to him if they need to talk to someone. She denies Mr. Cummins has ever kissed her. She denies Mr. Cummins has ever acted inappropriately with her or with any other student. She has gone to church with him a few times but mainly hung around his wife. She stated Mr. Cummins has never made her feel uncomfortable and has never touched her except maybe a fist bump from time to time and he grabbed her hands to calm her down one time.

Tad Cummins – denies the incident ever took place, Admits Beth is a really good friend and she does leave her other classes to come see him when she needs someone to calm her down. Denies giving Beth a kiss/peck on the cheek or mouth. He states him and his wife have picked Beth up for church a time or two. Mr. Cummins has no idea why another student might make this accusation. He always leaves his door open and is very rarely alone with a student. He loves his wife and has never cheated on his wife and would never do anything to jeopardize his marriage.

F. Issue to be considered

- 1) Does the evidence support the allegation that Mr. Tad Cummins kissed a student in her classroom as observed by a witness?

G. Evidence for allegations / issues

Documentary evidence –written statement, emails, interviews, MCPS Employee Code of Conduct

H. Analysis

A coworker was interviewed during the course of the investigation. Teacher 1 stated that Beth had been seen a lot in Mr. Cummins room both alone and with other students during different times during the school day as well as before and after school. Teacher 1 stated the classroom door is always open and has never personally witnessed any inappropriate behavior. Teacher 1

also stated that Beth has recently moved her desk by Mr. Cummins desk. Teacher 1 felt as if Beth should not be in Mr. Cummins classroom as much as she is. Teacher 1 also feels as if Mr. Cummins should have a better boundary between his role as the student's teacher and the student's friend.

Neither Mr. Cummins nor Beth Thomas confessed to the incident. Neither party admitted to behaving inappropriately towards the other. The student denied ever feeling uncomfortable due to any actions by the teacher.

The allegation of teacher Tad Cummins kissing student Beth Thomas could not be confirmed from the evidence presented.

Recommendations

Mary Catherine (Beth) Thomas will be removed from Mr. Cummins classroom. Administration will separate the student from the teacher.

The student will be instructed to bring anxiety issues to the school administration and guidance counselors.

Administration will monitor Mr. Cummins classroom to ensure students are not in his classroom when they are not supposed to be.

Mr. Cummins will be reprimanded in regards to his duty to uphold his professional responsibility and behavior as a teacher to all students.

Document List

Student 1 written statement
Interview notes
Email sent from Tad Cummins

Dr. Christopher J. Marczak
Superintendent




Maury County Public Schools
501 West 8th Street, Columbia, TN 38401
(931) 388-8403

Scott A. Gaines
Assistant Superintendent of Schools

Stan J. Breeden
Assistant Superintendent of Operations

February 6, 2017

Mr. Tad Cummins


HAND DELIVERED

Dear Mr. Cummins,

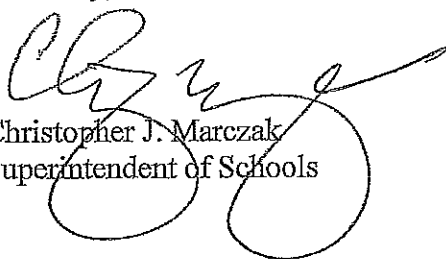
This letter is official notification that you are hereby suspended from your position with Maury County Public Schools pending an investigation. You are suspended without pay until further notice.

Be aware that this suspension is effective immediately. You should surrender to the Central Office any and all items in your possession that are the property of Maury County Public Schools, including your MCPS employee badge.

You will be notified as to the disposition of this matter.

Any questions concerning this suspension may be directed to Amanda Hargrove, Chief of Staff. Amanda may be reached at (931) 388-8403 ext. 8117.

Sincerely,


Christopher J. Marczak
Superintendent of Schools

Cc: Personnel file
Payroll Department

Payroll, Amanda, Tenene, Kenny, CUS, L. Brown
Educating every child for LIFE!



PENNY LOVE
PRINCIPAL

CULLEOKA SCHOOL

1921 WARRIOR WAY
CULLEOKA, TENNESSEE 38451
931-987-2511
FAX: 931-987-2594

OFFICIAL REPRIMAND

SUBJECT: Letter of Reprimand

TO: Tad Cummins

TITLE: CTE Teacher

SCHOOL DEPARTMENT: Culleoka Unit School

In accordance with the provision of Maury County Public Schools' discipline guidelines, I have determined to issue you a formal OFFICIAL REPRIMAND for the following Employee Code of Conduct violation:

INSUBORDINATION

The reason(s) for this actions are as follows:

- On January 31, 2017, you were instructed by Principal Penny Love to not allow Mary Catherine Thomas in your classroom.
- On January 31, 2017, Mary Catherine Thomas was instructed by Principal Penny Love to not be in your classroom, and to seek counseling from CUS High School Guidance Counselor, Alison Reischman, if needed.
- On February 3, 2017, Mary Catherine Thomas was in your classroom from 12:11 p.m.-12:44 p.m.
- This was a violation of my directive to you on January 31, 2017.

As provided with the provision of Maury County Public Schools' discipline guidelines, this letter will be retained in your Official Personnel File. The occurrence of the same or substantially similar Employee Code of Conduct violation during this timeframe may result in more severe disciplinary action.

If you question the merits of this action, you may seek relief in accordance with Maury County Public School policy. If you desire further explanation of these procedures, you may contact the Supervisor of Human Resources.

You are requested to acknowledge receipt of this letter on the space provided on the attached copy and return it to the undersigned. Your signature merely shows that you have received the letter and does not signify that you agree with its content.

Signature of Administrator

I hereby acknowledge receipt of this letter on February 3, 2017.

Employee Signature

Cc: Official Personnel File



PENNY LOVE
PRINCIPAL

CULLEOKA SCHOOL

1921 WARRIOR WAY
CULLEOKA, TENNESSEE 38451
931-987-2511
FAX: 931-987-2594

OFFICIAL REPRIMAND

SUBJECT: Letter of Reprimand

TO: Tad Cummins

TITLE: CTE Teacher

SCHOOL DEPARTMENT: Culleoka Unit School

In accordance with the provision of Maury County Public Schools' discipline guidelines, I have determined to issue you a formal OFFICIAL REPRIMAND for the following Employee Code of Conduct violation:

NON PROFESSIONAL CONDUCT (NON-CRIMINAL)

The reason(s) for this actions are as follows:

Allowing a particular student to spend an excessive amount of time in your classroom creating an unprofessional environment.

As provided with the provision of Maury County Public Schools' discipline guidelines, this letter will be retained in your Official Personnel File. The occurrence of the same or substantially similar Employee Code of Conduct violation during this timeframe may result in more severe disciplinary action.

If you question the merits of this action, you may seek relief in accordance with Maury County Public School policy. If you desire further explanation of these procedures, you may contact the Supervisor of Human Resources.

You are requested to acknowledge receipt of this letter on the space provided on the attached copy and return it to the undersigned. Your signature merely shows that you have received the letter and does not signify that you agree with its content.

Signature of Administrator

I hereby acknowledge receipt of this letter on February 3, 2017.

Employee Signature

Cc: Official Personnel File

Dr. Christopher J. Marczak
Superintendent



Maury County Public Schools
501 West 8th Street, Columbia, TN 38401
(931) 388-8403

Scott A. Gaines
Assistant Superintendent of Schools

Stan J. Breeden
Assistant Superintendent of Operations

January 27, 2017

To Whom it May Concern:

We request a change to the historical data for Tad Eric Cummins (license number 0005829). We are unable to determine the level of effectiveness score for 2014-15 due to no Growth Measure score.

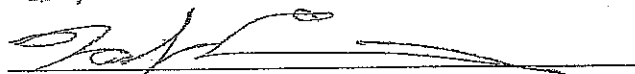
We request that the Growth Measure Score of 2 be entered.

The teacher is aware of this change as indicated by his signature below.

Thanks,


Scott A. Gaines

I Tad Cummins am aware of this change to my historical evaluation data.



Educating every child for LIFE!

Dr. Christopher J. Marczak
Director of Schools



Maury County Public Schools
501 West 8th Street, Columbia, TN 38401
(931) 388-8403, Fax (931) 840-4410

Scott A. Gaines
Assistant Director of Instruction

Stan Breeden
Assistant Director of Operations

Patty Vargo
Assistant Director of Finance

Teacher Contract of Employment
2015-2016

MAURY COUNTY BOARD OF EDUCATION by and through its Director of Schools enters into this employment contract with Tad Cummins as a/an CTE - Health Science Teacher at Culleoka Unit School. This contract is agreed upon by the parties, and the annual salary, applicable supplements and Career Ladder payments are determined according to Local and State salary schedules and The Memorandum of Understanding.

Salary amounts may be changed due to error or submission of additional teaching experience and/or degree advancement by January 30th of the current school year.

I understand that I am obligated to carry out my duties in accordance with the calendar adopted by the Board, unless excused under the provisions of Board policy or State Rules and Regulations.

If at any time any areas of extra responsibility are discontinued, that portion of the salary will be deducted from the total amount.

The employee understands that the responsibilities covered by this contract, including extra assignments for which supplements are provided, may not be relinquished in part by the employee.

The employee agrees to observe and follow all Tennessee laws, all rules and regulations of the State Board of Education, and all rules and regulations of the Maury County Board of Education.

I also understand that I am obligated to submit my current and valid teacher's license to the Director's office upon employment or when changes are made. All other employment data and forms must be completed in a timely manner.

The employee shall not be entitled to payment of any salary for any pay period until reports due at that time have been timely and properly filed.

The Director of Schools reserves the right to terminate this contract if necessary in the best interest of the school system because of a decrease in enrollment or for other good reasons.

The employee agrees to work in any building or department or perform such duties which may be assigned or required by the Director of Schools.

The Director of Schools may temporarily suspend this contract when deemed necessary, pending investigation.

In case of resignation, the employee agrees to give the Director of Schools thirty (30) days' notice and to continue in service until such time has transpired; provided that earlier termination may be made by mutual written consent of both parties.

The employee understands that if filling a temporary/interim position, there is no expectancy of continued employment.

All policies and the policy manual of Maury County Board of Education are incorporated by reference into this contract.

The clauses, sentences and parts of this contract are severable to the extent found to be unlawful or ineffective by a court of competent jurisdiction and if so held, the remaining provisions of the contract shall remain in full force and effect.

Nothing in this contract shall be construed to provide future or continued employment unless specifically agreed to by the parties in a separate agreement.

It is understood that this contract is subject to the provisions of all applicable legislative enactments of the General Assembly of the State of Tennessee and rules and regulations of the State Board of Education.

ACCEPTED:

MAURY COUNTY PUBLIC SCHOOLS

Teacher's Signature

9/9/15
Date

Director of Schools

8/28/15
Date

Cynthia Johnson
Interim Director of Schools



Maury County Public Schools
501 West 8th Street, Columbia, TN 38401
(931) 388-8403, Fax (931) 840-4410

Scott A. Gaines
Assistant Director of Instruction

Stan Breeden
Assistant Director of Operations

Patty Vargo
Assistant Director of Finance

May 15, 2015

Tad Cummins
Culleoka Unit School

Dear Mr. Cummins:

Congratulations! This letter is to serve as official notification that you are renewed as a teacher for the 2015-2016 school year. Thank you for your continued service to Maury County Public Schools.

Respectfully,

Cynthia Q. Johnson

Cynthia Johnson
Interim Director of Schools

CJ/djm

C: Principal
Personnel file

Edward A. Hickman
Director of Schools



Maury County Public Schools
501 West 8th Street, Columbia, TN 38401
(931) 388-8403, Fax (931) 840-4410

Scott A. Gaines
Assistant Director of Instruction

Stan Breeden
Assistant Director of Operations

Patty Vargo
Assistant Director of Finance

May 15, 2014

Tad Cummins
Culleoka Unit School

Dear Mr. Cummins:

Congratulations! This letter is to serve as official notification that you are renewed as a teacher for the 2014-2015 school year. Thank you for your continued service to the Maury County Public School System.

Respectfully,

Edward A. Hickman
Director of Schools

EAH/djm



Educator Licensure Information

[Educator List](#)

[Search Again](#)

[Log Out](#)

General

Name: CUMMINS, TAD ERIC

DOB: [REDACTED]

SSN: [REDACTED]

Education Level: 2 Year College

Gender: Male

License Number: 000582939

Experience (in Yrs): 3

Conferral Date: 05/07/1993

Date Added To File: 09/22/2011

Licenses & Endorsements

Description (Type)	Status	Date Received	Expiration Date	Renewal Date	Num. of Renewals
Apprentice Occupational Educ (27)	Inactive - Superceded	09/12/2011	08/31/2016		0
Health Science/Occupations (577)					
Professional Occupational Educ (28)	Active	08/14/2014	08/31/2024		0
Health Science/Occupations (577)					

Click here for a brief description of the [type of licenses](#).

Basic license status definitions

Pending Review - application has been received, entered into database, given to licensing specialist for review. Application will stay in this status until reviewed and eligibility determined.

Requirements not met - application has been reviewed and deficiencies determined. You will receive correspondence from licensing specialist defining the deficiency.

Active status - application reviewed with no deficiencies, license was issued.

Education Level	Tennessee College	Education State College Located	Date Degree Conferred	Date Added to File
2 Year College (20)	Columbia State Community College	TN	1993-05-07	2011-09-22

This reflects all education reported to the Office of Teacher Licensing.

Career Ladder

Description
No records found.

Tests Submitted to the Office of Teacher Licensing

Description	Score	Test Date
No tests found.		

Website only reflects tests reported to the State Department of Education.

Tests That May Be Used For Demonstrating Highly Qualified Status

Description	Score	Date Acquired
No tests found that can be used for Highly Qualified.		

Highly Qualified Test Search: Tests listed here are only those found in the Department of Education licensing database.

Highly Qualified Status

Subject
No records found.

Grade 5

This information reflects Highly Qualified status as reported to the state by local school systems.

Date Began Teaching	System Number	Educator Experience		Month-Days	State
		Assignment	Date Ended Teaching		
2011-07-01	Maury County (600)	*voc Tchr (Tsc) (061)	2012-06-30	010 - 00	TN
2012-07-01	Maury County (600)	*voc Tchr (Tsc) (061)	2013-06-30	010 - 00	TN
2013-07-01	Maury County (600)	*voc Tchr (Tsc) (061)	2014-06-30	010 - 00	TN
Total Years-Months-Days: 3-0-0					For salary: 3 years

This information reflects all experience reported to the State by local school systems through the last school year. The current academic year is not included.

