

VERMONT DEPARTMENT OF HEALTH
BOARD OF MEDICAL PRACTICE

2002 PHYSICIAN'S LICENSE RENEWAL APPLICATION

I hereby apply for the renewal of my LICENSE AS A PHYSICIAN for the period from 12/01/02 to 11/30/04.

Instructions

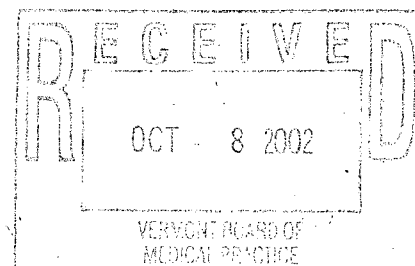
- Please enclose a check in the amount of \$350 payable to the Vermont Department of Health.
Note: Physicians 80 years of age or older or on full-time active military duty (verification required) are exempt from payment of a renewal fee; however, the physician license renewal application must be completed and submitted.
LATE FEE: Applications post-marked or received after 11/30/02 are assessed a \$25 late fee.
- Please print legibly or type your answers. Please type or print in block letters, one letter (or digit) in each box.
- Answer all questions completely; it is not adequate to state that the Board already has the information.
- Use the enclosed Form A to provide explanations to "yes" answers in Parts II and III.
- Please be sure to write your name and license number on each attachment.
- Please be sure to complete the Applicant's Statement Regarding Child Support, Taxes, Unemployment Compensation Contributions.
- Make a copy of the completed form and all attachments for your own records.
- Do not delegate this important task to an employee. False statements on this form are grounds for unprofessional conduct.
- Please return the document in its entirety at your earliest convenience. Your current license expires on November 30, 2002.

Part I - Identity Questions

Vermont Physician's License Number: 042-0006255

1. Print your full name as you wish it to appear on the license:

First name: E D
Middle name: G I L B E R T
Last name: L Y D O N
Extension:



2. Have you ever legally changed your name? ☐ Yes ☒ No

Former name, or any other name under which you were licensed in Vermont or elsewhere in the past two years: _____

3. Your date of birth: M M D D Y Y Y Y
1 2 2 0 1 9 4 6

4. Your mailing address: (Check one: ☐ Home address ☒ Work address)

Care of:
Street: 140 HOSPITAL DRIVE

Town/City:

B E N N I N G T O N

State:

V T

Zip Code:

0 5 2 0 1 -

5. Your electronic addresses:

Home telephone (optional):

- -

example: 802-555-1212

Work telephone:

8 0 2 - 4 4 7 - 1 1 9 1

x

E-mail (optional):

6. Were you in active practice in Vermont in the past 12 Months? ☒ Yes ☐ No

7. Are you currently participating in residency or fellowship training ☐ Yes ☒ No

8. Do you hold, or have you ever held, a medical license in any other state? ☒ Yes ☐ No

If yes, complete the section below:

State	License Number	Date Issued								Status (Active, inactive, other)
		M	M	D	D	Y	Y	Y	Y	
0 K						1	9	7	5	INACTIVE

If necessary, please use an additional sheet and check this box:☐

Part II - Licensure and Practice Questions

Any "yes" response to the questions below must be fully explained on the enclosed Form A.

9. Have you ever applied for and been denied a license to practice medicine or any other healing art?
☐ Yes ☒ No

10. Have you ever withdrawn an application for a license to practice medicine or any other healing art?
☐ Yes ☒ No

11. Have you ever voluntarily surrendered or resigned a license to practice medicine or any other healing art in lieu of disciplinary action?
☐ Yes ☒ No

12. Are any formal disciplinary charges pending or has any disciplinary action ever been taken against you by any governmental authority, by any hospital or health care facility, or by any professional medical association (international, national, state or local)?
☐ Yes ☒ No

13. Have you ever been denied the privilege of taking an examination before any state medical examining board?
☐ Yes ☒ No

14. Have you ever discontinued your education, training, or practice for a period of more than three months, for reasons other than a family situation?
☐ Yes ☒ No
15. Have you ever been dismissed or suspended from, or asked to leave a residency training program before completion?
☐ Yes ☒ No
16. Have you ever had staff privileges, employment or appointment in a hospital or other health care institution denied, reduced, suspended or revoked, or resigned from a medical staff after a complaint or peer review action was initiated against you?
☐ Yes ☒ No
17. Has your privilege to possess, dispense or prescribe controlled substances ever been suspended, revoked, denied, or restricted by, or surrendered to any jurisdiction or federal agency at any time?
☐ Yes ☒ No
18. Are you presently a defendant in a criminal proceeding?
☐ Yes ☒ No

Part III - Confidential Section

Part III is exempt from public disclosure

Any "yes" response to the questions below must be fully explained on the enclosed Form A.

19. To your knowledge, are you the subject of an investigation by any other licensing board as of the date of this application?
[REDACTED]

20. To your knowledge, are you presently the subject of criminal investigation?
[REDACTED]

MEDICAL QUESTIONS

Please answer "Yes" or "No" to the questions below. Definitions are provided after the questions to assist you in answering. Please explain any "Yes" answers on Form A.

21. Do you have a medical condition that in any way impairs or limits your ability to practice medicine in your field of practice with reasonable skill and safety?
[REDACTED]

In explaining a "Yes" answer on Form A, please provide reasonable assurances that your medical condition is reduced or ameliorated because, for example, you have received or do receive ongoing treatment (with or without medication) or have participated or do participate in a monitoring program.

22. Are you currently engaged in the use of alcohol or other chemical substances that in any way impairs your ability to practice medicine in your field of practice with reasonable skill and safety?
[REDACTED]

In explaining a "Yes" answer on Form A, please provide reasonable assurances that your use is reduced or ameliorated because, for example, you have received or do receive ongoing treatment (with or without medication) or have participated or do participate in a monitoring program.

23. Are you currently engaged in the illegal use of controlled substances?

In explaining a "Yes" answer on Form A, please provide reasonable assurances that such use is not a real and ongoing problem in your practice of medicine.

IMPORTANT

Since 1999, part of each license fee has been used to create and maintain the **Vermont Practitioners Health Program**, a **confidential** program for the identification, treatment and rehabilitation of physicians affected by the disease of substance abuse. If you wish further information about this program, a service of the Vermont Medical Society, call 802-223-4393 (a confidential line).

DEFINITIONS

In answering the questions above, please use these definitions:

"Ability to practice medicine" - This term includes:

1. The cognitive capacity to make appropriate clinical diagnoses and exercise reasoned medical judgments, and to learn and keep abreast of medical developments; and
2. The ability to communicate those judgments and medical information to patients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and
3. The physical capability to perform medical tasks such as physical examination and surgical procedures, with or without the use of aids or devices, such as corrective lenses or hearing aids.

"Medical condition" - Includes physiological, mental or psychological conditions or disorders, such as, but not limited to, orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, hepatitis, HIV disease, tuberculosis, drug addiction, and alcoholism.

"Currently" - This term means recently enough to have a real or perceived impact on one's functioning as a licensee.

"Chemical substances" - This term is to be construed to include alcohol, drugs, or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.

"Controlled substances" - This term means those drugs listed on Schedules I through V of Section 202 of the Controlled Substances Act (21 USC § 812).

"Illegal use of controlled substances" - This term means the use of drugs, the possession or distribution of which is unlawful under the Controlled Substances Act, as periodically updated by the Food and Drug Administration. This term does not include the use of a drug taken under the supervision of a licensed health care professional or other uses authorized by the Controlled Substances Act or other provisions of federal law.

