North Central Health Care
Person centered. Outcome focused.

OFFICIAL NOTICE AND AGENDA

Notice is hereby given that the **Executive Committee** of the **North Central Community Services Program Board** will hold a meeting at the following date and time as noted below:

Tuesday, September 30, 2025 at 9:45 AM
North Central Health Care – **NCHC Eagle Board Room**
2400 Marshall Street, Suite A, Wausau WI 54403

Persons wishing to attend the meeting by phone may call into the telephone conference beginning five (5) minutes prior to the start time indicated above using the following number:

Meeting Link: ***https://ccitc.webex.com/ccitc/j.php?MTID=m5789b2fa3b72515f3801a962d42b9983***

Meeting number: 1-408-418-9388 ***Access Code:*** 2492 290 2696 ***Password:*** 1234

AGENDA

1. Call to Order

2. Discussion and Possible Action
   a. ACTION: Approval of Recommendations of the Medical Staff for Bennett E. Harris, D.O.

3. Adjournment

Any person planning to attend this meeting who needs some type of special accommodation in order to participate should call the Administrative Office at 715-848-4405. For TDD telephone service call 715-845-4928.

NOTICE POSTED AT: North Central Health Care
COPY OF NOTICE DISTRIBUTED TO:
Wausau Daily Herald, Antigo Daily Journal, Tomahawk Leader
Merrill Foto News, Langlade, Lincoln & Marathon County Clerks Offices

Presiding Officer or Designee

DATE: 09/25/2025 TIME: 10:00 AM BY: D. Osowski

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PRIVILEGE AND APPOINTMENT RECOMMENDATION

Appointee Bennett E. Harris, D.O. Appoint/Reappoint Oct. 1, 2025 - Sept. 30, 2027
Time Period

Requested Privileges
___ Medical
_X_ Psychiatry
___ Mid-Level Practitioner
___ Medical Director

Medical Staff Category
___ Courtesy
___ Provisional
_X_ Active
___ Consulting
___ Moonlighting
___ In-Training

Staff Type
___ Employee
___ Locum Locum Agency: _____
_X_ Contract Contract Name: Bennett E. Harris DO

PRIVILEGE RECOMMENDATION

The Credentials file of this staff member contains data and information demonstrating current competence in the clinical privileges requested. After review of this information, I recommend that the clinical privileges be granted as indicated with any exceptions or conditions documented.

Comments: _____

_____

_____ _____
(Med Staff President or Designee Signature) (Signature Date)

MEC ACTION

MEC recommends that:

_X_ He/she be appointed/reappointed to the Medical Staff as requested
___ Action be deferred on the application
___ The application be denied

Daniel Smith, DO (Sep 24, 2025 12:06:14 CDT)
(MEC Committee or Designee Signature)

9/24/2025
(Signature Date)

GOVERNING BOARD ACTION

Reviewed by Governing Board: _____
(Date)

Response:
___ Concur
___ Recommend further reconsideration

_____ _____
(Governing Board Signature) (Signature Date)

_____ _____
(Executive Director Signature) (Signature Date)