Correspondence Received	
Date Received	Document Type
9/12/2011	Occupational Advancement
8/14/2014	Occupational Application

Disclaimer -- This information is based upon documentation received by the Office of Teacher Licensing. This information is used for licensing purposes and is subject to change upon further evaluation of the documentation and in no way will guarantee the issuance of a Tennessee Teaching License.

Information on this page may be purged after a designated period of time as determined by the Office of Teacher Licensing.

Please report any webpage problems to the Application Manager

8/4/14 mailed documentation^{CUS}
to Tad's lic re.

MAILED
7/25/14

TENNESSEE DEPARTMENT OF EDUCATION - OFFICE OF EDUCATOR LICENSING

710 JAMES ROBERTSON PARKWAY 12TH FLOOR ANDREW JOHNSON TOWER NASHVILLE TN 37243

PRINT CLEARLY - Please use Black Ink to ensure scanned application is legible - provide full name - include any aliases					
United States SSN - required	First Name	Middle Name	Last Name	Maiden Name/other last name aliases	
[REDACTED]	Tad	Eric	Cummins		
Date of Birth - required	Gender	Street/P.O. Box	City	State	Zip Code
[REDACTED]	M	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Telephone Number - include area code		E-mail address - Must provide to receive notification of license issuance		Cell Phone Number/Alternate Phone Number	
[REDACTED]		tecummins@maury.k12.org			
INFORMATION NEEDED FOR FEDERAL REPORTING - COMPLETE BOTH ETHNICITY & RACE					
1. Ethnicity - Choose one Hispanic or Latino _____ Not Hispanic or Latino <input checked="" type="checkbox"/>					
2. Race - Choose one or more American Indian or Alaska Native _____ Asian _____ Black or African American _____					
Native Hawaiian - Other Pacific Islander _____ White <input checked="" type="checkbox"/>					
PLEASE READ CAREFULLY BEFORE SIGNING - MUST BE COMPLETED					
Personal Affirmation: Failure to complete this section will result in your application being returned without processing. False statements made in this application may constitute grounds to take action, revoke or deny a license. Check the appropriate block for each question.					
1. Have you been convicted of a felony, including conviction on a plea of guilty, a plea of nolo contendere or order granting pre-trial diversion? _____ YES <input checked="" type="checkbox"/> NO					
2. Have you been convicted of the illegal possession of drugs, including conviction on a plea of guilty, a plea of nolo contendere or an order granting pre-trial diversion? _____ YES <input checked="" type="checkbox"/> NO					
3. Have you had a teacher's certificate/license revoked, suspended or denied, or have you voluntarily relinquished a certificate/license (allowing a license expire does not apply) _____ YES <input checked="" type="checkbox"/> NO					
4. Is there any action pending against your certificate/license or application in another state? _____ YES <input checked="" type="checkbox"/> NO					
If you have answered "yes" to questions 1 or 2, please attach details of conviction, including date and place of conviction, and court certified copies of the judgment, conviction, and sentencing.					
If you have answered "yes" to questions 3 or 4, attach details naming the state and/or issuing authority and explain circumstance.					
Signature <i>X [Signature]</i>			Date <i>X 05/23/2014</i>		

TRANSACTION (S) REQUESTED. (Check and complete following page(s) if applicable)

CHOOSE TYPE OF INITIAL TENNESSEE LICENSE DESIRED

(THIS SECTION ONLY APPLIES TO THOSE WHO HAVE NEVER HELD A TENNESSEE LICENSE OR DESIRING ADDITIONAL LICENSE TYPE)

- ☐ INITIAL LICENSE-TN Institutions Only (Apprentice, Apprentice Special Group, Beginning Administrator, or Instructional Leader) circle one
- ☐ OUT OF STATE LICENSE (Program completers outside of TN & USA or applying based upon interstate agreement)
- ☐ NON-PUBLIC SCHOOL LICENSE (Employment verification required)
- ☐ TRANSITIONAL LICENSE (Requires signature from TN Director of Schools and verification from approved institution/agency)
- ☐ INTERIM "B" LICENSE (Requires signature from Director of Schools, and verification from Dean of Education/Certification Officer at teacher preparation institution)
- ☐ INTERIM "D" LICENSE (Internship) (Requires signature of Dean of Education at teacher preparation institution)
- ☐ OCCUPATIONAL EDUCATION LICENSE (Apprentice Occupational)
- ☐ PERMIT (This is not a Tennessee teaching license and can only be applied for by a Tennessee Public School System)
- ☐ 3 YEAR INTERNATIONAL CREDENTIAL (Requires signature from Director of Schools, nonrenewable)
- ☐ JROTC LICENSE (Requires signature from TN Director of Schools)
- ☐ SPEECH/LANGUAGE PATHOLOGIST OR SPEECH/LANGUAGE TEACHER OR SCHOOL AUDIOLOGIST
- ☐ NATIONAL BOARD CERTIFICATION

ADVANCEMENT TO APPRENTICE LEVEL OR PROFESSIONAL LEVEL LICENSE

ONLY APPLICABLE IF HELD A PREDECESSOR TENNESSEE LICENSE

- ☐ ADVANCEMENT FROM APPRENTICE LEVEL TO PROFESSIONAL LEVEL (Professional, or Professional School Service Personnel) circle one
- ☐ ADVANCEMENT FROM ALTERNATIVE "A" or ALTERNATIVE "C" OR ALTERNATIVE "E" TO APPRENTICE LEVEL (Apprentice or Out of State) circle one
- ☐ ADVANCEMENT FROM INTERIM "B" TO APPRENTICE LEVEL (Apprentice or Out of State) circle one
- ☐ ADVANCEMENT FROM INTERIM "D" TO APPRENTICE LEVEL
- ☐ ADVANCEMENT FROM ALTERNATIVE "I" OR ALTERNATIVE "II" (Apprentice or Out of State or Professional) circle one
- ☐ ADVANCEMENT FROM TRANSITIONAL (Interim B, Apprentice or Professional) circle one
- ☒ ADVANCEMENT FROM APPRENTICE OCCUPATIONAL TO PROFESSIONAL OCCUPATIONAL LICENSE
- ☐ CONVERSION FROM TENNESSEE TEACHING LICENSE TO SCHOOL SERVICE PERSONNEL LICENSE (Speech/Language only)
- ☐ ADVANCEMENT TO PROFESSIONAL LEVEL ADMINISTRATOR LICENSE

RENEWAL OF OR AMENDMENT TO AN EXISTING LICENSE

ONLY APPLICABLE IF AMENDING AN EXISTING TENNESSEE LICENSE

- ☐ RENEWAL OF LICENSE (Check one)
 - ☐ 5 Year License (Apprentice/Apprentice Special Group/Out of State) ☐ JROTC ☐ 10 Year License (Professional/Professional Special Group)
 - ☐ Administrator License (Beginning/Professional) ☐ 5 Year Apprentice Occupational License ☐ 10 Year Professional Occupational License
 - ☐ Alternative A (Speech Lang. only) ☐ Interim B ☐ Interim D ☐ Transitional ☐ National Board Certification
- ☐ AMENDMENT TO ADD ADDITIONAL DEGREE TO TEACHING LICENSE (Check one of the following and attach official transcripts)
 - ☐ Masters Degree ☐ Master's Degree +30 semester graduate hours ☐ Education Specialist ☐ Doctorate Degree
- ☐ AMENDMENT TO ADD ENDORSEMENT AREA (S) TO TEACHING LICENSE (Identify area to be added)
- ☐ NAME CHANGE (Requires a notarized copy of the marriage license, divorce decree, or court order that has generated the legal name change) Social Security card n/a
- ☐ ADDRESS CHANGE NOTIFICATION

TENNESSEE STATE UNIVERSITY

Page: 1

Record of: Tad Cummins

Issued To: Maury Co Public Schools
Karen Blaes
501 W 8th Street
Columbia, TN 38401

Date Issued: 15-JUL-2014

Date of Birth: [REDACTED]

Student ID: [REDACTED]

Level: Undergraduate

Course Level: Undergraduate
High School: Mount Pleasant High School 01-JUN-1984

Current Program
Bachelor of Science
College: College of Liberal Arts
Major: Interdisciplinary Studies

SUBJ NO.	COURSE TITLE	CRED	GRD	B
----------	--------------	------	-----	---

TRANSFER CREDIT ACCEPTED BY THE INSTITUTION:

01/91-05/91	Columbia St Cnty College			
DSPM 0800 *	Elementary Algebra	4.000	TB	
Ehrs:	4.000 QPts:	12.000		
GPA-Hrs:	4.000 GPA:	3.000		

01/01-05/91	Columbia St Cnty College			
ENG 1010	Freshman English I	3.000	TB	
HPER 1030	Weight Training	1.000	TA	
PSYC 0100	General Psychology I	3.000	TA	
Ehrs:	7.000 QPts:	25.000		
GPA-Hrs:	7.000 GPA:	3.571		

06/91-07/91	Columbia St Cnty College			
DSPM 0850 *	Intermediate Algebra	4.000	TA	
Ehrs:	4.000 QPts:	16.000		
GPA-Hrs:	4.000 GPA:	4.000		

06/91-07/91	Columbia St Cnty College			
MUSE 1010	Music Appreciation	3.000	TB	
Ehrs:	3.000 QPts:	9.000		
GPA-Hrs:	3.000 GPA:	3.000		

08/91-12/91	Columbia St Cnty College			
BIOL 2210	Human Anat and Physiology I	4.000	TA	

***** CONTINUED ON NEXT COLUMN *****

SUBJ NO.	COURSE TITLE	CRED	GRD	B
----------	--------------	------	-----	---

Transfer Information continued:

CRCS 0110	Resp Care Technology I	4.000	TA	
ELEC 0110	Physical Science	4.000	TA	
ENGL 0110	Humanities Seminar I	1.000	TA	
Ehrs:	13.000 QPts:	52.000		
GPA-Hrs:	13.000 GPA:	4.000		

01/92-05/92 Columbia St Cnty College

BIOL 2220	Human Anat and Phy II	4.000	TB	
BIOL 2400	Microbiology	3.000	TA	
CRCS 0110	Resp Care Technology II	4.000	TA	
CRCS 0110	Clin Practice I	1.000	TA	
CRCS 0110	Resp Pharmacology	2.000	TA	
MATH 1013	Contemporary Math	3.000	TA	
Ehrs:	17.000 QPts:	64.000		
GPA-Hrs:	17.000 GPA:	3.765		

06/92-07/92 Columbia St Cnty College

CRCS 0110	Arterial Blood Gases	3.000	TB	
CRCS 0110	Clin Practice II	4.000	TA	
ELEC 0110	Cardio/Pul Anat/Phys	3.000	TA	
Ehrs:	10.000 QPts:	37.000		
GPA-Hrs:	10.000 GPA:	3.700		

08/92-12/92 Columbia St Cnty College

COMM 2200	Public Speaking	3.000	TB	
CRCS 0110	Mechanical Ventilation	3.000	TB	
CRCS 0110	Respiratory Pathophysio	3.000	TB	
CRCS 0110	Clin Practice III	4.000	TA	
Ehrs:	13.000 QPts:	41.000		
GPA-Hrs:	13.000 GPA:	3.308		

01/93-05/93 Columbia St Cnty College

CRCS 0110	Pulmonary Funct Seminar	3.000	TA	
CRCS 0110	Resp Patho/Pediatrics	3.000	TB	

***** CONTINUED ON PAGE 2 *****

AN OFFICIAL SIGNATURE IS WHITE WITH A BLUE BACKGROUND REJECT DOCUMENT IF SIGNATURE BELOW IS DISTORTED

BLACK AND WHITE DOCUMENT OR COLOR COPY IS NOT OFFICIAL

THE WORD COPY APPEARS WHEN PHOTOCOPIED

DOCUMENT GUIDE PRINTED ON REVERSE

RAISED SEAL NOT REQUIRED

This official transcript is printed on security paper

and does not require a raised seal.

Thelma Hardaway, Registrar



Record of: Tad Cummins

Date Issued: 15-JUL-2014

Date of Birth: [REDACTED]

Student ID: [REDACTED]

Level: Undergraduate

SUBJ NO.	COURSE TITLE	CRED	GRD	R
		PTS		
Transfer Information continued:				
CRCS ELLD	Clin Practice IV	3.000	TB	
ENGL 1020	Freshman English II	3.000	TA	
Ehrs:	13.000 QPts:	42.000		
GPA-Hrs:	13.000 GPA:	3.231		
PRE-SYSTEM INSTITUTION SUMMARY HOURS:				
Ehrs:	0.000 QPts:	0.000		
GPA-Hrs:	0.000 GPA:	0.000		
PRE-SYSTEM TRANSFER SUMMARY HOURS:				
Ehrs:	0.000 QPts:	0.000		
GPA-Hrs:	0.000 GPA:	0.000		
INSTITUTION CREDIT:				
Spring Term 2013:				
TELC 4001	Adolescent Development	3.000	A	
				12.000
TELC 4003	Managing the Learning Envirome	3.000	A	
				12.000
Ehrs:	6.000 QPts:	24.000		
GPA-Hrs:	6.000 GPA:	4.000		
Good Standing				
TERM COMBINED				
Ehrs:	6.00 GPA-H	6.00Qpts:		
24.00 GPA:	4.00			

Fall Term 2013:				
TELC 4002	Assessment and Evaluation	3.000	A	
				12.000
TELC 4004	Survey of Exceptional Children	3.000	A	
				12.000

***** CONTINUED ON NEXT COLUMN *****

SUBJ NO.	COURSE TITLE	CRED	GRD	R
		PTS		
Institution Information continued:				
Ehrs:	6.000 QPts:	24.000		
GPA-Hrs:	6.000 GPA:	4.000		
Good Standing				
TERM COMBINED				
Ehrs:	6.00 GPA-H	6.00Qpts:		
24.00 GPA:	4.00			

Spring Term 2014:				
TELC 4005	Tch and Learning with Tech	3.000	A	
				12.000
TELC 4006	Teachers as Agents of Change	3.000	A	
				12.000
Ehrs:	6.000 QPts:	24.000		
GPA-Hrs:	6.000 GPA:	4.000		
Good Standing				
Last Standing: Good Standing				
TERM COMBINED				
Ehrs:	6.00 GPA-H	6.00Qpts:		
24.00 GPA:	4.00			