Part IV - Statutory Profile Questions

Vermont law, 26 VSA § 1368, creates a data repository within the Department of Health. Under this law, the Department must collect certain information to create individual profiles on all health care professionals licensed, certified, or registered by the Department pursuant to Title 26 of the VSA. Please try to answer the following questions as best as you can. You will receive a copy of your profile prior to its initial release to the public and each time the profile is modified or amended. You will be given a reasonable time to correct factual inaccuracies that appear in such profile. As noted below, certain questions do not need to be answered.

It is very important for us to receive photostatic copies of court papers, licensing authority decisions, and other documents relevant to the questions below in order to have a true and accurate description of the actions taken.

24. Criminal Convictions [See 26 VSA § 1368(a)(1)]

Please provide a description of all crimes (felonies and misdemeanors; this includes DUI but not speeding or parking tickets) of which you have been convicted within the past 10 years. For purposes of this question, "convicted" means that you pleaded guilty or that you were found or adjudged guilty by a court of competent jurisdiction. **Please provide copies of papers fully documenting the convictions.**

Conviction Date								Court	City	State		Crime
M	M	D	D	Y	Y	Y	Y					

If necessary, please use an additional sheet and check this box:☐

25. Nolo Contendere/Matters Continued [See 26 VSA § 1368(a)(2)]

Please provide a description of all charges to which you pleaded "nolo contendere" ("I will not contest it") or where sufficient facts of guilt were found and the matter was continued without a finding by a court of competent jurisdiction. **Please provide copies of papers fully documenting these matters.**

Date								Court	City	State		Charge	Nature of Action
M	M	D	D	Y	Y	Y	Y						
													<input type="checkbox"/> Nolo Contendere
													<input type="checkbox"/> Matter Continued
													<input type="checkbox"/> Nolo Contendere
													<input type="checkbox"/> Matter Continued
													<input type="checkbox"/> Nolo Contendere
													<input type="checkbox"/> Matter Continued

If necessary, please use an additional sheet and check this box:☐

26. **Vermont Board of Medical Practice Matters** [See 26 VSA § 1368(a)(3)]

Please provide a description of all formal charges served, findings, conclusions, and orders of the Board of Medical Practice (including stipulations), and final disposition of such matters by the courts, if appealed, within the past 10 years. (We will have the documentation on file; we are asking you to provide the description.)

Date								Final Disposition (Summary)
M	M	D	D	Y	Y	Y	Y	

If necessary, please use an additional sheet and check this box:☐

27. **Licensing Authority Matters in Other States** [See 26 VSA § 1368(a)(4)]

Please provide a description of all formal charges served by licensing authorities of other states, the findings, conclusions, and orders of such licensing authorities, and final disposition of such matters by the courts, if appealed, in those states within the past 10 years. **Please provide copies of papers fully documenting these matters.**

Date of Final Disposition								Licensing Authority	Court	City	State	Nature of Charges
M	M	D	D	Y	Y	Y	Y					

If necessary, please use an additional sheet and check this box:☐

28. **Restriction of Hospital Privileges** [See 26 VSA § 1368(a)(5)]

A. **Revocation/Involuntary Restrictions**

Please provide a description of any revocation or involuntary restriction of your hospital privileges within the past 10 years that were related to competence or character and were issued by the hospital's governing body or any other official of the hospital after procedural due process (opportunity for hearing) was afforded to you. **Please provide copies of papers fully documenting these matters.**

Date								Hospital	State	Nature of Restriction	Reason for Restriction
M	M	D	D	Y	Y	Y	Y				

If necessary, please use an additional sheet and check this box:☐

B. Other Restrictions

Please provide a description of all resignations from, or nonrenewal of, medical staff membership or the restriction of privileges at a hospital taken in lieu of, or in settlement of, a pending disciplinary case related to competence or character in that hospital within the past 10 years. **Please provide copies of papers fully documenting these matters.**

Date								Hospital	State	Nature of Action	Action	Reason for Action
M	M	D	D	Y	Y	Y	Y					
											<input type="checkbox"/> In Lieu of	
											<input type="checkbox"/> In Settlement	
											<input type="checkbox"/> In Lieu of	
											<input type="checkbox"/> In Settlement	
											<input type="checkbox"/> In Lieu of	
											<input type="checkbox"/> In Settlement	

If necessary, please use an additional sheet and check this box:☐

29. Medical Malpractice Court Judgments/Settlements [See 26 VSA § 1368(a)(6A)]

A. Judgments

Please provide a description of all medical malpractice court judgments against you and all medical malpractice arbitration awards against you within the past 10 years in which a payment was awarded to a complaining party. **Please provide copies of papers fully documenting these matters.**

Date								Court	State	Nature of Case	Amount Assessed Against You	
M	M	D	D	Y	Y	Y	Y					
				1	9	9	8	BENNINGTON SUPERIOR COURT	V	T	<input type="checkbox"/> Judgment <input checked="" type="checkbox"/> Arbitration	\$11,000 paid by carrier for entire practice - I was not primary defendant.
											<input type="checkbox"/> Judgment <input type="checkbox"/> Arbitration	
											<input type="checkbox"/> Judgment <input type="checkbox"/> Arbitration	

If necessary, please use an additional sheet and check this box:☐

I have no papers as this was settled out of court.

B. Settlements

Please provide a description of all settlements of medical malpractice claims against you within the past 10 years in which a payment was awarded to a complaining party. **Please provide copies of papers fully documenting these matters.**

Date								Court	State	Amount of Settlement Against You
M	M	D	D	Y	Y	Y	Y			

If necessary, please use an additional sheet and check this box:☐

30. **Medical Professional Schools** [See 26 VSA § 1368(a)(7)]

Please provide the names of medical professional schools you attended and the dates of graduation. (We will have similar information on file with your original application; we are asking you here to provide an update for the statutory web profile.)

School	City	State	Year of Graduation
Universidad Autonoma de Blvd.	Gondalajava, Mexico	MX	
Albany Medical College	Albany,	NY	1975

If necessary, please use an additional sheet and check this box:☐

31. **Graduate Medical Education** [See 26 VSA § 1368(a)(8)]

Please provide information about any graduate medical education that you have received. (We will have similar information on file with your original application; we are asking you here to provide an update for the statutory web profile.)

School/Institution	Specialty	City	State	Year of Graduation
UNIV. OF OKLA.	FAMILY PRACTICE	TULSA	OK	1978

If necessary, please use an additional sheet and check this box:☐

32. **Specialty Board Certification** [See 26 VSA § 1368(a)(9)]

Enter up to three specialty codes from the enclosed **Specialty Codes List**. List your primary specialty first. If you cannot locate a specialty, please write the specialty name in the space provided.

Specialty Code	Specialty Name (if code unknown)	Board Certified	Name of Board	Year Certified	Year Recertified
0601		<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Am. Board of F.P.	1978	1997
		<input type="checkbox"/> yes <input type="checkbox"/> no			
		<input type="checkbox"/> yes <input type="checkbox"/> no			

33. **Years of Practice** [See 26 VSA § 1368(a)(10)]

What month and year did you start the practice of medicine (excluding residency/fellowship training)?

M	M	Y	Y	Y	Y
0	8	1	9	7	8

34. **Hospital Privileges** [See 26 VSA § 1368(a)(11)]

List all hospitals where you currently have hospital staff privileges:

Name	City	State	Year Started			
SOUTHWESTERN VT. MED. CENTER	BENNINGTON	VT	1	9	7	8

If necessary, please use an additional sheet and check this box:☐

35. **Appointments/Teaching** [See 26 VSA § 1368(a)(12)] Note: Answering #35 is optional. By answering, you are granting permission to have this information posted on the web. (This form follows the statutory wording. Since most appointments are teaching appointments, these questions may overlap.)