Summer Term 2014:				
IN PROGRESS WORK				
TELC 4005	Tch and Learning with Tech	3.000	IN PROGRESS	
	In Progress Credits:	3.000		

***** CONTINUED ON PAGE 3 *****

Record of: Tad Cummins

Date Issued: 15-JUL-2014

Date of Birth: [REDACTED]

Student ID: [REDACTED]

Level: Undergraduate

***** TRANSCRIPT TOTALS *****

INSTITUTION	Ehrs:	18.000	Opts:	72.000
	GPA-Hrs:	18.000	GPA:	4.000

TRANSFER	Ehrs:	76.000	Opts:	272.000
	GPA-Hrs:	76.000	GPA:	3.579

OVERALL	Ehrs:	94.000	Opts:	344.000
	GPA-Hrs:	94.000	GPA:	3.660

INSTITUTION	Ehrs:	18.000	Opts:	72.000
COMBINED	GPA-Hrs:	18.000	GPA:	4.000

TRANSFER	Ehrs:	84.000	Opts:	300.000
COMBINED	GPA-Hrs:	84.000	GPA:	3.571

OVERALL	Ehrs:	102.000	Opts:	372.000
COMBINED	GPA-Hrs:	102.000	GPA:	3.647

***** END OF TRANSCRIPT *****



Renewal No.
330497

State of Tennessee
Division Of Health Related Boards

9164919
License No.
RRT0000001389

This Certifies that
TAD E CUMMINS RRT
whose credentials have been approved by the
BOARD OF RESPIRATORY CARE
has fulfilled all requirements for renewal and registration as
required by the Tennessee Code Annotated and is a duly
authorized **LICENSED REGISTERED RESPIRATORY THERAPIST**
in the State of Tennessee through **JULY 31, 2016**

ABG ENDORSED:



Q. J. O'Connell *OTO*

DIRECTOR, HEALTH RELATED BOARDS

RECEIVED
JUL 21 2014
Office Of
Division Of Instruction

Renewal No.
3271134

State of Tennessee

8153285
License No.
RRT0000001389

Division Of Health Related Boards

This Certifies that

TAD E CUMMINS, RRT

whose credentials have been approved by the

BOARD OF RESPIRATORY CARE

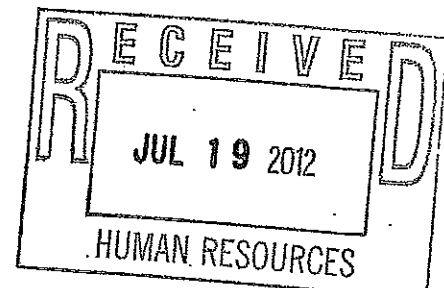
has fulfilled all requirements for renewal and registration as
required by the Tennessee Code Annotated and is a duly
authorized LICENSED REGISTERED RESPIRATORY THERAPIST
in the State of Tennessee through JULY 31, 2014

ABG ENDORSED



Q. A. Mearns *CHD*

DIRECTOR, HEALTH-RELATED BOARDS



TENNESSEE DEPARTMENT OF EDUCATION - OFFICE OF TEACHER LICENSING

710 JAMES ROBERTSON PARKWAY 4TH FLOOR ANDREW JOHNSON TOWER NASHVILLE TN 37243

PRINT CLEARLY - Please provide full name - include any aliases				
First Name TAD	Middle Name ERIC	Last Name CUMMINS	Maiden Name/ other last name aliases (N/A)	United States SSN - required [REDACTED]
Email Address (where we can contact you if applicable) TADCUMMINS@ATT.NET		Telephone Number-include area code [REDACTED]	Date of Birth - required [REDACTED]	Gender MALE
Street/P.O. Box [REDACTED]		City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]

INFORMATION NEEDED FOR FEDERAL REPORTING - COMPLETE BOTH ETHNICITY & RACE

1. Ethnicity - Choose one Hispanic or Latino _____ Not Hispanic or Latino ✓
2. Race - Choose one or more American Indian or Alaska Native _____ Asian _____ Black or African American _____
Native Hawaiian - Other Pacific Islander _____ White ✓

PLEASE READ CAREFULLY BEFORE SIGNING - MUST BE COMPLETED

Personal Affirmation: Failure to complete this section will result in your application being returned without processing. False statements made in this application may constitute grounds to take action, revoke or deny a license. Check the appropriate block for each question. DO NOT include matters that the State Board of Education has already investigated and found "No Probable Cause" to take any disciplinary action.

1. Have you been convicted of a felony, including conviction on a plea of guilty, a plea of nolo contendere or order granting pre-trial diversion? _____ YES ☒ NO
2. Have you been convicted of the illegal possession of drugs, including conviction on a plea of guilty, a plea of nolo contendere or an order granting pre-trial diversion? _____ YES ☒ NO
3. Have you had a teacher's certificate/license revoked, suspended or denied, or have you voluntarily relinquished a certificate/license (allowing a license to expire does not apply)? _____ YES ☒ NO
4. Is there any action pending against your certificate/license or application in another state? _____ YES ☒ NO

If you have answered "yes" to questions 1 or 2, please attach details of conviction, including date and place of conviction, and court certified copies of the judgment, conviction, and sentencing.

If you have answered "yes" to questions 3 or 4, attach details naming the state and/or issuing authority and explain circumstance.

Signature [Signature] Date 9-7-11

TRANSACTION (S) REQUESTED. (Check and complete following page(s) if applicable)

CHOOSE TYPE OF INITIAL TENNESSEE LICENSE DESIRED

(THIS SECTION ONLY APPLIES TO THOSE WHO HAVE NEVER HELD A TENNESSEE LICENSE OR DESIRING ADDITIONAL LICENSE TYPE)

- INITIAL LICENSE-TN Institutions Only (Apprentice, Apprentice Special Group, Beginning Administrator, or Instructional Leader) circle one
OUT OF STATE LICENSE (Program completers outside of TN / USA or applying based upon interstate agreement)
NON-PUBLIC SCHOOL LICENSE (Employment verification required)
TRANSITIONAL LICENSE (Requires signature from TN Director of Schools and verification from approved institution/agency)
INTERIM "B" LICENSE (Requires signature from Director of Schools, and verification from Dean of Education/Certification Officer at teacher preparation institution)
INTERIM "D" LICENSE (Requires signature of Dean of Education at teacher preparation institution)
OCCUPATIONAL EDUCATION LICENSE (Apprentice Occupational)
PERMIT (This is not a Tennessee teaching license and can only be applied for by a Tennessee Public School System)
3 YEAR INTERNATIONAL CREDENTIAL (Requires signature from Director of Schools, nonrenewable)
JROTC LICENSE (Requires signature from TN Director of Schools)
SPEECH/LANGUAGE PATHOLOGIST OR SPEECH/LANGUAGE TEACHER OR SCHOOL AUDIOLOGIST
NATIONAL BOARD CERTIFICATION

ADVANCEMENT TO APPRENTICE LEVEL OR PROFESSIONAL LEVEL LICENSE

(ONLY APPLICABLE IF HELD A PREDECESSOR TENNESSEE LICENSE)

- ADVANCEMENT FROM APPRENTICE LEVEL TO PROFESSIONAL LEVEL (Professional, or Professional School Service Personnel) circle one
 ADVANCEMENT FROM ALTERNATIVE "A" or ALTERNATIVE "C" OR ALTERNATIVE "E" TO APPRENTICE LEVEL (Apprentice or Out of State) circle one
 ADVANCEMENT FROM INTERIM "B" TO APPRENTICE LEVEL (Apprentice or Out of State) circle one
 ADVANCEMENT FROM INTERIM "D" TO APPRENTICE LEVEL
 ADVANCEMENT FROM ALTERNATIVE "I" OR ALTERNATIVE "II" (Apprentice or Out of State or Professional) circle one
 ADVANCEMENT FROM TRANSITIONAL (Apprentice or Professional) circle one
 ADVANCEMENT FROM APPRENTICE OCCUPATIONAL TO PROFESSIONAL OCCUPATIONAL LICENSE
 CONVERSION FROM TENNESSEE TEACHING LICENSE TO SCHOOL SERVICE PERSONNEL LICENSE (Speech/Language only)
 ADVANCEMENT TO PROFESSIONAL LEVEL ADMINISTRATOR LICENSE

RENEWAL OF OR AMENDMENT TO AN EXISTING LICENSE

(ONLY APPLICABLE IF AMENDING AN EXISTING TENNESSEE LICENSE)

- RENEWAL OF LICENSE (Check one)
 _____ 5 Year License (Apprentice/Apprentice Special Group/Out of State) _____ 10 Year License (Professional/Professional Special Group)
 _____ Administrator License (Beginning/Professional) _____ 5 Year Apprentice Occupational License _____ 10 Year Professional Occupational License
 _____ Alternative A (Speech Lang. only) _____ Interim B _____ Interim D _____ Transitional _____ National Board Certification
- AMENDMENT TO ADD ADDITIONAL DEGREE TO TEACHING LICENSE (Check one of the following and attach official transcripts)
 _____ Master's Degree _____ Education Specialist
 _____ Master's Degree +30 semester hours _____ Doctorate Degree
- AMENDMENT TO ADD ENDORSEMENT AREA (S) TO TEACHING LICENSE (Identify area to be added) _____
- NAME CHANGE (Requires a notarized copy of the marriage license, divorce decree, or court order that has generated the legal name change) Social Security card n/a
- ADDRESS CHANGE NOTIFICATION _____
- DUPLICATE LICENSE (Current valid Tennessee license only) (Requires second page of application to be notarized) _____

Maury County Public Schools**Employee Information Completion Verification
For New-Hires/Re-Hires
Licensed and Classified Personnel**

Tad Cummine has completed initial paperwork and is now released to report to
Culleoka to begin employment as a teacher

Employee is seeking the following teaching credential:

ok

(00)

Jerry D. Nelson
Human Resources Official

08-05-2011
Completion Date of Orientation

This portion is to be completed by the Principal/Department Head and returned to the Human Resources Dept. The date to be filled in should be the first day the employee actually reported to work. This date is to be used for payroll purposes. Payroll will begin on the date listed below.

Tad Cummine reported to work on July 27, 2011
Employee Name Date (1st day on the job)

as a Health Science Teacher at Culleoka
Position School / Location

[Signature]
Principal / Department Head Signature

8/1/11
Today's Date

cc: payroll

(2 mailed 9-9-11

710 JAMES ROBERTSON PARKWAY 4TH FLOOR ANDREW JOHNSON TOWER NASHVILLE TN 37243

First Name TAD	Middle Name ERIC	Last Name CUMMINS	Maiden Name, other last name aliases (NA)	United States SSN - required [REDACTED]
Email Address (where we can contact you if applicable) tadcummins@att.net		Telephone Number (include area code) [REDACTED]	Date of Birth - required [REDACTED]	Gender MALE
Street/P.O. Box [REDACTED]		City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]

INFORMATION NEEDED FOR FEDERAL REPORTING - COMPLETE BOTH ETHNICITY & RACE

1. Ethnicity - Choose one Hispanic or Latino _____ Not Hispanic or Latino ✓
2. Race - Choose one or more American Indian or Alaska Native _____ Asian _____ Black or African American _____
Native Hawaiian - Other Pacific Islander _____ White ✓

PLEASE READ CAREFULLY BEFORE SIGNING - MUST BE COMPLETED

Personal Affirmation: Failure to complete this section will result in your application being returned without processing. False statements made in this application may constitute grounds to take action, revoke or deny a license. Check the appropriate block for each question. DO NOT include matters that the State Board of Education has already investigated and found "No Probable Cause" to take any disciplinary action.

1. Have you been convicted of a felony, including conviction on a plea of guilty, a plea of nolo contendere or order granting pre-trial diversion? ___ YES ✓ NO
2. Have you been convicted of the illegal possession of drugs, including conviction on a plea of guilty, a plea of nolo contendere or an order granting pre-trial diversion? ___ YES ✓ NO
3. Have you had a teacher's certificate/license revoked, suspended or denied, or have you voluntarily relinquished a certificate/license (allowing a license to expire does not apply)? ___ YES ✓ NO
4. Is there any action pending against your certificate/license or application in another state? ___ YES ✓ NO

If you have answered "yes" to questions 1 or 2, please attach details of conviction, including date and place of conviction, and court certified copies of the judgment, conviction, and sentencing.

If you have answered "yes" to questions 3 or 4, attach details naming the state and/or issuing authority and explain circumstance.

Signature Robert E. [illegible] Date 9-7-11

TRANSACTION (S) REQUESTED. (Check and complete following page(s) if applicable)

CHOOSE TYPE OF INITIAL TENNESSEE LICENSE DESIRED

(THIS SECTION ONLY APPLIES TO THOSE WHO HAVE NEVER HELD A TENNESSEE LICENSE OR DESIRING ADDITIONAL LICENSE TYPE)

- INITIAL LICENSE-TN Institutions Only (Apprentice, Apprentice Special Group, Beginning Administrator, or Instructional Leader) circle one
 OUT OF STATE LICENSE (Program completes outside of TN / USA or applying based upon Interstate agreement)
 NON-PUBLIC SCHOOL LICENSE (Employment verification required)
 TRANSITIONAL LICENSE (Requires signature from TN Director of Schools and verification from approved institution/agency)
 INTERIM "B" LICENSE (Requires signature from Director of Schools, and verification from Dean of Education/Certification Officer at teacher preparation institution)
 INTERIM "D" LICENSE (Requires signature of Dean of Education at teacher preparation institution)
 OCCUPATIONAL EDUCATION LICENSE (Apprentice Occupational)
 PERMIT (This is not a Tennessee teaching license and can only be applied for by a Tennessee Public School System)
 3 YEAR INTERNATIONAL CREDENTIAL (Requires signature from Director of Schools, nonrenewable)
 JROTC LICENSE (Requires signature from TN Director of Schools)
 SPEECH/LANGUAGE PATHOLOGIST OR SPEECH/LANGUAGE TEACHER OR SCHOOL AUDIOLOGIST
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 ADVANCEMENT FROM TRANSITIONAL (Apprentice or Professional) circle one
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 CONVERSION FROM TENNESSEE TEACHING LICENSE TO SCHOOL SERVICE PERSONNEL LICENSE (Speech/Language only)
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RENEWAL OF OR AMENDMENT TO AN EXISTING LICENSE

(ONLY APPLICABLE IF AMENDING AN EXISTING TENNESSEE LICENSE)

- RENEWAL OF LICENSE (Check one)
 _____ 5 Year License (Apprentice/Apprentice Special Group/Out of State) _____ 10 Year License (Professional/Professional Special Group)
 _____ Administrator License (Beginning/Professional) _____ 5 Year Apprentice Occupational License _____ 10 Year Professional Occupational License
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- AMENDMENT TO ADD ADDITIONAL DEGREE TO TEACHING LICENSE (Check one of the following and attach official transcripts)
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- AMENDMENT TO ADD ENDORSEMENT AREA (S) TO TEACHING LICENSE (Identify area to be added) _____
- NAME CHANGE (Requires a notarized copy of the marriage license, divorce decree, or court order that has generated the legal name change) Social Security card n/a
- ADDRESS CHANGE NOTIFICATION _____
- DUPLICATE LICENSE (Current valid Tennessee license only) (Requires second page of application to be notarized) _____

PLEASE POST

MAURY COUNTY PUBLIC SCHOOLS
Edward A. Hickman, Director of Schools

501 West Eighth Street
Columbia, Tennessee 38401
(931) 388-8403, extension 0119
Jobline (931) 388-8403, prompt 2

www.mauryk12.org

DATE OF POSTING:

REPOSTED JULY 8, 2011



POSITION:

*Health Science Teacher
*Pending Funding for 2011-2012 SY

DESCRIPTION/QUALIFICATIONS: The Teacher shall be responsible for teaching Health Science Instruction, and all assignments as made by the Principal which shall include, but is not limited to coaching, and/or extra co-curricular duties and any other duty as assigned by the Principal. Must have RN Certification and 3 years experience in last five (5) years, and any other appropriate endorsement, certification, training and experience.