A. **Appointments**

Please provide information about your appointments to medical school or professional school faculties.

School	City	State	Nature of Appointment	From (year)	To (year)
UNIV. OF VERMONT	BURLINGTON	VT	ASSOCIATE PROFESSOR	1990	Present

If necessary, please use an additional sheet and check this box:☐

B. **Teaching**

Please provide information regarding your responsibility for teaching graduate medical education within the past 10 years.

School/Institution	City	State	Nature of Teaching	From (year)	To (year)

If necessary, please use an additional sheet and check this box:☐

36. **Publications** [See 26 VSA § 1368(a)(13)] Note: Answering #36 is optional. By answering, you are granting permission to have this information posted on the web.

Please provide information regarding your publications in peer-reviewed medical literature within the past 10 years.

Title	Publication	Year

If necessary, please use an additional sheet and check this box:☐

37. **Activities** [See 26 VSA § 1368(a)(14)] Note: Answering #37 is optional. By answering, you are granting permission to have this information posted on the web.

Please provide information regarding your professional or community service activities and awards.

Activities or Awards

If necessary, please use an additional sheet and check this box:☐

38. **Practice Setting** [See 26 VSA § 1368(a)(15)]

What is the location of your primary practice setting?

Town or City:

B	E	N	N	I	N	G	T	O	N					
---	---	---	---	---	---	---	---	---	---	--	--	--	--	--

State:

V	T
---	---

39. **Translating Services** [See 26 VSA § 1368(a)(16)]

Please identify any translating services available at your primary practice location.

Are any translating services available at your primary practice location?

☐ Yes ☒ No

If yes, please describe here the translating services available:

If necessary, please use an additional sheet and check this box:☐

40. Medicaid/New Patients [See 26 VSA § 1368(a)(17)]

A. Medicaid participation

Do you participate in the Medicaid program?

☒ Yes ☐ No

B. New Medicaid Patients

Are you currently accepting new Medicaid patients?

☐ Yes ☒ No

Part V - Clinical Practice Questions

Please fill in all of the boxes below that describe your practice as a physician (check all that apply):

☒ Active in clinical practice (in direct patient care) in Vermont

☐ Active in clinical practice (in direct patient care) outside Vermont

☐ Administration

☒ Teaching

☐ Research

☐ Not currently in active practice

Are you currently participating in residency or fellowship training? ☐ Yes ☒ No

BEFORE YOU CONTINUE:

- Are you active in clinical practice (in direct patient care) in Vermont? If the answer is No, please skip the rest of this section and go to Part VI.
- Are you currently participating in residency or fellowship training? If the answer is Yes, please skip the rest of this section and go to Part VI.

41. What month and year did you start practice of medicine in Vermont (excluding residency/fellowship training)?

M	M	Y	Y	Y	Y
0	8	1	9	7	8

42. For each location in Vermont where you provide patient care, please answer all of the questions:

- If necessary, please describe sites beyond the first 4 on an additional sheet and check this box: ... ☐

A. Town or city (actual location, not mail address):

Site 1:

B	E	N	N	I	N	G	T	O	N						
---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--

Site 2:

R	U	T	L	A	N	D									
---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--

Site 3:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Site 4:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Question	Site 1	Site 2	Site 3	Site 4
B. Number of weeks per year that you spend providing direct patient care at this site: (Full-time is considered to be 48 weeks / year)	48	10		

Question	Site 1	Site 2	Site 3	Site 4
C. Chose the one description that best fits the practice setting (of each site). (If you provide hospital care to patients who originate from your office or clinic, chose only the setting from which they originate.)				
Community-based practice including associated hospital care (e.g., solo or group office sites, community health center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital-based practice (e.g., emergency rooms, in-patient services, out-patient services, laboratory, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School or college health center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business or work site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extended care/nursing home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: <u>Planned Parenthood</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. Specialties at each site:

Please note the specialty, using the code from the enclosed **Specialty Codes List**. For each specialty, enter the average number of hours during which you provide direct patient care, including diagnosis, treatment and clinical reporting, in a working week. Include both the ambulatory care hours and hospital care hours of patients originating from this office or clinic. Exclude on-call hours.

	Site 1	Site 2	Site 3	Site 4
Specialty Code	0601	0601		
(Specialty name, if code unknown)				
Hours per week	50	03		
Secondary Specialty, if any				
Hours per week in secondary specialty				
Tertiary Specialty, if any				
Hours per week in tertiary specialty				

E. Please answer each question:

	Site 1	Site 2	Site 3	Site 4
I will accept new patients here	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I participate in Medicaid here	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I will accept new Medicaid patients here	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I participate in Medicare here	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I will accept new Medicare patients here	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I work as a <i>locum tenens</i> here	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part VI - Signature

Reminder - You must also complete the enclosed Applicant's Statement Regarding Child Support, Taxes, Unemployment Compensation Contributions

I hereby aver that the information provided above is true and accurate, and that I have answered the questions to the best of my knowledge and ability.

Date: 10/2/02

Edd Lyons
Applicant's Signature

APPLICANT'S STATEMENT REGARDING CHILD SUPPORT, TAXES,
UNEMPLOYMENT COMPENSATION CONTRIBUTIONS

You must answer questions 1, 2, and 3.

Regarding Child Support

Title 15 § 795 requires that: A professional license or other authority to conduct a trade or business may not be issued or renewed unless the person certifies that he or she is in good standing with respect to or in full compliance with a plan to pay any and all child support payable under a support order as of the date the application is filed. "Good standing" means that less than one-twelfth of the annual support obligation is overdue; or liability for any support payable is being contested in a judicial or quasi-judicial proceeding; or he or she is in compliance with a repayment plan approved by the office of child support or agreed to by the parties; or the licensing authority determines that immediate payment of support would impose an unreasonable hardship. (15 V.S.A. § 795)

1. You must check one of the two statements below regarding child support regardless whether or not you have children:

☒ I hereby certify that, as of the date of this application: (a) I am not subject to any support order or (b) I am subject to a support order and I am in good standing with respect to it, or (c) I am subject to a support order and I am in full compliance with a plan to pay any and all child support due under that order.

or

☐ I hereby certify that I am NOT in good standing with respect to child support dues as of the date of this application and I hereby request that the licensing authority determine that immediate payment of child support would impose an unreasonable hardship. Please forward an "Application for Hardship".

Regarding Taxes

Title 32 § 3113 requires that: A professional license or other authority to conduct a trade or business may not be issued or renewed unless the person certifies that he or she is in good standing with the Department of Taxes. "Good standing" means that no taxes are due, the tax liability is on appeal, the taxpayer is in compliance with a payment plan approved by the Commissioner of Taxes, or the licensing authority determines that immediate payment of taxes would impose an unreasonable hardship. (32 V.S.A. § 3113)

2. You must check one of the two statements below regarding taxes:

☒ I hereby certify, under the pains and penalties or perjury, that I am in good standing with respect to or in full compliance with a plan to pay any and all taxes due to the State of Vermont as of the date of this application. (The maximum penalty for perjury is fifteen years in prison, a \$10,000.00 fine or both).

or

☐ I hereby certify that I am NOT in good standing with respect to taxes due to the State of Vermont as of the date of this application and I hereby request that the licensing authority determine that immediate payment of taxes would impose an unreasonable hardship. Please forward an "Application for Hardship".