JOB LOCATION:

Culleoka Unit School

APPLICATION DEADLINE:

Indefinite

SUBMIT APPLICATION TO:

Human Resources Department
501 West 8th Street
Columbia, TN 38401

ALL APPLICANTS MUST REQUEST AND COMPLETE AN EMPLOYMENT APPLICATION FROM THE HUMAN RESOURCES DEPARTMENT OR WWW.MAURYK12.ORG, AS PART OF THE APPLICATION PROCESS.

Current federal law requires identification and eligibility verification prior to employment. One or more of the following documents must be provided prior to issuance of an employment contract:

EMPLOYMENT AUTHORIZATION

Social Security Card
Certificate of U.S. Birth
U.S. Passport or other approved
U.S. Government documents

IDENTIFICATION

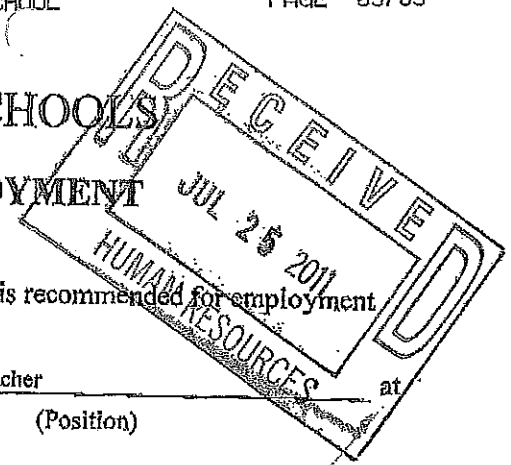
State Drivers License
U.S. Passport or other approved
U.S. Government documents

NOTE: IF THERE ARE ANY ACCOMMODATIONS YOU MAY NEED IN ORDER TO INTERVIEW AND/OR MAKE APPLICATION FOR THIS POSITION, PLEASE CONTACT JERRY D. WILSON, HUMAN RESOURCES SUPERVISOR, AT 388-8403, EXT. 0119.

AN EQUAL OPPORTUNITY EMPLOYER

The Maury County Board of Education does not discriminate on the basis of race, creed, religion, national origin, age, gender, marital status, disability or any other unlawful area in the operation of its educational programs and in personnel administration.

MAURY COUNTY PUBLIC SCHOOLS
RECOMMENDATION FOR EMPLOYMENT
(LICENSED PERSONNEL)



*accepting 7-25-11
notified Culleoka 7-26-11*

Tad Cummins

is recommended for employment

(Name)

as a full-time ☒ _____

part-time _____

Health Sciences Teacher

(Position)

Culleoka

(School or Site)

Effective 7/25/11

(Date)

The following applicants were interviewed for the position (included recommended applicant):

APPLICANT'S NAME:

RACE / SEX:

DATE OF INTERVIEW:

Tad Cummins

W/M

7/25/11

(If additional lines are needed, use the back of this form)

I certify that I have reviewed my recommended applicant's employment application and supporting documentation including references that are filed in the Human Resources Department, Maury County Board of Education.

Culleoka
School / Location

141-71300-116-033

Budget Account #

[Signature]
Administrator or Dept. Head's Signature

7/25/11
Date

DO NOT WRITE BELOW THIS LINE
HUMAN RESOURCES DEPT. USE ONLY

The recommended applicant: (check all appropriate items)

_____ has completed application on file; _____ has a TN teacher License; _____ has the appropriate endorsements;

_____ will require a waiver for _____; _____ will require a permit;

_____ will require a transitional license

_____ applicant is Highly Qualified in the area of _____

Signed: _____

Human resources Dept. Official

Date: 7-25-2011

Approved: _____

Superintendent / Director of Schools Signature

Date: 7-25-2011

Sonya, Becky, Amanda, Orange p. report, Culleoka, Susan

CONFIDENTIAL

MAURY COUNTY PUBLIC SCHOOLS
CONTACT REPORT

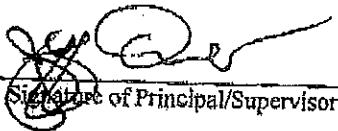
THIS FORM IS TO BE COMPLETED BY THE PRINCIPAL/SUPERVISOR/INTERVIEWER.

Applicant's Name Tad Cummins Overall Rating: Outstanding
(see #9 on back of form)

Telephone Number(s) Home: _____ Work: _____

Special Notes: _____

_____Positions for which the person was contacted;
Teacher (grade level and subject area) Health Sciences TeacherApproximate time the applicant was contacted/or attempted to be contacted:
1st Date 7/21/11 2nd Date _____ 3rd Date _____Date interview was scheduled; (If applicable): 7/25/11
(Complete other side of this form if an interview was conducted)Is this applicant still interested in employment? ☒ (X) Yes ☐ () NoIf no, state reason _____

_____

Signature of Principal/Supervisor

7/25/11

Date

(Return a copy of this completed form to the Human Resources Department for all applicants after the interview process is completed)

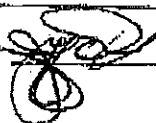
MAURY COUNTY PUBLIC SCHOOLS

TEACHER INTERVIEW RECORD

Applicant's Name Tad Cummins Date 7/25/11
Position Applied For: Health Sciences Teacher
Employment Criteria: (Check value for each area)

	<u>Strong</u>	<u>Average</u>	<u>Weak</u>
1. Recommendations of persons having relevant knowledge of the applicant; Comments:	<u>X</u> Outstanding	<u>Average</u>	<u>Poor</u>
2. Academic record and achievement; Comments:	<u>X</u> Outstanding	<u>Average</u>	<u>Poor</u>
3. Practice teaching experiences; Comments:	<u>X</u> Outstanding	<u>Average</u>	<u>Poor</u>
4. Other experience beneficial to teaching; Comments:	<u>X</u> Outstanding	<u>Average</u>	<u>Limited</u>
5. Attitude and enthusiasm toward teaching and children; Comments:	<u>X</u> Dedicated	<u>Adequate</u>	<u>Unacceptable</u>
6. Grammar, speaking, and other communication skills; Comments:	<u>X</u> Excellent	<u>Adequate</u>	<u>Unacceptable</u>
7. Compatibility; with other school staff, program and community; Comments:	<u>X</u> Well-suited	<u>Average</u>	<u>Unacceptable</u>
8. Commitment to professional excellence and integrity; Comments:	<u>X</u> Dedicated	<u>Acceptable</u>	<u>Unacceptable</u>
9. Overall Rating:	<u>X</u> Outstanding	<u>Average</u>	<u>Poor</u>
10. Prior teaching experience			
11. Other relevant factors			

Signature of Principal/Supervisor



JUL-21-2011 THU 08:05 AM Maury county B.O.E.

FAX NO. 931 340 4410

P. 01/01

CONFIDENTIAL

POSITION:

Health Services

SCHOOL:

Culleoka

REPLACING:

Lorrie BrimmMAURY COUNTY PUBLIC SCHOOLS
COLUMBIA, TENNESSEE

HUMAN RESOURCES DEPARTMENT RECOMMENDATION FOR INTERVIEW

The following individuals are in the pool of applicants for the posted position. The principal/supervisor indicates the results of contacts or attempts to contact the applicants on the individual contact report.

NAME OF APPLICANT

HOME PHONE

ALT. PHONE

ENDORSEMENT

Tad Cummins[REDACTED]is eligible for occ. license

Tad Cummins is recommended for employment. (also attach "Recommendation for Employment Form") Reason this applicant was selected over others:



on the job experience

ATTACH "RECOMMENDATION FOR EMPLOYMENT FORM"

Principal/Supervisor Signature

Date

7/25/11

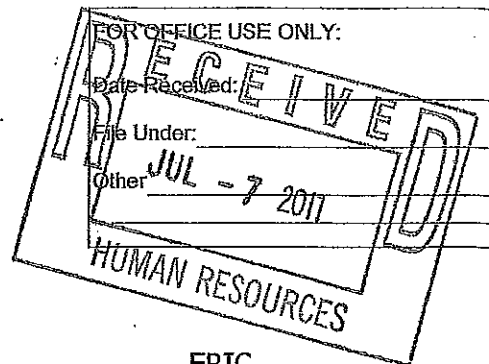
	Department of Children's Services State of Tennessee	
Home Search Help Demo Logout		
<p>Thank You!</p> <p>No evidence was found in DCS records that the person was indicated as a perpetrator of abuse.</p> <p>Your search details:</p> <p>Confirmation Number: 141329</p> <p>DOB: [REDACTED]</p> <p>SSN: [REDACTED]</p> <p>Name: Tad Cummins</p> <p>Maiden Name:</p> <p>Alt. Last Name 1:</p> <p>Alt. Last Name 2:</p> <p>Alt. Last Name 3:</p> <p>Alt. Last Name 4:</p> <p>Request Date: 7/25/2011</p> <p>Requested By: Gianina Chard</p> <p>School System: Maury County</p> <p>Please save or print this for your records.</p> <p><input type="button" value="Print"/> <input type="button" value="Cancel"/></p>		
Copyright © State of Tennessee The Official Web Site of the State of Tennessee		



APPLICATION FORM

Licensed Personnel

Maury County Public Schools
Columbia, Tennessee



Date: 07-06-2011

Name CUMMINS TAD ERIC
Last First Middle/Maiden

Present Address [REDACTED]
Street
[REDACTED] [REDACTED] [REDACTED]
City State Zip Code

Permanent Address [REDACTED]
Street
[REDACTED] [REDACTED] [REDACTED]
City State Zip Code

POSITION FOR WHICH YOU ARE APPLYING: (Check all that are appropriate)

☒ Teacher ☐ Administrator ☐ Other _____
☐ Coaching _____
(Specific Area(s)) (Applicants for coaching positions should include a summary of their athletic experience)

AVAILABLE STARTING DATE: 07-06-2011

A. LICENSE/ENDORSEMENT AREA(S)

Do you hold a valid Tennessee Teachers License? ☐ Yes ☒ No
If yes, TN License Type: ☐ Out of State TN Teacher Career Ladder Level: ☐ C.L.I
☐ Apprentice Teacher ☐ C.L.II
☐ Professional License ☐ C.L.III

AREA(S) OF ENDORSEMENT: _____

If no, have you applied for a Tennessee Teacher License? ☐ Yes ☒ No
If no, why not? _____

Do you hold a Teacher license in another state? ☐ Yes ☒ No If yes, list state _____

AREA(S) OF ENDORSEMENT: _____

Have you taken the National Teachers Examination? ☐ Yes ☒ No

Please advise if you need any accommodation in order to interview for the position for which you are applying.

Is there any accommodation you may need to perform the essential functions of the position which you are applying?

(Optional) ☐ Yes ☒ No

If yes, please list accommodation. _____

MAURY COUNTY BOARD OF EDUCATION IS AN EQUAL OPPORTUNITY EMPLOYER

The Maury County Board of Education does not discriminate on the basis of race, creed, religion, natural origin, age, gender marital status, disability or any other unlawful area in the operation of its educational programs and activities including employment practices.

B. PERSONAL DATA

1. Are you a citizen of the United States? ☒ Yes ☐ No
2. Are you a 18 years of age or older? ☒ Yes ☐ No

C. EDUCATIONAL PREPARATION

1. Degree(s): ☐ Bachelor's ☐ Master's ☐ Specialist ☐ Doctoral
(Attach Official Transcripts)
2. College Grade-Point Average based on a 4.00 Scale: 3.571 (Bachelor's Degree)
3. G.P.A. in major subject field on a 4.00 Scale: _____
4. SCHOOLS ATTENDED:

High School College or University	Address	Years Attended	Major	List Degree or Diploma Received	Date of Graduation
MT PLEASANT HIGH SCHOOL	600 GREENWOOD STREET, MT PLEASANT, TN	6	GENERAL STUDIES	HS DIPLOMA	Do not list date of high school graduation.
COLUMBIA STATE COLLEGE	1665 HAMPSHIRE PIKE, COLUMBIA, TN	2	RESP CARE	AAS	05/07/1993

Other educational experiences, honors, etc. On January 30, 1995, I participated in the American Heart Assn's School-site Program by conducting (and speaking at) a workshop at J.E. Woodard Elementary School to teach teachers how to use kits provided by the A.H.A. to teach children how to live a "heart-healthy" lifestyle.

5. Major(s) RESPIRATORY CARE TECHNOLOGY 6. Minor(s) _____
7. Student Practice/Teaching (For applicants with less than two years of experience): Grade or Subject: _____
8. No. of Weeks _____
9. Location of Student Teaching _____
10. Name of Supervising Teacher _____ 11. Phone No. _____
12. Address _____

D. WORK EXPERIENCE

1. TEACHING EXPERIENCE: (Most Recent First)

Position	School, Address & Name of School System	Principal	Reason for Leaving	Grade Taught	Subjects	Date	No. Years

D. WORK EXPERIENCE, Cont.

(Mark N/A if not applicable for questions 2 and 3)

2. Total years of teacher experience in Tennessee: Public 0 Private 0
3. Total years of teacher experience out of state: Public 0 Private 0
4. Have you ever failed to be re-elected? ☐ Yes ☒ No
5. OTHER WORK EXPERIENCE: (Most recent First)

Position	Employer - Address - Phone No.	Type of Experience	Immediate Supervisor	Dates	No. Yrs.	Reason for Leaving
RESP THERAPIST	AT HOME MEDICAL SUPPLIES 615-333-3392 350 WALLACE ROAD, NASHVILLE, TN	CLINICAL	KATHERINE HAUSMAN	2-2011 TO PRESENT	<1	PRESENTLY EMPLOYED
RESP THERAPIST	TLC MEDICAL 615-642-0114 4323 CAROTHERS PKWY, STE 301 FRANKLIN, TN	CLINICAL	JEFF WALKER	7-2010 TO 1-2011	<1	LAID-OFF
BRANCH MANAGER	MEDICAL NECESSITIES 931-698-4309 907 W JAMES CAMPBELL BLVD, COLUMBIA, TN	MANAGEMENT	DAVID BAXTER	6-2009 TO 7-2010	1	TO TAKE TLC JOB
RESP THERAPIST	AMERICAN HOMEPATIENT 615-832-0881 5211 LINBAR DR, STE 506, NASHVILLE, TN	CLINICAL	TRENT MESSICK	7-2007 TO 6-2009	2	TO TAKE MEDNEC JOB

If previously employed by Maury County Board of Education, list below.

School/Site	Position	Supervisor	Dates

E. REFERENCES

Please list below people to whom we will refer concerning your professional preparation and experience. List only persons who know of your training, experience, or other qualifications for educational service. (Send professional reference request form to the three individuals you list below).

Name of Reference	Complete mailing Address and Phone No.	Business/Occupation
KATHERINE HAUSMAN	350 WALLACE ROAD, NASHVILLE, TN 37211 615-333-3392	AT HOME MED/OFFICE MGR
DAVID BAXTER, RN	907 W JAMES CAMPBELL BLVD, COLUMBIA, TN 38401 931-698-4309	MED NEC/OWNER
JEFF WALKER	4323 CAROTHERS PKWY, STE 301 FRANKLIN, TN 37064 615-642-0114	TLC/CO-OWNER

After an offer of employment has been made to an applicant and prior to commencement of employment duties, each employee shall present to the Human Resources Administrator a physician's certificate ("Report of Medical Examination" form) showing a satisfactory health record. Physician's fees shall be at the expense of the employee. "Report of Medical Examination" forms will be obtained from Maury County Board of Education's Human Resource Department.

With the exception of substitute teachers, according to board policy 5.115, members of an immediate family shall not be assigned to the instructional staff in the same school plant. Immediate family shall be defined as spouse, child, parent, parent-in-law, brother, sister, brother-in-law, and sister-in-law. List any relative currently employed by the school system, their position, and relationship to you: JILL CUMMINS, INSTRUCTIONAL ASSOCIATE, MY WIFE

F. IN YOUR OWN HANDWRITING, MAKE A BRIEF STATEMENT ON WHY YOU HAVE CHOSEN TEACHING AS A PROFESSION:

I have often thought that I would love to be a teacher, and just might excel at it, but it never seemed to be my destiny. When this opportunity presented itself I recalled that one of my favorite teachers came to teaching as a second career. That helped me to believe that I can too.

G. STATE REQUIREMENT

INSTRUCTIONS: READ THE INFORMATION BELOW, ANSWER THE TWO QUESTIONS, AND SIGN AND DATE AT THE END OF THIS SECTION.

I recognize that if I am employed, the Director of Schools will assign or reassign me to a specific position as the need requires.

UNDERLINE HAVE OR HAVE NOT.

1. I hereby certify that I (have) (have not) been convicted of a misdemeanor or a felony in any state of the United States.

I "have" is indicated, explain fully the details of each such conviction on a separate sheet of paper.

2. I further certify that I (have) (have not) been dismissed from any previous employment for improper or unprofessional conduct, inefficient service, neglect of duty, incompetence, or insubordination as the same are defined in Sections 49-5-501 of the Tennessee Code.

If "have" is indicated, explain fully the details of each dismissal on a separate sheet of paper. The employer's non-renewal of a yearly contract need not be indicated unless the non-renewal was for cause as listed above.

If my most recent employer were another Tennessee public system and if my termination were voluntary, I hereby certify that my resignation was, or will be submitted at least 30 days prior to the beginning date stated hereon; or, if within 30 days, that the previous board has waived its right to such notice. A copy of my letter or of registration or of the said board action is attached or will be provided.

I understand that misrepresentation of any of these certifications may subject me to the penalties prescribed in Section 49-5-406 of the Tennessee Code.

Providing false information as to a conviction of a misdemeanor or felony in this state or any other state shall be sufficient grounds for termination of employment and shall also constitute a Class A misdemeanor which must be reported to the District Attorney General for prosecution. The accuracy of such information may be verified by fingerprint and criminal history records check conducted by the Tennessee Bureau of Investigation pursuant to T.C.A. 49-5-413(a). I authorize a complete background check including but not limited to criminal investigations and the result thereof be submitted to Maury County Board of Education.

I understand that, if I am employed, the Board of Education may assign me to a specific position as the need requires.

I certify that all applicable questions on the application have been completed, that the information provided is accurate, and understand that withholding information or providing inaccurate information may be grounds for invalidating a contract. I further understand that this application will become part of my permanent personnel file should I be employed by the Maury County Board of Education.

I further certify that I give permission for information concerning past employment to be released to Maury County Board of Education.

Signature of Applicant  Date 7/6/11

Return this application to:

Director of Schools
Maury County Public Schools
501 West 8th Street
Columbia, Tennessee 38401
Attn: Human Resources Dept.
(931) 388-8403 ext. 0118

Applications are kept on active file for one (1) year. Applicants must make a request in writing if they wish their application to remain active for an additional year. Completion of a new application may be necessary.

Maury County Public Schools
Confidential Application Information
Licensed Personnel

Name CUMMINS TAD ERIC
Last First Middle

Phone No.: Home [REDACTED] Business [REDACTED]

Social Security Number: [REDACTED]

Date of Birth: [REDACTED] Sex: M

TN Teacher License No.: _____

Date License was issued: _____ Date License expires: _____

Highly Qualified Information

Are you highly Qualified: ☐ YES ☒ NO

How can you prove Highly Qualified (Check Appropriate Options):

General Options

- ☐ Academic Major
- ☐ Coursework Equivalent
- ☐ Graduate Degree
- ☐ National Board Certification
- ☐ NTE/Praxis Test

House Options (Existing teachers only)


- ☐ Professional Matrix
- ☐ Teacher Effect Data
- ☐ Framework for Evaluation and Professional Growth

☐ Proven HQ in another State

List your proven core academic subjects: _____

Academic Transcript

A00113930 Tad Cummins
Jul 06, 2011 10:05 pm

 This is not an official transcript. Courses which are in progress may also be included on this transcript.

Institution Credit Transcript Totals

Transcript Data

STUDENT INFORMATION																	
Name :	Tad Cummins																
Student Type:	Continuing																
Curriculum Information																	
Current Program																	
Associate of Applied Science																	
Program:	Admitted -Resp Care AAS degree																
College:	Columbia State Comm College																
Campus:	Columbia State Main Campus																
Major and Department:	Respiratory Care, Respiratory Care																
***Transcript type:WEB Web Transcript is NOT Official ***																	
DEGREE AWARDED																	
Awarded:	Associate of Applied Science	Degree Date:	May 07, 1993														
Curriculum Information																	
Primary Degree																	
Program:	Admitted -Resp Care AAS degree																
College:	Columbia State Comm College																
Major:	Respiratory Care																
<table border="1"> <thead> <tr> <th></th> <th>Attempt Hours</th> <th>Passed Hours</th> <th>Earned GPA Hours</th> <th>Quality GPA Hours</th> <th>Points</th> </tr> </thead> <tbody> <tr> <td>Institution:</td> <td>0.000</td> <td>0.000</td> <td>0.000</td> <td>0.000</td> <td>0.000</td> </tr> </tbody> </table>							Attempt Hours	Passed Hours	Earned GPA Hours	Quality GPA Hours	Points	Institution:	0.000	0.000	0.000	0.000	0.000
	Attempt Hours	Passed Hours	Earned GPA Hours	Quality GPA Hours	Points												
Institution:	0.000	0.000	0.000	0.000	0.000												
<table border="1"> <thead> <tr> <th>Sought:</th> <th>Degree Date:</th> </tr> </thead> <tbody> <tr> <td>Associate of Applied Science</td> <td></td> </tr> </tbody> </table>						Sought:	Degree Date:	Associate of Applied Science									
Sought:	Degree Date:																
Associate of Applied Science																	
Institutional Honors:	Magna Cum Laude																
Curriculum Information																	
Primary Degree																	
Program:	AAS degrees -Health Sciences																
College:	Columbia State Comm College																
Major:	Health Sciences, Pre-Admission																

	Attempt Hours	Passed Hours	Earned GPA Hours	Quality GPA Points	
Institution:	0.000	0.000	0.000	0.000	0.000

INSTITUTION CREDIT -Top-

Spring Semester 1991

College:	Columbia State Comm College
Major:	Health Sciences, Pre-Admission
Student Type:	New First Time Freshman
Academic Standing:	

Subject	Course Level	Title	Grade	Credit Hours	Quality Points	Start and End Dates	R CEU Contact Hours
DRS	085*	DS	ELEMENTARY ALGEBRA	B	4.000	12.000	
ENG	101	UG	COMPOSITION I	B	3.000	9.000	
PED	201	UG	WEIGHT TRAINING	A	1.000	4.000	
PSY	102	UG	GENERAL PSYCHOLOGY II	A	3.000	12.000	

Term Totals (Developmental Studies)

	Attempt Hours	Passed Hours	Earned GPA Hours	Quality GPA Points	
Current Term:	4.000	4.000	4.000	12.000	3.000
Cumulative:	4.000	4.000	4.000	12.000	3.000

Term Totals (Undergraduate)

	Attempt Hours	Passed Hours	Earned GPA Hours	Quality GPA Points	
Current Term:	7.000	7.000	7.000	25.000	3.571
Cumulative:	7.000	7.000	7.000	25.000	3.571

Summer Semester 1991

College:	Columbia State Comm College
Major:	Health Sciences, Pre-Admission
Student Type:	Continuing
Academic Standing:	

Subject	Course Level	Title	Grade	Credit Hours	Quality Points	Start and End Dates	R CEU Contact Hours
DRS	088*	DS	INTERMEDIATE ALGEBRA	A	4.000	16.000	
MUS	241	UG	MUSIC APPRECIATION	B	3.000	9.000	

Term Totals (Developmental Studies)

	Attempt Hours	Passed Hours	Earned GPA Hours	Quality GPA Points	
Current Term:	4.000	4.000	4.000	16.000	4.000
Cumulative:	8.000	8.000	8.000	28.000	3.500

Term Totals (Undergraduate)

Attempt Hours	Passed Hours	Earned GPA Hours	Quality GPA Points
---------------	--------------	------------------	--------------------

		Hours	Hours	Hours	Hours	Points
Current Term:		3.000	3.000	3.000	3.000	9.000
Cumulative:		10.000	10.000	10.000	10.000	34.000

Fall Semester 1991

College:	Columbia State Comm College
Major:	Respiratory Care
Student Type:	Continuing
Academic Standing:	
Additional Standing:	Dean's List

Subject	Course Level	Title	Grade	Credit Hours	Quality Points	Start and End Dates	R CEU Contact Hours
BIO	121	UG HUMAN ANAT/PHY I	A	4.000	16.000		
ENG	110	UG HUMANITIES SEMINAR I	A	1.000	4.000		
PHY	105	UG PHYSICAL SCIENCE	A	4.000	16.000		
RCT	101	UG RESP CARE TECHNOLOGY I	A	4.000	16.000		

Term Totals (Undergraduate)

		Attempt Hours	Passed Hours	Earned Hours	GPA Hours	Quality Points	GPA Points
Current Term:		13.000	13.000	13.000	13.000	52.000	4.000
Cumulative:		23.000	23.000	23.000	23.000	86.000	3.739

Spring Semester 1992

College:	Columbia State Comm College
Major:	Respiratory Care
Student Type:	Continuing
Academic Standing:	
Additional Standing:	Dean's List

Subject	Course Level	Title	Grade	Credit Hours	Quality Points	Start and End Dates	R CEU Contact Hours
BIO	122	UG HUMAN ANAT/PHY II	B	4.000	12.000		
BIO	241	UG MICROBIOLOGY	A	3.000	12.000		
MAT	101	UG COLLEGE MATH I	A	3.000	12.000		
RCT	102	UG RESP CARE TECHNOLOGY II	A	4.000	16.000		
RCT	191	UG CLIN PRACTICE I	A	1.000	4.000		
RCT	201	UG RESP PHARMACOLOGY	A	2.000	8.000		

Term Totals (Undergraduate)

		Attempt Hours	Passed Hours	Earned Hours	GPA Hours	Quality Points	GPA Points
Current Term:		17.000	17.000	17.000	17.000	64.000	3.765
Cumulative:		40.000	40.000	40.000	40.000	150.000	3.750

Summer Semester 1992

College:	Columbia State Comm College
Major:	Respiratory Care
Student Type:	Continuing
Academic Standing:	

Subject	Course Level Title		Grade	Credit Hours	Quality Points	Start and End Dates	R CEU Contact Hours
RCT	140	UG	CARDIO/PUL ANAT/PHYS	A	3.000	12.000	
RCT	150	UG	ARTERIAL BLOOD GASES	B	3.000	9.000	
RCT	192	UG	CLIN PRACTICE II	A	4.000	16.000	

Term Totals (Undergraduate)

	Attempt Hours	Passed Hours	Earned Hours	GPA Hours	Quality Points	Quality GPA
Current Term:	10.000	10.000	10.000	10.000	37.000	3.700
Cumulative:	50.000	50.000	50.000	50.000	187.000	3.740

Fall Semester 1992

College:	Columbia State Comm College
Major:	Respiratory Care
Student Type:	Continuing
Academic Standing:	

Subject	Course Level Title		Grade	Credit Hours	Quality Points	Start and End Dates	R CEU Contact Hours
ENG	241	UG	SPEECH COMMUNICATIONS	B	3.000	9.000	
RCT	221	UG	MECHANICAL VENTILATION	B	3.000	9.000	
RCT	242	UG	RESPIRATORY PATHOPHYSIO I	B	3.000	9.000	
RCT	293	UG	CLIN PRACTICE III	A	4.000	16.000	