Regarding Unemployment Compensation Contributions

Title 21 § 1378 requires that: No agency of the state shall grant, issue or renew any license or other authority to conduct a trade or business (including a license to practice a profession) to, or enter into, extend or renew any contract for the provision of goods, services, or real estate space with any employing unit unless such employing unit shall first sign a written declaration, under the pains and penalties of perjury, that the employing unit is in good standing with respect to or in full compliance with a plan to pay any and all contributions or payments in lieu of contributions due as of the date such declaration is made. For the purposes of this section, a person is in good standing with respect to any and all contributions or payments in lieu of contributions payable if: (1) no contributions or payments in lieu of contributions are due and payable; (2) the liability for any contributions or payments in lieu of contributions due and payable is on appeal; (3) the employing unit is in compliance with a payment plan approved by the Commissioner; or (4) in the case of a licensee, the agency finds that requiring immediate payment of contributions or payments in lieu of contributions due and payable would impose an unreasonable hardship.

3. You must check one of the three statements below regarding unemployment contributions or payments in lieu of unemployment contributions:

✓ I hereby certify, under the pains and penalties of perjury, that I am in good standing with respect to or in full compliance with a payment plan approved by the Commissioner of Employment and Training to pay any and all unemployment contributions or payments in lieu of unemployment contributions to the Vermont Department of Employment and Training due as of the date of this application. (The maximum penalty for perjury is 15 years in prison, a \$10,000.00 fine or both.)

or

I hereby certify that I am NOT in good standing with respect to unemployment contributions or payments in lieu of unemployment contributions due to the Vermont Department of Employment and Training as of the date of this application and I hereby request that the licensing authority determine that requiring immediate payment of unemployment contributions or payments in lieu of unemployment contributions would impose an unreasonable hardship. Please forward an Application for Hardship.

or

I hereby certify that 21 V.S.A. § 1378 is not applicable to me because I am not now, nor have I ever been, an employer.

Social Security #*

[REDACTED]

Date of Birth 12 / 20 / 46

* The disclosure of your social security number is mandatory, it is solicited by the authority granted by 42 U.S.C. § 405 (c)(2)(C), and will be used by the Department of Taxes and the Department of Employment and Training in the administration of Vermont tax laws, to identify individuals affected by such laws, and by the Office of Child Support.

STATEMENT OF APPLICANT

I certify that the information stated by me in this application is true and accurate to the best of my knowledge and that I understand providing false information or omission of information is unlawful and may jeopardize my license/certification/registration status.

Signature of Applicant

Eld Iyer

Date

10/2/02

**Vermont Department of Health - Board of Medical Practice
Form A**

PLEASE PROVIDE EXPLANATIONS TO "YES" ANSWERS ON THIS FORM

Withdrawal or denial of License (Questions 9 and 10) - Attach documents

State _____ Year _____
Circumstances under which license was withdrawn, denied, revoked, not renewed, or otherwise terminated _____

**Voluntarily surrendered or resigned a license to practice medicine or any healing art (Question 11)
- Attach documents**

State _____ Year _____
Circumstances _____

Disciplinary charges or action (Question 12) - Attach documents

Name of organization involved _____ Date _____

Duration _____

Action taken (circle all that apply)

- | | |
|---|---|
| 01 Revocation of right or privilege | 12 Leave of absence |
| 02 Suspension of right or privilege | 13 Withdrawal of an application |
| 03 Censure | 14 Termination or non-renewal of contract |
| 04 Written reprimand or admonition | 15 Medical Records Suspension |
| 05 Restriction of right or privilege | 16 Probation |
| 06 Non-renewal of right or privilege | 17 Assurance of Discontinuance |
| 07 Fine | 18 Consent Agreement |
| 08 Required performance of public service | 19 Letter of Agreement |
| 09 Education/Training/Counseling/Monitoring | 20 Expulsion from Membership |
| 10 Denial of rights or privilege | 21 Reprimand |
| 11 Resignation | 22 Other (specify) _____ |

Circumstances _____

Denial of examination privileges (Question 13) - Attach documents

State _____ Year _____

Circumstances under which examination privileges denied _____

**Residency Training Program(s) not completed - discontinued education, training, practice
(Questions 14 and 15) - Attach documents**

Residency Training Program(s) _____

Location of Programs _____ Year _____

Circumstances _____

**Affecting Health Care Institution Staff Privileges, Employment or Appointment (Question 16) -
Attach documents**

Institution involved _____

Location _____ Year _____

Circumstances _____

Privilege to prescribe controlled substances (Question 17) - Attach documents

Name of organization involved _____

Type of restriction _____ Date _____

Circumstances of restriction

Criminal Investigation - Proceeding (Questions 18 and 20) - Attach documents

Court _____

City and State _____

Charge _____

Description _____

Status _____

Conviction? ____ Yes ____ No

Date _____

Plea? ____ Yes ____ No

Date _____

Medical condition, treatment, use of chemical or illegal substances (Questions 21-27)

Treating organization _____

Address _____ Telephone _____

Type of diagnosis, condition or treatment - field of practice - use of chemical substances

Dates of illness of dependency _____ to _____

Dates of treatment _____ to _____

Name of Rehabilitation/Professional Assistance or Monitoring Program _____

Address _____ Telephone _____

Contact person at Program _____

Investigation by any other licensing board (Question 19) - Attach documents

Name of Licensing Board _____ Date _____

Location of Licensing Board _____

Circumstances _____

Vermont Department of Health - Board of Medical Practice

SPECIALTY CODES LIST
(primary care specialties in boldface)