Term Totals (Undergraduate)

	Attempt Hours	Passed Hours	Earned Hours	GPA Hours	Quality Points	Quality GPA
Current Term:	13.000	13.000	13.000	13.000	43.000	3.308
Cumulative:	63.000	63.000	63.000	63.000	230.000	3.651

Spring Semester 1993

College:	Columbia State Comm College
Major:	Respiratory Care
Student Type:	Continuing
Academic Standing:	

Subject	Course Level Title		Grade	Credit Hours	Quality Points	Start and End Dates	R CEU Contact Hours
ENG	102	UG	COMPOSITION II	A	3.000	12.000	
RCT	212	UG	PULMONARY FUNCT SEMINAR	B	3.000	9.000	
RCT	252	UG	RESP PATHO/PEDIATRICS	B	3.000	9.000	
RCT	294	UG	CLIN PRACTICE IV	B	4.000	12.000	

Term Totals (Undergraduate)

	Attempt Hours	Passed Hours	Earned Hours	GPA Hours	Quality Points	Quality GPA

Current Term:	13.000	13.000	13.000	13.000	42.000	3.231
Cumulative:	76.000	76.000	76.000	76.000	272.000	3.579

Unofficial Transcript

TRANSCRIPT TOTALS (DEVELOPMENTAL STUDIES) -Top-

	Attempt Hours	Passed Hours	Earned GPA Hours	Quality GPA Hours	Points	
Total Institution:	8.000	8.000	8.000	8.000	28.000	3.500
Total Transfer:	0.000	0.000	0.000	0.000	0.000	0.000
Overall:	8.000	8.000	8.000	8.000	28.000	3.500

Unofficial Transcript

TRANSCRIPT TOTALS (UNDERGRADUATE) -Top-

	Attempt Hours	Passed Hours	Earned GPA Hours	Quality GPA Hours	Points	
Total Institution:	76.000	76.000	76.000	76.000	272.000	3.579
Total Transfer:	0.000	0.000	0.000	0.000	0.000	0.000
Overall:	76.000	76.000	76.000	76.000	272.000	3.579

	Attempt Hours	Passed Hours	Earned GPA Hours	Quality GPA Hours	Points	
Institution Combined:	84.000	84.000	84.000	84.000	300.000	3.571
Transfer Combined:	0.000	0.000	0.000	0.000	0.000	0.000
Overall Combined:	84.000	84.000	84.000	84.000	300.000	3.571

Unofficial Transcript

RELEASE: 8.1

Tad E. Cummins, RRT



E-mail: tadcummins@att.net

PERSONAL HISTORY

Education:

On May 7, 1993, I graduated Magna Cum Laude from Columbia State Community College achieving an A.A.S. degree in Respiratory Care Technologies. On December 4, 1993, I sat and passed the National Board Exams for Respiratory Care, achieving the title of "Registered Respiratory Therapist". I currently hold a Tennessee therapist level license.

In 1984, I graduated from Mount Pleasant High School in Mount Pleasant, Tennessee, receiving my high school diploma from general studies, including six years of band (percussion).

ACHIEVEMENTS/COMMUNITY SERVICE

I have been a percussionist since the late 1970's. I have played in several bands over the years, and I am an active set drummer and a conga player/percussionist. I am also a singer/songwriter and guitar player, and I often perform as a solo act. I currently hold around 65 song copyrights. I write most of my music with my guitar, piano, or behind my congas.

I am a Christian, and I worship at the Grace Church of the Nazarene in Columbia, TN. I am blessed to have served in many capacities at Grace, one of which is that I oversaw all audio engineering and sound equipment for the Grace Church campus. Another is a ministry called "Grace Unlimited", in which we ministered, monthly, through worship services, fellowship, and mentoring at Maury County Jail and at Magnolia Academy (a wilderness boot camp for teen boys in trouble). Within this ministry, I was blessed to get to minister to many individuals through preaching, playing music, leading singing, singing solos, praying, and mentoring. At Grace Church, I have served as a church board member, a Care Pastor, taught adult and teen Sunday school classes, sang in the Choir, played drums during Sunday worship, and I occasionally serve as a vocal soloist. I also served as Interim Youth Pastor and often serve as an adult chaperone for youth activities.

March 15-23, 1996, I traveled to the Darien Province in the rainforest of Panama to participate in a medical mission campaign in which we spent a week conducting clinics in various jungle communities and treating the medical problems of the Embura Indians.

In 2005, I traveled with HCA to Louisiana for 2 weeks to do disaster relief in the immediate aftermath of Hurricane Katrina.

On July 18, 1999, I completed requirements and was awarded the rank of Black Belt in Kenpo Karate.

I have developed and served as webmaster of several web-sites including www.tadcummins.com, www.cryforholiness.faithweb.com, www.cumminsmartialarts.com, and www.comyngar.freesevers.com, www.cumminsmartialarts.com was a full service e-commerce web-site.

I have been certified by the American Heart Association in Basic Life Support, and I have been a BLS Instructor. I have also been certified in Advanced Cardiac Life Support and Neonatal Resuscitation.

On January 30, 1995, I participated in the American Heart Association's Schoolsite Program by conducting (and speaking at) a workshop at J.E. Woodard Elementary School in Columbia, TN to teach teachers how to use kits provided by the A.H.A. to teach children how to live a "heart-healthy" lifestyle.

WORK HISTORY

Respiratory Therapist – At Home Medical Supplies, Nashville, TN

Since February 2011

I am a homecare therapist. I perform initial and long-term management of respiratory modalities and respiratory patients including pediatric, adult, and geriatric age groups. These include CPAP therapy, BiPAP therapy, humidification therapy, aerosol therapy, oxygen therapy, clinical patient evaluation / monitoring, and responding to / following up on the results of those evaluations in an appropriate and timely manor. I also perform respiratory care supplies management, documentation in compliance with regulatory authorities, scheduling of patient visits, frequent sales calls with and without our Account Executives, clinical education presentations to patient source accounts, and I oversee all clinical activities. During my tenure, I have also helped the company prepare for CHAP accreditation.

Respiratory Therapist – TLC Medical, Franklin, TN & Columbia, TN

July 2010 – January 2011

I was a homecare therapist. I performed initial and long-term management of respiratory modalities and respiratory patients including pediatric, adult, and geriatric age groups. These included CPAP therapy, BiPAP therapy, humidification therapy, aerosol therapy, oxygen therapy, clinical patient evaluation / monitoring, and responding to / following up on the results of those evaluations in an appropriate and timely manor. I also performed respiratory care supplies management, documentation in compliance with regulatory authorities, scheduling of patient visits, occasional sales calls with our Account Executives, clinical education presentations to patient source accounts, and I oversaw all clinical activities for the Franklin & Columbia offices. During my tenure, I helped the company prepare for CHAP accreditation.

Respiratory Therapist / Branch Manager – Medical Necessities & Services, Columbia & Murfreesboro, TN

June 2009 – July 2010

As a homecare therapist I performed initial and long-term management of respiratory modalities and respiratory patients including pediatric, adult, and geriatric age groups. These included CPAP therapy, BiPAP therapy,

humidification therapy, aerosol therapy, oxygen therapy, clinical patient evaluation / monitoring, and responding to / following up on the results of those evaluations in an appropriate and timely manner. I also performed respiratory care supplies management, documentation in compliance with regulatory authorities, scheduling of patient visits, and clinical education presentations to patient source accounts, and I served as a clinical resource for the rest of the office staff.

As Branch Manager I was responsible for the managerial, budgetary, and clinical oversight of the Columbia operation including: staff supervision, employee hiring/training/retaining, flow of orders, timeliness of delivery, patient and referral source satisfaction, assisting / advising sales staff as needed, tracking billing, tracking patient follow-up, setting and tracking goals for the office, the staff, and me, ordering, inventory tracking and control, cost-of-goods tracking and control, oversight of and responsibility for an approximately \$4 million budget, compliance with governmental and accreditation agency regulations and directives, timely reporting and communication with the company's president, vice president, and COO.

Respiratory Therapist – American Homepatient, Nashville, TN

July 2007 – June 2009

I was a homecare therapist. I performed initial and long-term management of respiratory modalities and respiratory patients including pediatric, adult, and geriatric age groups. These included mechanical ventilator management, CPAP therapy, BiPAP therapy, humidification therapy, aerosol therapy, oxygen therapy, clinical patient evaluation / monitoring, and responding to / following up on the results of those evaluations in an appropriate and timely manor. I also performed respiratory care supplies management, documentation in compliance with regulatory authorities, scheduling of patient visits, occasional sales calls with our Account Executives, clinical education presentations to patient source accounts, and I oversaw all clinical activities for the Nashville office. I also was utilized by American Homepatient's home office to present the clinical portion of their quarterly "new account executive orientation". This involved educating approximately 30 new AEs each quarter on the basics of cardio-pulmonary anatomy and physiology, and the abnormal pathophysiology of COPD and other respiratory disorders. During my tenure, we successfully went through JCAHO and ACHC accreditations.

General Manager – Medical Necessities & Services, Nashville, TN

April 2007 – July 2007

I was the General Manager of the Nashville branch as well as the only Respiratory Therapist for that office. Since this office was a new start-up, I was basically an entrepreneur. I secured office space, dealt with realtors, secured and dealt with architects and contractors, designed the floor-plan, made interior design decisions, secured telecommunications (voice & data) equipment and installers, purchased computers, hired employees, and all other details of a new build, office set-up, and office start-up. I also came up with our corporate branding concept, designed the artwork, secured a contractor to place vinyl signage on our fleet of delivery vans and PT Cruisers, and secured a contractor to "brand" our office signage. I was responsible for the managerial and clinical oversight of the Nashville operation including: staff supervision, employee hiring/training/retaining, flow of orders, timeliness of delivery, patient and referral source satisfaction, assisting / advising sales staff as needed, tracking billing, tracking patient follow-up, setting and tracking goals for the office, the staff, and me, ordering, inventory tracking and control, cost-of-goods tracking and control, compliance with governmental and

accreditation agency regulations and directives, timely reporting to our corporate office, and communication with the company's president, vice president, and CFO. As the only Respiratory Therapist in the Nashville office I performed initial and long-term management of respiratory modalities and respiratory patients including pediatric, adult, and geriatric age groups. These included CPAP therapy, BiPAP therapy, humidification therapy, aerosol therapy, oxygen therapy, clinical patient evaluation / monitoring, and responding to / following up on the results of those evaluations in an appropriate and timely manor. I also performed respiratory care supplies management, documentation in compliance with regulatory authorities, scheduling of patient visits, and clinical education presentations to patient source accounts, and I served as a clinical resource for the rest of the Nashville office staff. During my tenure, I helped the company prepare for CHAP accreditation.

Respiratory Therapist - Mid-South Medical and Mobility, Nashville, TN

June 2005 – April 2007

I was a homecare therapist. I performed initial and long-term management of respiratory modalities and respiratory patients including pediatric, adult, and geriatric age groups. These included CPAP therapy, BiPAP therapy, humidification therapy, aerosol therapy, oxygen therapy, clinical patient evaluation / monitoring, and responding to / following up on the results of those evaluations in an appropriate and timely manor. I also performed respiratory care supplies management, documentation in compliance with regulatory authorities, scheduling of patient visits, and clinical education presentations to patient source accounts, and I served as a clinical resource for the rest of the Nashville office staff. During my tenure, we successfully underwent ACHC accreditation.

Respiratory Therapist - Williamson Medical Center, Franklin, TN

August 2004 – June 2005

Duties included responding to "Code Blue" calls, mechanical ventilator management, other critical care monitoring and therapeutics, aerosol therapy, oxygen therapy, hyperinflation therapy, arteriotomy, arterial blood gas analysis, EKGs, institution, evaluation, and modification of therapist driven protocols, and other duties of respiratory care.

Respiratory Therapist - Mid-South Medical and Mobility, Nashville, TN

May 2004 – August 2004

I functioned both as a homecare therapist and an outside sales representative. I performed initial and long-term management of respiratory modalities and respiratory patients including pediatric, adult, and geriatric age groups, respiratory care supplies management. These included CPAP therapy, BiPAP therapy, humidification therapy, aerosol therapy, oxygen therapy, clinical patient evaluation / monitoring, and responding to / following up on the results of those evaluations in an appropriate and timely manor. I also performed documentation in compliance with regulatory authorities, scheduled and non-scheduled sales calls on patient source accounts, clinical education presentations to patient source accounts, and serving as a clinical resource for the rest of the Nashville office staff.

*Freelance Registered Respiratory Therapist –
EMS Medical Staffing [615-477-3725] and All About Staffing [615-565-6227]*

July 2003 – April 2007

I worked PRN for these two staffing agencies as a freelance therapist. I worked in various hospitals to fill in when they had staffing deficiencies. My clinical duties included responding to “Code Blue” calls, mechanical ventilator management, other critical care monitoring and therapeutics, aerosol therapy, oxygen therapy, hyperinflation therapy, arteriotomy, arterial blood gas analysis, institution, evaluation, and modification of therapist driven protocols, and other duties of respiratory care. Age groups served included neonatal, pediatric, adult, and geriatric.

Assistant Director of Respiratory Care - Maury Regional Hospital, Columbia, TN

June 2001 - July 2003

I was responsible for the direct supervision of the 7a -3p shift and the Supervisors of all other shifts. I was also responsible for clinical oversight of all Resp Care activities. Age groups served included neonatal, pediatric, adult, and geriatric. I also served as a clinical resource for our staff, other departments, and numerous Physicians and Nurse Practitioners. I was in charge of all education for Resp Care, and I often conducted in-service education for other departments. My duties also included developing and instituting performance improvement and customer service programs for our department, yearly employee performance evaluations, employee scheduling, Employee payroll accounting and managing our equipment, supply, and medication inventories. I was the primary buyer for Resp Care supplies for our department. Also, I frequently served as a liaison between Resp Care and patients, family members, other departments, physicians, other healthcare organizations, vendors, and the general public. I mentored employees in order to help them develop the ability to deliver efficient, caring, and scientifically sound patient care. Additionally, I conducted monthly supervisors’ meetings where I met with the rest of my department’s management team, participated in discussions, made strategic decisions on matters concerning the day-to-day operation of our department, and made recommendations to our department director on subjects such as staffing needs or capital budget needs. On two occasions of the director’s extended illness, I assumed the duties of the Director of Respiratory Care and reported to the assistant administrator. These two occasions totaled approximately four months. During my tenure as Assistant Director, Maury Regional underwent a major construction project which added three floors to the hospital. As a part of this project I oversaw moving the RT department twice. We also went thru a JCAHO inspection during my tenure as assistant director at Maury Regional. My clinical responsibilities included endotracheal intubation, responding to “Dr. Pacemaker” calls, attending “high-risk infant” deliveries to perform endotracheal intubation on neonates when indicated, mechanical ventilator management, other critical care monitoring and therapeutics, aerosol therapy, oxygen therapy, hyperinflation therapy, arteriotomy, initiating the SEEK process, participating in SEEK committees, institution, evaluation, and modification of therapist driven protocols and clinical pathways, as well as, other responsibilities of respiratory care. I also served the hospital as a Basic Life Support (CPR) instructor.