0101 Allergy and Immunology	1501 Anatomic & Clinical Pathology	2201 Surgery
0102 Clinical & Laboratory Immunology	1502 Anatomic Pathology	2202 Surgery Of The Hand
	1503 Clinical Pathology	2203 Pediatric Surgery
0201 Anesthesiology	1504 Blood Banking/Transfusion Medicine	2204 Surgical Critical Care
0202 Critical Care Medicine	1505 Chemical Pathology	2205 General Vascular Surgery
0203 Pain Management	1506 Cytopathology	
	1507 Dermatopathology	2301 Thoracic Surgery
0301 Colon & Rectal Surgery	1508 Forensic Pathology	
	1509 Hematology	2401 Urology
0401 Dermatology	1510 Immunopathology	
0402 Dermatopathology	1511 Medical Microbiology	4001 Abdominal Surgery
0403 Clinical & Laboratory Dermatology	1512 Neuropathology	4002 Acupuncture
0404 Dermatological Immunology	1513 Pediatric Pathology	4003 Addiction Medicine
		4004 Adult Reconstructive Orthopedics
0501 Emergency Medicine	1601 Pediatrics	4005 Allergy
0502 Medical Toxicology	1602 Adolescent Medicine	
0503 Pediatric Emergency Medicine	1603 Clinical & Laboratory Immunology	4006 Cardiovascular Surgery
0504 Sports Medicine	1604 Medical Toxicology	4007 Clinical Pharmacology
	1605 Neonatal-Perinatal Medicine	4008 Diabetes
0601 Family Practice	1606 Pediatric Cardiology	
0602 Geriatric Medicine	1607 Pediatric Critical Care Medicine	4009 Facial Plastic Surgery
0603 Sports Medicine	1608 Pediatric Emergency Medicine	
	1609 Pediatric Endocrinology	4010 General Practice
0701 Internal Medicine	1610 Pediatric Gastroenterology	
0702 Adolescent Medicine	1611 Pediatric Hematology-Oncology	4011 Gynecology
0703 Cardiac Electrophysiology	1612 Pediatric Infectious Disease	4012 Head & Neck Surgery
0704 Cardiovascular Disease	1613 Pediatric Nephrology	4013 Hepatology
0705 Critical Care Medicine	1614 Pediatric Pulmonology	4014 Homeopathic Medicine
0706 Clinical & Lab Immunology	1615 Pediatric Rheumatology	4015 Immunology
0707 Endocrinology Diabetes & Metabolism	1616 Pediatric Sports Medicine	
0708 Gastroenterology	1617 Children with Special Health Needs	4016 Legal Medicine
0709 Geriatric Medicine		4017 Musculoskeletal Oncology
0710 Hematology	1701 Physical Medicine & Rehabilitation	4018 Neuroradiology
0711 Infectious Disease		4019 Nutrition
0712 Medical Oncology	1801 Plastic Surgery	4020 Obstetrics
0713 Nephrology	1802 Hand Surgery	
0714 Pulmonary Disease		4021 Oral & Maxillofacial Surgery
0715 Rheumatology	1901 Preventive Medicine	4022 Orthopedic Surgery Of The Spine
0716 Sports Medicine	1902 Aerospace Medicine	4023 Orthopedic Trauma
	1903 Occupational Medicine	4024 Pain Medicine
0801 Medical Genetics	1904 Public Health & General Preventive	4025 Pediatric Allergy
0802 Clinical Biochemical Genetics	1905 Medical Toxicology	
0803 Clinical Biochemical/Molecular Genetics	1906 Underseas Medicine	4026 Pediatric Ophthalmology
0804 Clinical Cytogenetics		4027 Pediatric Orthopedics
0805 Clinical Genetics (Md)	Psychiatry & Neurology	4028 Pediatric Surgery (Neurology)
0806 Clinical Molecular Genetics	(Board Name - Not A Specialty)	4029 Pediatric Urology
	2001 Psychiatry	4030 Psychoanalysis
0901 Neurological Surgery	2002 Neurology	
0902 Critical Care Medicine	2003 Neurology With Special Qualifications	4031 Radioisotopic Pathology
1001 Nuclear Medicine	In Child Neurology	4032 Sports Medicine (Orthopedic Surgery)
	2004 Addiction Psychiatry	4033 Traumatic Surgery
1101 Obstetrics & Gynecology	2005 Child & Adolescent Psychiatry	4034 Sleep Medicine
1102 Critical Care Medicine	2006 Forensic Psychiatry	
1103 Gynecologic Oncology	2007 Geriatric Psychiatry	9001 Rotating Internship (Residency)
1104 Maternal & Fetal Medicine	2008 Clinical Neurophysiology	9999 Other - Please Specify
1105 Reproductive Endocrinology		
	2101 Radiology	
1201 Ophthalmology	2102 Diagnostic Radiology	
	2103 Radiation Oncology	
1301 Orthopaedic Surgery	2104 Radiological Physics	
1302 Hand Surgery	2105 Nuclear Radiology	
	2106 Pediatric Radiology	
1401 Otolaryngology	2107 Vascular & Interventional Radiology	
1402 Otolaryngology/Neurotology		
1403 Pediatric Otolaryngology		

STATE OF VERMONT
BENNINGTON COUNTY, SS

BENNINGTON SUPERIOR COURT
CIVIL ACTION
DOCKET NO.

RACHEL L. MIDDLESTEADT

Plaintiff

v.

SOUTHERN VERMONT WOMEN'S MEDICAL
CENTER, DR. GOLD, THE BENNINGTON
FAMILY PRACTICE, P.A. PAUL GRAETHER,
And John Does I-V

Defendants

COMPLAINT:

Negligence

Res Ipsa Loquitor

Medical Malpractice

Punitive Damages

NOW COMES the Plaintiff, Rachel L. Middlesteadt, by and through undersigned counsel and by way of complaint against the Defendants, and each of them, alleges:

1. At all times relevant to this cause of action, the Plaintiff, Rachel L. Middlesteadt, was a resident of Bennington County in the State of Vermont.
2. The Defendant, Southern Vermont Women's Health Center upon information and belief at all times relevant to this cause of action was and still is a Vermont Corporation with a principal place of business at 187 North Main Street in Rutland, Vermont.
3. The Defendant, Dr. Gold, is, and was at all times relevant to this lawsuit, a physician duly licenses to practice his profession in the State of Vermont, with offices at 187 North Main Street in Rutland, Vermont, where service of process will be had upon him. Upon information and belief, the Southern Vermont Women's Health Center is the professional corporation of the individual Dr. Gold, and Plaintiff hereby claims against the Defendant Dr. Gold and his corporation.

4. Upon information and belief, the Defendant Bennington Family Practice at all times relevant to this cause of action was and still is a Vermont Corporation with a principal place of business at 140 Hospital Drive, Bennington, Vermont.
5. At all times relevant to this cause of action, P.A. Paul Graether was the agent, servant and employee of the Defendant, Bennington Family Practice and at all times relevant to this cause of action was acting in the course and scope and service and agency and employment of the Bennington Family Practice.
6. The Plaintiff's cause of action against the Bennington Family Practice and P.A. Paul Graether arises from (A) their residence in Bennington County, State of Vermont; (B) committing negligence and medical malpractice and other tortious acts in Bennington County, State of Vermont; (C) causing tortious injury in Bennington County, State of Vermont; (D) having sufficient minimum contacts with the County of Bennington, State of Vermont, so as to confer personal jurisdiction over them. The amount in controversy, exclusive of interest and costs, exceeds the minimum jurisdictional requirements of the Bennington Superior Court.
7. The Plaintiff's cause of action against the Southern Vermont Women's Health Center and Dr. Gold arises from their (A) transacting business in Bennington County, State of Vermont; (B) causing tortious injury to a Bennington County resident; and (C) having sufficient minimum contacts with the County of Bennington, State of Vermont, so as to confer personal jurisdiction over them. The amount in controversy, exclusive of interest and costs, exceeds the minimum jurisdictional requirements of the Bennington Superior Court.

8. At all times relevant to this cause of action, Dr. Gold was the agent, servant and employee of the Southern Vermont Women's Health Center, and at all times relevant to this cause of action was acting in the course and scope and employment and agency of the Southern Vermont Women's Health Center.
9. At all times relevant to this cause of action, the Plaintiff, Rachel L. Middlesteadt was in the exercise of ordinary care and caution for her own safety and well-being without any contributory negligence on her part.
10. On January 17, 1996, the Plaintiff was admitted to the Southern Vermont Women's Health Center where she was diagnosed as being 6.5 weeks pregnant. The Plaintiff underwent an elective procedure known as vacuum aspiration to terminate her pregnancy. During the procedure, a speculum was inserted into the Plaintiff's vagina. Her cervix was exposed and grasped with a tenaculum. A paracervical block was instilled at 3 and 9 o'clock, using a total of 20 ml. of % zylocaine. The Plaintiff's uterus was sounded to 9 cm and her cervix was progressively dilated to 23 mm. A 7 mm cannula was then inserted into her uterine cavity in an attempt to aspirate the products of conception.
11. At all times relevant to this cause of action,, a doctor-patient relationship existed between the Plaintiff and the Southern Vermont Women's Health Center, and the Bennington Family Practice, and Defendant P.A. Paul Graether.

The true names and capacity, whether individual, corporate, associate or otherwise of Defendants, Southern Vermont Women's Health Center and John Does I-V, inclusive, are unknown to the Plaintiff; who therefore sues said Defendants by said fictitious names. Plaintiff is informed and believes, and thereon alleges, that each of said Defendants is negligently or otherwise responsible in some manner for the events and happenings herein referred to and negligently or otherwise caused injuries and damages proximately thereby to the Plaintiff as herein alleged.

Plaintiff is uncertain as to the true names and status of the Southern Vermont Women's Health Center Defendants, or whether said Defendants are corporations, general partnerships, limited partnerships, unincorporated associations, or otherwise. Plaintiff is informed and believes, and therefore alleges that said Defendants are duly licensed to do business, and were and are doing business under and by virtue of the laws of the State of Vt. When the true status of said Defendants is ascertained, Plaintiff prays leave of this Court to amend this Complaint accordingly.

12. Plaintiff further states that the Defendant, Dr. Gold, John Does I-V and the Southern Vermont Women's Health Center were professionally negligent and their conduct did fall below the standard of care of ordinary careful, skillful and prudent physicians in the handling of the Plaintiff's procedure. Furthermore, that as a result of Defendant's mishandling of the Plaintiff's first-trimester pregnancy, not all of her fetal tissue was removed, resulting in an incomplete abortion.

13. While Plaintiff was a patient at the Southern Vermont Women's Health Center on January 17, 1996, said Women's Health Center, by and through the agents and employees active within the course and scope of their employment, was negligent by failing to diagnose, recognize, test, detect and appropriately treat the procedure and complications incurred by the Plaintiff, Rachel L. Middlesteadt.
14. As a direct and proximate result of the Southern Vermont Women's Health Center's negligence, and the medical malpractice of Dr. Gold, John Does I-V and their agents, servants, and employees, the Plaintiff, Rachel L. Middlesteadt suffered an incomplete abortion at approximately nineteen weeks (19), gestation which resulted in permanent and irreparable mental and physical injury, pain and suffering, mental anguish and increased medical expenses.
15. The Defendant, Southern Vermont Women's Health Center failed to exercise reasonable and ordinary care, skill and diligence, and departed from the generally accepted and recognized standard of care or skill of the medical community in the care, assistance and treatment of the Plaintiff, and was therefore negligent in performing its duties to Plaintiff in one or more of the following particulars:
 - A) In failing to adopt or implement policies and procedures sufficient to provide for adequate care, assistance and treatment of the Plaintiff,
 - B) In failing to provide appropriate medical care, assistance, and treatment to Plaintiff under the circumstances;
 - C) In failing to provide proper follow-up care to the Plaintiff;
 - D) In failing to remove the fetal tissue during Plaintiff's procedure;

- E) In failing to pursue a further investigation to explain Plaintiff's pathology report, and in failing up with ultra-sound or a repeat pregnancy test.
 - F) Defendants failed to warn Plaintiff of the dangers in a missed or, incomplete abortion, specifically that if the products conception are retained for more than about six weeks, the Plaintiff may develop, among other things, a serious coagulation defect.
 - G) Defendants made an inadequate warning to the Plaintiff concerning the risks and dangers of a missed or incomplete abortion, and failed to provide any or proper follow-up instructions.
 - H) was negligent in its care of the Plaintiff.
 - I) failed to properly care for the Plaintiff.
 - J) Operated an inadequate, hazardous, unsafe, and below standard health center which created a hazard to the public and to the Plaintiff.
 - K) Abandoned the Plaintiff.
 - L) Failed to properly monitor the Plaintiff's condition.
 - M) Failed to provide adequate abortion service facilities.
16. All of the above referenced acts and or omissions by the Southern Vermont Women's Health Center, and its agents, servants, and employees, constituted departures from accepted standards of care.
17. The Defendant, Dr. Gold, and John Doe Defendants I-V, were negligent, careless, and reckless in the following acts of commission or omission in that:
- A) Failed to properly treat the Plaintiff.
 - B) Failed to properly monitor the Plaintiff;

- C) Abandoned the Plaintiff.
- D) Gave inadequate orders and instructions to the Health Center Staff regarding the follow up care of the Plaintiff.
- E) Improperly operated on the Plaintiff.
- F) Neglected to care for the Plaintiff in the manner in which he was obligated to do.
- G) Failed to advise and to obtain the informed consent of the Plaintiff with respect to the risks and dangers of an incomplete abortion.

17. As a direct and proximate result of one or more of the foregoing negligent acts or missions on the part of the Defendants, and each of them, the Plaintiff, Rachel L. Middlesteadt suffered a missed abortion as a result of which she had to undergo a second abortion at approximately twenty (20) weeks. Said second abortion required admission as an inpatient on April 12, 1996 at Triangle Women's Health Clinic in Chapel Hill, North Carolina. Plaintiff has sustained serious and permanent bodily injury, necessitating medical, surgical and related care,, and the reasonable expense thereof. Great pain, distress and anxiety have been suffered and always will be suffered by Rachel L. Middlesteadt. She has required hospital and medical care, aid and attention and may require the same in the future. The emotional pain which is permanent in nature and will cause her life-long pain, humiliation, suffering, anxiety and embarrassment. The Plaintiff had to undergo another surgical procedure which was far more complex and complicated which was a direct and proximate result of the Defendants and each of them. There is a probability that she will have further complications in the future.

18. Plaintiff at all times relevant to this cause of action was free of any contributory negligence.

19. Plaintiff requests a jury trial on all issues so triable.

COUNT II

20. Plaintiff repeats and realleges paragraphs one through nineteen of the first cause of action of this Complaint, and makes said paragraphs a part of this, the second cause of action, as though fully set forth herein.

21. That the Bennington Family Practice holds itself out, portends and otherwise informs the public, and more particularly in the instance of the Plaintiff that it had and possessed the requisite skill, competence, know-how, facilities, personnel, equipment, technology, and information to properly care and treat the Plaintiff.

22. That on or about , the Plaintiff, Rachel L. Middlesteadt entered Defendant's Family Practice at 140 Hospital Drive in Bennington, Vermont and entrusted herself entirely to the care of the Defendants and P.A. Paul Graether, and each of them, that the Plaintiff possessed no medical or professional knowledge nor did she have any facilities to care, diagnose, mend or cure herself.

23. That at all times mentioned herein, the Plaintiff, Rachel L. Middlesteadt, was in the exercise of ordinary care and caution for her own safety and was free of any contributory negligence.

24. At all times relevant to this cause of action, a patient-physician relationship existed between Rachel L. Middlesteadt and the Bennington Family Practice and its agents, servants, employees and P.A. Paul Graether.

25. That it was incumbent of the Defendant, Bennington Family Practice, and its agents, servants, and employees and P.A. Paul Graether who was and were a fiduciary by virtue of the above, to take appropriate precautions for its patient to wit: the highest degree of care commensurate with its facilities, knowledge, information, technology, and that the Defendants, and each of them, failed to do so.
26. That the Defendant, Bennington Family Practice, and its agents, servants, and employees, and in particular P.A. Paul Graether, after assuming the care and treatment of the Plaintiff, Rachel L. Middlesteadt L. Middlesteadt, then and there carelessly and negligently committed one or more of the following acts or omissions of corporate negligence and medical malpractice Interrogatory he treating the Plaintiff herein, as follows:
- A) Negligently, carelessly and/or improperly failed to render, aid, and service and follow-up care required of a family medical practice through its agents, servants, or employees to the Plaintiff, Rachel L. Middlesteadt;
 - B) Negligently, carelessly and improperly failed to take any to the proper tests or diagnostic procedures to check on the Plaintiff's condition;
 - C) negligently, carelessly and improperly performed or failed to perform a proper pelvic examination of the Plaintiff;
 - D) Negligently, carelessly and improperly reviewed the Plaintiff's pathology, laboratory and microscopic examination report;
 - E) Negligently, carelessly and improperly failed to utilize ultrasound and sonogram as a very reliable method for diagnosing the Plaintiff's incomplete abortion;