Respiratory Therapy Supervisor (11p-7a) - Maury Regional Hospital, Columbia, TN

April 1994 – June 2001

My supervisory responsibilities included effectively assigning workloads to utilize all employees working that shift and insuring that all patient care was carried out in an effective and timely manner. I mentored employees in order to help them develop the ability to deliver efficient, caring, and scientifically sound patient care. I also conducted periodic evaluations of employees on my shift during which I reviewed their progress towards our goals for that employee and help them chart a course towards additional progress. Additionally, I attended monthly supervisors' meetings where I met with the rest of my department's management team, participated in discussions, made strategic decisions on matters concerning our department, and made recommendations to our department director on subjects such as staffing needs or capital budget needs. My clinical responsibilities included endotracheal intubation, responding to "Dr. Pacemaker" calls, attending "high-risk infant" deliveries to perform endotracheal intubation on neonates when indicated, mechanical ventilator management, other critical care monitoring and therapeutics, aerosol therapy, oxygen therapy, hyperinflation therapy, arteriotomy, initiating the SEEK process, participating in SEEK committees, institution, evaluation, and modification of therapist driven protocols and clinical pathways, as well as, other responsibilities of respiratory care. Age groups served included neonatal, pediatric, adult, and geriatric. I also served the hospital as a Basic Life Support (CPR) instructor.

Respiratory Therapist - Baptist Hospital, Nashville, TN

March 1993 - April 1994

Duties included responding to "Code Blue" calls, mechanical ventilator management, other critical care monitoring and therapeutics, aerosol therapy, oxygen therapy, hyperinflation therapy, arteriotomy, arterial blood gas analysis, institution, evaluation, and modification of therapist driven protocols, and other duties of respiratory care. Age groups served included neonatal, pediatric, adult, and geriatric. We also went thru a JCAHO inspection during my tenure at Baptist Hospital.

Student Respiratory Therapist - Williamson Medical Center, Franklin, TN

August 1992 - March 1993

Duties included aerosol, oxygen and hyperinflation therapy, as well as, arteriotomy and various other responsibilities of respiratory care. Age groups served included neonatal, pediatric, adult, and geriatric. (This was a part-time job while I was in college.)

Service Advisor - Sears Automotive Center, Columbia, TN

January 1991 - August 1992

Duties included retail automotive parts and service sales, effectively routing service customers through shop, and ensuring quality work, as well as, customer satisfaction. (This was a part-time job while I was in college.)

Parts Manager - Bates Engine and Automotive Inc., Centerville, TN

November 1989 - December 1990

Duties included retail automotive parts sales, engine sales, overseeing sales and delivery staff, parts stock monitoring and reordering, tracking sales, as well as, some collections work on past due accounts. I left this job to enter college to become a Respiratory Therapist.

Sales Associate - Columbia Chrysler-Plymouth, Dodge, Columbia, TN

April 1989 - November 1989

Duties included commission automotive sales.

Plant Employee - Spontex Incorporated, Columbia, TN

April 1987 - April 1989

Duties included various jobs in cellulose sponge manufacturing which required the use of various sizes of fork lifts and electric trucks, a semi-tractor and trailers, overhead cranes, and several types of computerized control boards and timing mechanisms.

Office Manager - Petrolane Gas Service, Columbia, TN

June 1985 - April 1987

Duties included retail propane and appliance sales, payroll processing, supervising delivery staff, supervising service staff, computerized accounting, computerized delivery truck routing, and general office duties. During my tenure at Petrolane, I successfully changed over the ledger accounting system and the cardfile truck routing system to computer based systems.

Maintenance and Re-use Technician - Middle Tennessee Artificial Kidney Center, Columbia, TN

March 1985 - June 1985

Duties included preventive maintenance on hemodialysis machines and other medical equipment, inventory and re-ordering of all medical supplies, and cleaning and sterilization of dialyzing filters. (This was a temporary position.)

REFERENCES

Job Related:

Jeff Walker; Co-owner / VP of Sales at TLC Medical, 4323 Carothers Pkwy, Suite 30, Franklin, TN 37067, (615)642-0114

Norris Williams; Former Director of St Thomas Sleep Lab, Former CPAP Tech at Medical Necessities, & personal friend (615) 351-4951

Christy Wright, RRT; Director of Respiratory Care at Maury Regional Hospital, 1224 Trotwood Avenue, Columbia, TN 38401, (931) 490-7075

Jim Nash, RRT; 11P-7A Former Respiratory Care Supervisor at Maury Regional Hospital, 1224 Trotwood Avenue, Columbia, TN 38401, (931) 380-4029

Lisa Trimble, BS, RRT; Former Respiratory Care Technologies Clinical Director at Columbia State Community College (now employed at Maury Regional Hospital, 1224 Trotwood Avenue, Columbia, TN 38401, (931) 380-4029)

Andy Earl, RRT; Clinical Coordinator of Respiratory Care at Williamson Medical Center, 2021 Caruthers Road, Franklin, TN 37067, (615) 435-5000

Ron Agnew, RRT; Chief Compliance Officer at Maury Regional Hospital, 1224 Trotwood Avenue, Columbia, TN 38401, (931) 381-1111

Personal:

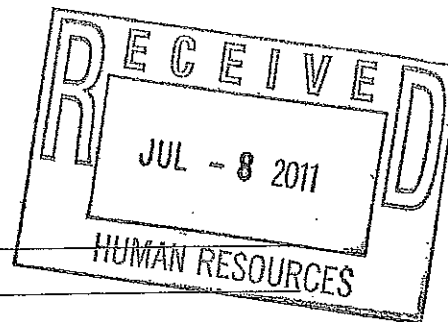
Dean Moyer, 119 Ridgemont Place, Franklin, TN 37064, (615) 957-3634 (Former colleague at Mid-South Medical and Mobility and a great friend)

Fred Garrow, 822 Trotwood Ave, Columbia, TN 38401, (931) 840-5987 (Assistant Director of Environmental Services at Maury Regional Hospital and a friend from church)

Pastor Mark Lindstrom, 2302 Highland Avenue, Columbia, TN 38401, (931) 388-4788 (Senior Pastor at Grace Church of the Nazarene)

Pastor Rick Harvey, 11177 Springfield Pike Cincinnati, OH 45246, (513) 771-3571 (Former Senior Pastor at Grace Church of the Nazarene)

Maury County Public Schools
NON - CONFIDENTIAL
PROFESSIONAL REFERENCE REQUEST



APPLICANT'S FULL NAME: Tad Eric Cammin, RRT

APPLICANT'S ADDRESS: [REDACTED]

APPLYING FOR POSITION AS: Health Science Teacher

PERSON COMPLETING REFERENCE FORM: Katherine Hausmann

Please check the level at which the applicant consistently performs	Superior	Well Above Expectations	Above Expectations	At Expectations	Below Expectations	Unsatisfactory	Please check the level at which the applicant consistently performs.	Superior	Well Above Expectations	Above Expectations	At Expectations	Below Expectations	Unsatisfactory
	6	5	4	3	2	1		6	5	4	3	2	1
1. Character (general conduct, ethics, morals)	✓						15. Management of instruction time	✓					
2. Personality	✓						16. Management of student behavior	✓					
3. Tact	✓						17. Provision for individual differences	✓					
4. Self-control	✓						18. Monitoring of student performance	✓					
5. Willingness to accept constructive criticism.	✓						19. Provision for feedback to students	✓					
6. Dependability	✓						20. Evidence of planning, use of resources	✓					
7. Promptness and thoroughness	✓						21. Interaction with students	✓					
8. Overall attitude	✓						22. Interaction with co-workers	✓					
9. Loyalty and cooperation	✓						23. Assumption of non-instructional duties	✓					
10. Initiative	✓						24. Instructional presentation skills	✓					
11. Oral communication skills	✓						25. Level of professional growth	✓					
12. Written communication skills	✓						26. Enthusiasm for teaching	✓					
13. Decision-making skills	✓						27. Rapport with students	✓					
14. Attendance	✓						28. Compliance with safety procedures	✓					

GENERAL RATING: 6

OPPORTUNITIES FOR OBSERVING THE CANDIDATE _____

TO YOUR KNOWLEDGE, HAS THIS APPLICANT EVER BEEN SUBJECTED TO ANY DISCIPLINARY ACTION, ASKED TO RESIGN, OR EVER FAILED RE-ELECTION? ☒ Yes ☒ No (IF YES, PLEASE EXPLAIN.) _____

IF YOU WERE PERSONALLY RESPONSIBLE, WOULD YOU RECOMMEND THE EMPLOYMENT OF THIS APPLICANT? ☒ Yes ☐ No (IF NO, PLEASE EXPLAIN.) _____

ADDITIONAL COMMENTS: _____

SIGNATURE Katherine Hausmann
NAME (Please Print) Katherine Hausmann
POSITION Office Manager

COMPANY/SCHOOL at Home Medical Supplies
ADDRESS 350 Wallace Rd., Nashville TN 37211
TEL. (615) 333-3392 DATE 7/7/11

MAIL TO: Director of School, Maury County Board of Education
501 West 8th Street, Columbia, TN 38401
Attn: Human Resources Dept. (931) 388-8403, ext. 0118



(OVER)

Maury County Public Schools
NON - CONFIDENTIAL
PROFESSIONAL REFERENCE REQUEST

APPLICANT'S FULL NAME: Tad Eric Cummings, RRT

APPLICANT'S ADDRESS: [REDACTED]

APPLYING FOR POSITION AS: Health Science Teacher

PERSON COMPLETING REFERENCE FORM: DAVID BAXTER

Please check the level at which the applicant consistently performs.	Superior	Well Above Expectations	Above Expectations	At Expectations	Below Expectations	Unsatisfactory	Please check the level at which the applicant consistently performs.	Superior	Well Above Expectations	Above Expectations	At Expectations	Below Expectations	Unsatisfactory
	6	5	4	3	2	1		6	5	4	3	2	1
1. Character (general conduct, ethics, morals)		X					15. Management of instruction time	N/A					
2. Personality			X				16. Management of student behavior	N/A					
3. Tact				X			17. Provision for individual differences	N/A					
4. Self-control			X				18. Monitoring of student performance	N/A					
5. Willingness to accept constructive criticism.			X				19. Provision for feedback to students	N/A					
6. Dependability	X						20. Evidence of planning, use of resources			X			
7. Promptness and thoroughness			X				21. Interaction with students	N/A					
8. Overall attitude			X				22. Interaction with co-workers		X				
9. Loyalty and cooperation	X						23. Assumption of non-instructional duties	N/A					
10. Initiative		X					24. Instructional presentation skills	N/A					
11. Oral communication skills	X						25. Level of professional growth	N/A					
12. Written communication skills	X						26. Enthusiasm for teaching	N/A					
13. Decision-making skills		X					27. Rapport with students	N/A					
14. Attendance	X						28. Compliance with safety procedures	X					

GENERAL RATING: Overall, Tad is a well rounded individual. He wore many different hats while employed with us.

OPPORTUNITIES FOR OBSERVING THE CANDIDATE Tad worked as an therapist for us. Our patients seemed to like being instructed by him. We had physicians that liked to work with him as well. Tad also brought ideas to our company that enhanced our patient outcomes.
TO YOUR KNOWLEDGE, HAS THIS APPLICANT EVER BEEN SUBJECTED TO ANY DISCIPLINARY ACTION, ASKED TO RESIGN, OR EVER FAILED RE-ELECTION? ☐ Yes ☒ No (IF YES, PLEASE EXPLAIN.)

IF YOU WERE PERSONALLY RESPONSIBLE, WOULD YOU RECOMMEND THE EMPLOYMENT OF THIS APPLICANT? ☒ Yes ☐ No (IF NO, PLEASE EXPLAIN.) I have hired Tad on two different occasions for different roles in

our organization. He is dependable & hard working. He is also very passionate about what he does. He often voiced thoughts and ideas that enhanced our operation. Therefore, teaching would certainly fit Tad's strengths.

SIGNATURE [Signature]

NAME (Please Print) DAVID BAXTER

POSITION PRESIDENT

COMPANY/SCHOOL Medical necessities & services

ADDRESS 907 W Jones Campbell Blvd

TEL. (931) 840-8694

DATE 7/7/11

MAIL TO: Director of School, Maury County Board of Education
501 West 8th Street, Columbia, TN 38401
Attn: Human Resources Dept. (931) 388-8403, ext. 0118



(OVER)

Maury County Public Schools

NON - CONFIDENTIAL

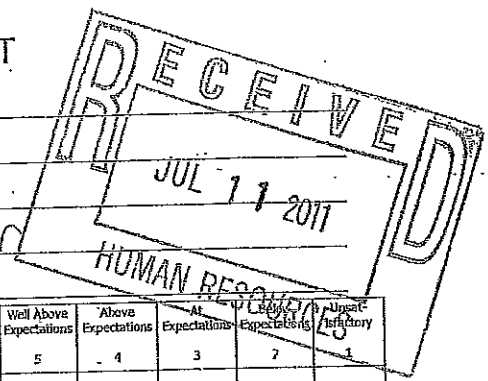
PROFESSIONAL REFERENCE REQUEST

APPLICANT'S FULL NAME: Tad Eric Cammin, RRT

APPLICANT'S ADDRESS: [REDACTED]

APPLYING FOR POSITION AS: Health Science Teacher

PERSON COMPLETING REFERENCE FORM: Jeff Walker



Please check the level at which the applicant consistently performs	Superior	Well Above Expectations	Above Expectations	At Expectations	Below Expectations	Unsatisfactory	Please check the level at which the applicant consistently performs.	Superior	Well Above Expectations	Above Expectations	At Expectations	Below Expectations	Unsatisfactory
	6	5	4	3	2	1		6	5	4	3	2	1
1. Character (general conduct, ethics, morals)		✓					15. Management of instruction time	✓					
2. Personality		✓					16. Management of student behavior		✓				
3. Tact		✓					17. Provision for individual differences		✓				
4. Self-control		✓					18. Monitoring of student performance	✓					
5. Willingness to accept constructive criticism.		✓					19. Provision for feedback to students	✓					
6. Dependability	✓						20. Evidence of planning, use of resources	✓					
7. Promptness and thoroughness	✓						21. Interaction with students	✓					
8. Overall attitude		✓					22. Interaction with co-workers	✓					
9. Loyalty and cooperation	✓						23. Assumption of non-instructional duties	✓					
10. Initiative	✓						24. Instructional presentation skills	✓					
11. Oral communication skills	✓						25. Level of professional growth	✓					
12. Written communication skills		✓					26. Enthusiasm for teaching	✓					
13. Decision-making skills	✓						27. Rapport with students	✓					
14. Attendance	✓						28. Compliance with safety procedures	✓					

GENERAL RATING: Tad is an excellent candidate for the position. He is the model employee and would be a valuable asset.

OPPORTUNITIES FOR OBSERVING THE CANDIDATE: Tad worked for me. During that time he was in charge of set up and teaching patients on how to use medical equipment. He also did follow up on patients.

TO YOUR KNOWLEDGE, HAS THIS APPLICANT EVER BEEN SUBJECTED TO ANY DISCIPLINARY ACTION, ASKED TO RESIGN, OR EVER FAILED RE-ELECTION? ☐ Yes ☒ No (IF YES, PLEASE EXPLAIN.)

IF YOU WERE PERSONALLY RESPONSIBLE, WOULD YOU RECOMMEND THE EMPLOYMENT OF THIS APPLICANT? ☒ Yes ☐ No (IF NO, PLEASE EXPLAIN.)

ADDITIONAL COMMENTS:

SIGNATURE: [Signature]
 NAME (Please Print): Jeff Walker
 POSITION: Partner / VP of Sales

COMPANY/SCHOOL: TLC Medical
 ADDRESS: 1503 Marymount Dr. Franklin TN 370
 TEL. (615) 642-0114 DATE: 7/8/11

MAIL TO: Director of School, Maury County Board of Education
 501 West 8th Street, Columbia, TN 38401
 Attn: Human Resources Dept. (931) 388-8403, ext. 0118



(OVER)

Official Transcript of Academic Record

Page: 1

Record of: Tad Cummins

Current Name: Tad Cummins

Issued To: DIRECTOR OF SCHOOLS
MAURY COUNTY SCHOOLS
501 WEST 8TH STREET
COLUMBIA, TN 38401
United States of America

Date Issued: 11 JUL 2011

Date of Birth:

SSN: [REDACTED]

Level: Undergraduate

Course Level: Undergraduate
Student Type: Continuing
High School: Mount Pleasant High School 01-JUN-1984
First Admit: Spring Semester 1991
Last Admit: Summer Semester 1993
Matriculated: Summer Semester 1993

Current Program
Associate of Applied Science
Program: Admitted: Resp Care AAS degree
College: Columbia State Comm College
Major: Respiratory Care

Degree Awarded Associate of Applied Science 07-MAY-1993
GPA: 0.00 GPA-Hrs: 0.00 OPIs: 0.00 GPA: 0.00
Primary Degree
Program: Admitted: Resp Care AAS degree
College: Columbia State Comm College
Major: Respiratory Care

SUBJ NO	COURSE TITLE	CRED GRD	PTS R
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PRE-SYSTEM INSTITUTION SUMMARY HOURS:
Total Earned Credits 0.00

PRE-SYSTEM TRANSFER SUMMARY HOURS:
Total Earned Credits 0.00

INSTITUTION CREDIT

Spring Semester 1991
Columbia State Comm College
Health Sciences, Pre-Admission
New Moral Time Freshman

DRS 085	ELEMENTARY ALGEBRA	4.00 B	12.00
ENG 101	COMPOSITION I	3.00 B	9.00
PED 201	WEIGHT TRAINING	1.00 A	4.00
PSY 102	GENERAL PSYCHOLOGY II	3.00 A	12.00
Total Earned Credits		11.00	

CONTINUED ON NEXT COLUMN

SUBJ NO	COURSE TITLE	CRED GRD	PTS R
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Institution Information continued:

Summer Semester 1991

Columbia State Comm College
Health Sciences, Pre-Admission
Continuing

DRS 088	INTERMEDIATE ALGEBRA	4.00 A	16.00
MUS 241	MUSIC APPRECIATION	3.00 B	9.00
Total Earned Credits		7.00	

Fall Semester 1991

Columbia State Comm College
Respiratory Care
Continuing

BIO 121	HUMAN ANAT/PHY I	4.00 A	16.00
ENG 110	HUMANITIES SEMINAR I	1.00 A	4.00
PHY 105	PHYSICAL SCIENCE	4.00 A	16.00
RCT 101	RESP CARE TECHNOLOGY I	4.00 A	16.00
Total Earned Credits		13.00	

Dean's List

Spring Semester 1992

Columbia State Comm College
Respiratory Care
Continuing

BIO 122	HUMAN ANAT/PHY II	4.00 B	12.00
BIO 243	MICROBIOLOGY	3.00 A	12.00
MAT 101	COLLEGE MATH I	2.00 A	12.00
RCT 102	RESP CARE TECHNOLOGY II	4.00 A	16.00
RCT 191	CLIN PRACTICE I	1.00 A	4.00
RCT 201	RESP PHARMACOLOGY	2.00 A	8.00
Total Earned Credits		17.00	

Dean's List

Summer Semester 1992

Columbia State Comm College
Continuing

CONTINUED ON PAGE 2

DIRECTOR OF SCHOOLS
MAURY COUNTY SCHOOLS
501 WEST 8TH STREET
COLUMBIA, TN 38401
United States of America

Official Transcript of Academic Record

Page: 2

Record of: Tad Cummings

Current Name:

Date Issued: 11 JUL 2011

Date of Birth:

SSN: [REDACTED]

Level: Undergraduate

Term: Majors Cont.
Respiratory Care
Continuing

SUBJ NO.	COURSE TITLE	CRED	GRD	PTS	R
RCT 140	CARDIO/PUL ANAT/PHYS	3.00	A	12.00	
RCT 150	ARTERIAL BLOOD GASES	3.00	B	9.00	
RCT 192	CLIN PRACTICE II	4.00	A	16.00	
Total Earned Credits		10.00			

Fall Semester 1992

Columbia State Comm College

Respiratory Care

Continuing

ENG 241	SPEECH COMMUNICATIONS	3.00	B	9.00	
RCT 221	MECHANICAL VENTILATION	3.00	B	9.00	
RCT 242	RESPIRATORY PATHOPHYSIO I	3.00	B	9.00	
RCT 293	CLIN PRACTICE III	4.00	A	16.00	
Total Earned Credits		13.00			

Spring Semester 1993

Columbia State Comm College

Respiratory Care

Continuing

ENG 102	COMPOSITION II	3.00	A	12.00	
RCT 212	PULMONARY FUNCT SEMINAR	3.00	B	9.00	
RCT 252	RESP PATHO/PEDIATRICS	3.00	B	9.00	
RCT 294	CLIN PRACTICE IV	4.00	B	12.00	
Total Earned Credits		13.00			

***** CONTINUED ON NEXT COLUMN *****

***** TRANSCRIPT TOTALS *****				
	Earned Hrs	GPA Hrs	Points	GPA
TOTAL INSTITUTION	76.00	76.00	272.00	3.58
TOTAL TRANSFER	0.00	0.00	0.00	0.00
OVERALL	76.00	76.00	272.00	3.58
***** END OF TRANSCRIPT *****				

FEDERAL LAW PROHIBITS THE RELEASE OF INFORMATION FROM THIS DOCUMENT TO A THIRD PARTY WITHOUT THE STUDENT'S WRITTEN CONSENT.

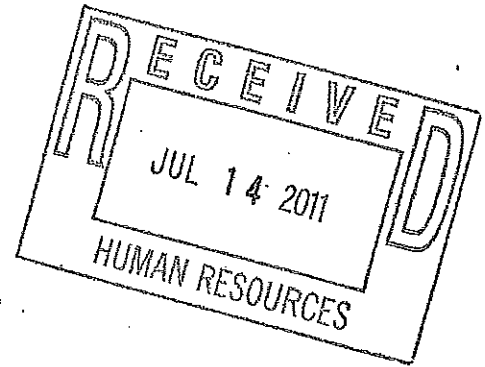
Falsedesign required. This official transcript is printed on security paper and does not require a raised seal. A blue and white transcript is not official. Unless a statement to the contrary is shown, the student whose name appears herein is entitled to an honorable dismissal and, on the basis of this record, is eligible for readmission to Columbia State Community College.

Sharon J. Boyon, Director of Enrollment Services, Records & Registration



July 11, 2011

ATTN:HUMAN REOURCES
DIRECTOR OF SCHOOLS
MAURY COUNTY SCHOOLS
501 WEST 8TH STREET
COLUMBIA, TN 38401



To Whom It May Concern:

This letter is sent to verify that the individual listed below has successfully completed the respective NBRC examination(s) and holds the corresponding credential(s) issued by this Board. Additionally, the National Respiratory Care Disciplinary Database* has been scanned and no disciplinary actions have been found pertaining to this individual.

Individuals who successfully completed the CRT, CPFT, RPFT, NPS or the Sleep Disorders Specialty Examination attained a scaled score of 75 or higher. Individuals who hold the RRT credential successfully completed the Written Registry Examination with a scaled score of 70 or higher and achieved a passing score on the Clinical Simulation Examination or its equivalent. RRTs are also recognized as CRTs and successfully completed the CRT Examination or its equivalent. The CRT Examination is the equivalent of the CRTT Examination previously administered and the CRT credential is equivalent of the CRTT credential previously awarded by the NBRC.

Name: TADE CUMMINS
SSN: [REDACTED]

<u>Credential</u>	<u>Valid Thru**</u>	<u>Test Date</u>	
CRT		07/17/1993	
RRT		12/04/1993	Registry #: 50596

Please feel free to contact the NBRC Executive Office if you require further information.

Sincerely,

Lori M. Tinkler

Lori M. Tinkler, MBA
Associate Executive Director

**NOTE: The National Respiratory Care Disciplinary Database contains reports of final disciplinary proceedings/decisions, and as such, proceedings/decisions have been voluntarily reported by state agencies and the AARC. The NBRC has no responsibility and assumes no liability for the accuracy of the information reported by the state agencies or the AARC. In addition, not all state agencies may elect to report. It is the obligation of the reporting agencies to update any reported information. The reported information may have changed and not yet been updated prior to the date of this report. You should take no action based solely on this report. Any reported disciplinary actions should be independently verified by you by contacting the reporting agency (i.e., state agency, AARC or NBRC).*

***Credentials expire on the above date and will not be recognized as valid if this individual does not complete the Continuing Competency Program requirements. If a valid thru date is not listed, the credential does not expire and the individual is not required to participate in the Continuing Competency Program.*

**Form I-9, Employment
Eligibility Verification**

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification *(To be completed and signed by employee at the time employment begins.)*

Print Name: Last <u>Cummins</u>	First <u>Tad</u>	Middle Initial <u>E</u>	Maiden Name
Address (Street Name and Number) [REDACTED]		Apt. #	Date of Birth (month/day/year) [REDACTED]
City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Social Security # [REDACTED]

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- ☒ A citizen of the United States
☐ A noncitizen national of the United States (see instructions)
☐ A lawful permanent resident (Alien #) _____
☐ An alien authorized to work (Alien # or Admission #) _____
until (expiration date, if applicable - month/day/year)

Employee's Signature [Signature] Date (month/day/year) 8/5/11

Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.*

Preparer's/Translator's Signature

Print Name

Address (Street Name and Number, City, State, Zip Code)

Date (month/day/year)

Section 2. Employer Review and Verification *(To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)*

List A	OR	List B	AND	List C
Document title: _____		Drivers License		Social Security Card
Issuing authority: _____		<u>TN</u>		
Document #: _____		<u>[REDACTED]</u>		<u>[REDACTED]</u>
Expiration Date (if any): _____		<u>7-1-2016</u>		
Document #: _____				
Expiration Date (if any): _____				

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative <u>Amanda Alexander</u>	Print Name Amanda Alexander	Title Benefits Coordinator
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) 501 West 8th Street Columbia, TN 38401		Date (month/day/year) 8-1-2011

Section 3. Updating and Reverification *(To be completed and signed by employer.)*

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____ Document #: _____ Expiration Date (if any): _____

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date (month/day/year)
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Tennessee
The Volunteer State

DRIVER LICENSE

Expires 07-01-2016
Issued 07-08-2010

Class D
Endorsements F
Restrictions 01
Sex M Ht 6'00" Eyes BR
SSN ON FILE

TAD ERIC CUMMINS

DL

SOCIAL SECURITY

THIS NUMBER HAS BEEN ESTABLISHED FOR
TAD E CUMMINS

Tad Cummins
SIGNATURE



Maury County Employee #

16485

LICENSED Employee Information

Personal Information

Full Name: Cummins Tad E
Last First M.I.

Address: [REDACTED]
Street Address

[REDACTED] [REDACTED] [REDACTED]
City State ZIP

Home Phone: [REDACTED] Alternate Phone: ()

Social Security Number [REDACTED] Driver's License # [REDACTED]

Birth Date: [REDACTED] Marital Status: married Race white Sex male

Spouse's Name: Jill Cummins

Spouse's Employer: MCBOE Spouse's Work Phone: (731) 388-8403

Job Information

Job Assignment Health Science Teacher (CTE)

Work Location: Culleoka School Full Time ☒ Part Time ☐ Interim ☐

Emergency Contact Information

Full Name: Cummins Jill W.
Last First M.I.

Primary Phone: [REDACTED] Alternate Phone: [REDACTED]

Relationship: Wife

Payroll Information

Hire Date 7/27/11 Experience Years: 0 Degree: AAS CL Level:

Amount: Base Salary: Supplement: Total Annual Salary:

Insurance Deductions:

Medical Insurance:	Plan	Amount per check:
Dental Insurance:	Delta Plan 3	Amount per check:
Extra Life Insurance:	CIGNA	Amount per check:
Vision Insurance		Amount per check:
Retirement 5% deduction:	Yes	No