- F) Negligently, carelessly, and improperly failed to utilize a repeat pregnancy test or performing an ultrasound of the Plaintiff's pelvis and uterus to determine its contents;
- G) Negligently, carelessly and improperly failed to provide and / or utilize and equip adequate facilities, instruments, technology, and equipment taking into consideration the community wherein the Defendant's Family Practice is located and the degree of medical aid and service that a family medical practice in the Bennington area would ordinarily render;
- H) Negligently, carelessly and improperly failed to do all the necessary post-operative treatment necessary for the care and safety of the Plaintiff;
- I) Negligently, carelessly and improperly failed to treat the Plaintiff for the post-operative complications for which she suffered;
- J) Negligently, carelessly and improperly failed to provide competent physicians, and consultants necessary for the care, well-being and safety of the Plaintiff;
- K) Negligently entrusted the care and treatment of the Plaintiff, Rachel L. Middlesteadt to PA Pal Graether who carelessly and negligently treated the Plaintiff and who failed to order any diagnostic tests to confirm the Plaintiff's condition;
- L) The Bennington Family Practice carelessly and negligently employed and engaged incompetent and unskilled personnel including P.A. Paul Graether considering the nature of the medical services that the Defendants were rendering on behalf of the Plaintiff;

M) The Bennington Family Practice carelessly, negligently, improperly and unskillfully attended and treated the Plaintiff, Rachel L. Middlesteadt.

27. That as a direct and proximate result of one or more of the foregoing wrongful acts and omissions of the Defendant, Bennington Family Practice, and P.A. Paul Graether, and their agents, servants and employees, the Plaintiff, Rachel L. Middlesteadt, was improperly diagnosed and ill advised and was not told that she suffered an incomplete abortion and as a result, her pregnancy continued for an additional thirteen weeks and although her abortion was incomplete, the Defendants and especially P.A. Paul Graether, did not utilize and / or recommend ultrasound or any test whatsoever to determine whether the Plaintiff was still pregnant. As a result of the above stated negligence, the Plaintiff, Rachel L. Middlesteadt was admitted to a Triangle Women's Health Clinic where she was diagnosed as 19 weeks pregnant and had to undergo a Lamicel / Laminaria cervical dilator procedure in her cervix to terminate her pregnancy. Prior to the procedure, Plaintiff's doctor advised Plaintiff that she should have the procedure because her fetus may have been damaged during the first incomplete abortion. Therefore as a direct and proximate result of the said negligence and carelessness of the Defendants, and each of them, Plaintiff was caused to and did suffer severe and excruciating pain and distressing mental anguish as a result of having to go through an abortion at the nineteenth week of pregnancy. Plaintiff has suffered and for a long period of time to come will continue to suffer said pain and mental anguish as a result of said injuries.

28. As a result of the aforesaid injuries, Plaintiff has been generally damaged in a sum in excess of the jurisdictional limits of the Bennington Superior Court.
29. In the treatment of the aforesaid injuries, Plaintiff has incurred, and may in the future incur liability for physicians, surgeons, nurses, hospital care, medicine, x-rays, and other medical treatment the true and exact amount thereof being unknown to Plaintiff at this time, and Plaintiff prays leave to amend this Complaint accordingly when the true and exact cost thereof is ascertained by Plaintiff.
30. As a direct and proximate result of the said negligence and carelessness of the Defendants and each of them, Plaintiff has incurred and will incur, loss of income, wages, profits and commissions, a diminution of earning potential, and other pecuniary losses, the full nature and extent of which are not yet known to Plaintiff; and leave is requested to amend this Complaint to conform to proof at time of trial.
31. Plaintiff requests a jury trial on all issues so triable against the Bennington Family Practice and P.A. Paul Graether.

COUNT III

RES IPSA LOQUITUR

32. Plaintiff hereby repeats and incorporates by reference paragraphs one through thirty one of the first and second causes of action of this Complaint, and makes said paragraphs a part of this, the third cause of action, as through fully set forth herein.

33. During and as a direct and proximate result of the actions and omissions of Dr. Gold and the Southern Vermont Women's Health Center and John Does I-V, along with their agents, servants and employees during the procedure performed on the Plaintiff on or about January 17, 1996, the Plaintiff suffered an incomplete abortion at approximately six and one half weeks gestation. The negligence of the Defendants resulted in the Plaintiff having to undergo a second procedure at which time she was approximately nineteen weeks pregnant.
34. During the procedure at the Southern Vermont Women's Health Center, the Plaintiff, Rachel L. Middlesteadt entrusted Plaintiff completely to the care of the Defendants and each of them, and their agents, servants, and employees, and the damage and injury which she received was caused by the procedures, instruments, equipment, treatment and methods, which were and had been completely and exclusively under the Defendants direction, management and control, and in the normal course of events, the injuries and incomplete abortion would not have occurred if the Defendants, and each of them had used ordinary care while performing the procedure and utilizing the instruments and methods under their exclusive control and management. Wherefore, the Plaintiff hereby relies on the inference of negligence arising from the circumstances and general situation allowed under the doctrine of *res ipsa loquitor*.
35. As a proximate result of the negligence of the Defendants, and each of them, under the inference of *res ipsa loquitor*, Plaintiff sustained the injuries and damages hereinafter set forth.

COUNT FOUR
PUNITIVE DAMAGES

36. Plaintiff hereby incorporates and repeats by reference paragraphs one through thirty five of the first, second and third causes of action of this Complaint, and makes said paragraphs a part of this, the fourth cause of action, as though fully set forth herein.
37. At all times herein mentioned, the Defendants, Bennington Family Practice, PA Paul Graether, as hereinafter set forth in failing to order any diagnostic tests or to properly refer the Plaintiff to a competent physician in light of her having undergone such a medical procedure to determine whether she had a complete or incomplete abortion constituted recklessness and gross negligence, and a conscious disregard for the safety of the Plaintiff. Plaintiff is therefore entitled to exemplary or punitive damages, which would serve to punish and make examples of these Defendants, and each of them, in an amount to be determined at trial.
38. Plaintiff requests a jury trial on all issues so triable in this fourth cause of action.

WHEREFORE, Plaintiff prays judgment against the Defendants, and each of them, as follows:

- 1) For general damages according to proof;
- 2) For exemplary or punitive damages according to proof;
- 3) For Plaintiff's loss of income, wages and earning potential according to proof;
- 4) For Plaintiff's medical and related damages according to proof;
- 5) For Plaintiff's costs of suit herein; and

- 6) For such other and further relief as to the Court that may seem just and proper.

Dated at Bennington, Vermont this _____ day of December, 1997.

Gerard J. Altieri, Esq.
Attorney for the Plaintiff
407 Main Street
Bennington, Vermont 05201
(802) 447-3110

Bennington Family Practice
140 Hospital Drive, Suite 108
Bennington, Vermont 05201

Vermont Department of Health
Board of Medical Practices
108 cherry Street
PO Box 70
Burlington, Vermont 05402

Dear Medical Practice Board,

On my application to renew my license I incorrectly filled out section 29 A. There was no court judgment against me. The section that should have been filled out was 29 B. I have enclosed pages 7 and 8 to replace the original ones I had sent in. Please call if there is any additional information you need to process my license renewal. Thank you for your help in this matter.

Sincerely,



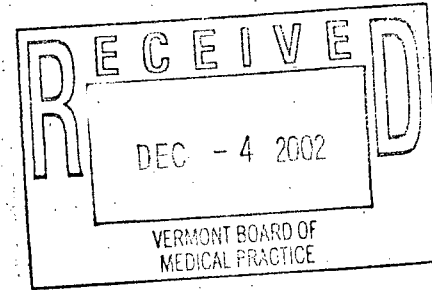
Edd Lyon, MD



**Vermont Department of Health
Board of Medical Practice**

Agency of Human Services

Edd Lyon, MD
140 Hospital Drive
Bennington VT 05201



November 25, 2002

Dear Physician:

Your 2002 Physician License Renewal application has been received by this office and cannot be processed until the following information is received.

- ☐ \$350 renewal fee
- ☐ \$25 late fee
- ☐ Page 1, item _____
- ☐ Page 2, item _____
- ☐ Page 3, item _____
- ☐ Page 4, item _____
- ☐ Page 5, item _____
- ☐ Page 6, item _____
- ☒ Page 7, item documentation for 29
- ☐ Page 8, item _____
- ☐ Page 9, item _____
- ☐ Page 10, item _____
- ☐ Page 11, item _____
- ☐ Page 12, item _____
- ☐ Page 13, item _____
- ☐ Child Support, Taxes, Unemployment Compensation Statement
 - ☐ Number 1 – check one of the two statements
 - ☐ Number 2 – check one of the two statements
 - ☐ Number 3 – check one of the three statements
- ☐ Completed Form A

*29A was filled out and it was
incorrectly filled out*

*See Attached
Letter*

The page(s) that needs completion (if applicable) is attached. Please complete the necessary item, initial, date and return as soon as possible so that processing may be finalized.

Thank you.

Sincerely,

Medical Practice Board
(802) 657-4220

Enclosures

108 Cherry Street • PO Box 70 • Burlington, VT 05402-0070

TEL 802- 657-4220 or 800-745-7371
FAX 802- 657-4227

B. Other Restrictions

Please provide a description of all resignations from, or nonrenewal of, medical staff membership or the restriction of privileges at a hospital taken in lieu of, or in settlement of, a pending disciplinary case related to competence or character in that hospital within the past 10 years. Please provide copies of papers fully documenting these matters.

Date M M D D Y Y Y Y	Hospital	State	Nature of Action	Action	Reason for Action
				<input type="checkbox"/> In Lieu of	
				<input type="checkbox"/> In Settlement	
				<input type="checkbox"/> In Lieu of	
				<input type="checkbox"/> In Settlement	
				<input type="checkbox"/> In Lieu of	
				<input type="checkbox"/> In Settlement	

If necessary, please use an additional sheet and check this box:☐

29. Medical Malpractice Court Judgments/Settlements [See 26 VSA § 1368(a)(6A)]

A. Judgments

Please provide a description of all medical malpractice court judgments against you and all medical malpractice arbitration awards against you within the past 10 years in which a payment was awarded to a complaining party. Please provide copies of papers fully documenting these matters.

Date M M D D Y Y Y Y	Court	State	Nature of Case	Amount Assessed Against You
			<input type="checkbox"/> Judgment	
			<input type="checkbox"/> Arbitration	
			<input type="checkbox"/> Judgment	
			<input type="checkbox"/> Arbitration	
			<input type="checkbox"/> Judgment	
			<input type="checkbox"/> Arbitration	

If necessary, please use an additional sheet and check this box:☐

B. Settlements

Please provide a description of all settlements of medical malpractice claims against you within the past 10 years in which a payment was awarded to a complaining party. Please provide copies of papers fully documenting these matters.

Date								Court	State	Amount of Settlement Against You
M	M	D	D	Y	Y	Y	Y			
0	9	2	1	2	0	0	0	Bennington Superior Court.	Vt	\$11,000 ⁰⁰

If necessary, please use an additional sheet and check this box:☐

30. **Medical Professional Schools** [See 26 VSA § 1368(a)(7)]

Please provide the names of medical professional schools you attended and the dates of graduation. (We will have similar information on file with your original application; we are asking you here to provide an update for the statutory web profile.)

School	City	State	Year of Graduation
Universidad Autonoma de Bucar.	Gundlajara, Mexico		
Albany Medical College	Albany,	NY	1975

If necessary, please use an additional sheet and check this box:☐

31. **Graduate Medical Education** [See 26 VSA § 1368(a)(8)]

Please provide information about any graduate medical education that you have received. (We will have similar information on file with your original application; we are asking you here to provide an update for the statutory web profile.)

School/Institution	Specialty	City	State	Year of Graduation
UNIV. OF OKLA.	FAMILY PRACTICE	TULSA	OK	1978

If necessary, please use an additional sheet and check this box:☐

32. **Specialty Board Certification** [See 26 VSA § 1368(a)(9)]

Enter up to three specialty codes from the enclosed **Specialty Codes List**. List your primary specialty first. If you cannot locate a specialty, please write the specialty name in the space provided.

Specialty Code	Specialty Name (if code unknown)	Board Certified	Name of Board	Year Certified	Year Recertified
0601		<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Am. Board of F.P.	1978	1997
		<input type="checkbox"/> yes <input type="checkbox"/> no			
		<input type="checkbox"/> yes <input type="checkbox"/> no			



Vermont Department of Health
Board of Medical Practice

Agency of Human Services

Edd Lyon, MD
140 Hospital Drive
Bennington VT 05201

November 25, 2002

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- ☐ Page 3, item _____
- ☐ Page 4, item _____
- ☐ Page 5, item _____
- ☐ Page 6, item _____
- ☒ Page 7, item documentation for 29
- ☐ Page 8, item _____
- ☐ Page 9, item _____
- ☐ Page 10, item _____
- ☐ Page 11, item _____
- ☐ Page 12, item _____
- ☐ Page 13, item _____
- ☐ Child Support, Taxes, Unemployment Compensation Statement
 - ☐ Number 1 – check one of the two statements
 - ☐ Number 2 – check one of the two statements
 - ☐ Number 3 – check one of the three statements
- ☐ Completed Form A

*29A was filled out and it was
incorrectly filled out*

*See Attached
Letter*

The page(s) that needs completion (if applicable) is attached. Please complete the necessary item, initial, date and return as soon as possible so that processing may be finalized.

Thank you.

Sincerely,

Medical Practice Board
(802) 657-4220

Enclosures

108 Cherry Street • PO Box 70 • Burlington, VT 05402-0070

TEL 802- 657-4220 or 800-745-7371
FAX 802- 657-4227



Vermont Department of Health
Board of Medical Practice

Agency of Human Services

Edd Lyon, MD
140 Hospital Drive
Bennington VT 05201

November 25, 2002

Dear Physician:

Your 2002 Physician License Renewal application has been received by this office and cannot be processed until the following information is received.

- ☐ \$350 renewal fee
- ☐ \$25 late fee
- ☐ Page 1, item _____
- ☐ Page 2, item _____
- ☐ Page 3, item _____
- ☐ Page 4, item _____
- ☐ Page 5, item _____
- ☐ Page 6, item _____
- ☒ Page 7, item *documentation for 29*
- ☐ Page 8, item _____
- ☐ Page 9, item _____
- ☐ Page 10, item _____
- ☐ Page 11, item _____
- ☐ Page 12, item _____
- ☐ Page 13, item _____
- ☐ Child Support, Taxes, Unemployment Compensation Statement
 - ☐ Number 1 – check one of the two statements
 - ☐ Number 2 – check one of the two statements
 - ☐ Number 3 – check one of the three statements
- ☐ Completed Form A

The page(s) that needs completion (if applicable) is attached. Please complete the necessary item, initial, date and return as soon as possible so that processing may be finalized.

Thank you.

Sincerely,

Medical Practice Board
(802) 657-4220

Enclosures