Hayes, Tracy

From: Dion, Beverly [Beverly.Dion@ppnne.org]

Sent: Monday, October 03, 2011 1:26 PM

To: Hayes, Tracy

Subject: Address changes ~

Hello Tracy,

I'm writing to notify the Board of the following address changes for four of Planned Parenthood's providers:

Dr. Regan Theiler, license #: 042-0012264

As of 10/15/2011 relocating to:

128 Lakeside Ave Suite 301 Burlington, VT 05401 448-9700 (PH)

Johanna Hauser (license #055-0030027)
Catherine Nicholas (license # 055-0030046)
Janet Young (license # 055-0030020)
As of November 1, 2011 relocating to:
183 St. Paul Street
Burlington, VT
863-6326 (ph)

Please confirm receipt of this email and let me know if you need any more information to make these changes.

Thank you,

Bev Dion

Credentialing Coordinator Planned Parenthood of Northern New England 802.288.8432 (ph) 802.878.8001 (fax) 48

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STATE OF VERMONT - BOARD OF MEDICAL PRACTICE 108 CHERRY STREET BURLINGTON, VT 05401 (802) 657-4220

PRIMARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomple	te applications will be re	eturned. Attach ad	lditional sheet	s as needed.
Name in full(Theiler Last)	Regan (First)		(Middle)
Mailing Address	33 Mansf	SEID AVE Office Name)	nye	The second spin spin spin spin spin spin spin spin
(City/State)	(Zip Code	·	863-4 (Telephone	Number)
Vermont License #: _C	943-001326	4		
Hospital(s) where you l	nave privileges:	Hospital(s) L	ocation	Specialty
Application	IN DWG22 M	H FAH	<u>.C</u>	oblan
What arrangements hav	e you made for supervis	ion when you are	not available o	or out of town:
anhi ou ca	all service			
C	ERTIFICATE OF SUI	PERVISING PH	YSICIAN	
of <u>Catherine MCL</u> outlining the scope of practic	rdance with 26 VSA, Chapte of CS , P.A. while use, attached to this application. I be posted that a physician a	nder my supervision. n, does not exceed the	I further certify normal limits o	that the protocol f my practice. I
further certify that I have re	ead the statutes and Board rul	les governing physicia	an assistants.	
$T \neq A \cup U$ (Date)		Signature of Supervi	sing Physician)	
	Co-signature			The state of the s
Note: A PA who prescribes of	controlled drugs must obtain	an ID number from D	EA. PA's DEA	Number MNOSIVE

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STATE OF VERMONT - BOARD OF MEDICAL PRACTICE ECEIVED

108 CHERRY STREET BURLINGTON, VT 05401 (802) 657-4220

APR 26 2011

PRIMARY SUPERVISING PHYSICIAN APPLICATION. Medical Fraults Please print. Incomplete applications will be returned. Attach additional sheets as needed. Name in full Mailing Address (City/State) Vermont License #: (2.0012163 Hospital(s) where you have privileges: Hospital(s) Location Specialty What arrangements have you made for supervision when you are not available or out of town: CERTIFICATE OF SUPERVISING PHYSICIAN 1 hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Carry Nicholac, P.A. while under my supervision. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice. I further certify that notice will be posted that a physician assistant is used, in accordance with 26 VSA, Chapter 31, Section 1741. I further certify that I have read the statutes and Board rules governing physician assistants. ignature of Supervising Physician) Co-signature of PA

Note: A PA who prescribes controlled drugs must obtain an ID humber from DEA. PA's DEA Number

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomp	olete applications wi	ll be returned	l. Attach ad	ditional sheets	s as needed.
Name in full	Novello	BE	enec		
	(Last)	(.	First)		(Middle)
Mailing Address	Planned	Parent	hood		
	183 Tal	Office 1	Name) LOCO	HANGONG HANGON MATERIA SA	
	Williston.	(Street)	492	386-	8432
(City/State)	(Zi ₁	Code)	•	(Telephone	Number)
Vermont License #:(242-0011195	_			
Hospital(s) where yo	u have privileges:	Н	lospital(s) L	ocation	Specialty
DHWC WI YZONIU	ay Hospital	<u> </u>	nd sor	,VT.	OB/GUN OB/GUN
List all physician's a					
Johanna Ha		"UZHEIG	AVE. 1	on nost	<u>(), \ </u>
JAMET YOU	78 ji	it	<u>u</u>	11	\ i
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CERT	IFICATE OF SEC	ONDARY S	UPERVISI	NG PHYSIC.	IAN
I hereby certify that, in ac of Cotherine WC only when consulted by the practice, attached to this	he aforesaid Physician A application, does not exc	only when the passistant. I furth	primary superv ner certify that limits of my p	ising physician in the protocol out ractice and that i	s unavailable and ining the scope of
VSA, Chapter 31, Section	<i>"</i> -		_		
I further certify that I hav	re read the statutes and B	oard rules gove	rning physicia	n assistants.	
- 1/3/11 Dates		(Signature of S	CONTRACT Supe	rvising Physician	promotion of the second of the

August Burns 213 East-main st. Hyde, Park VT. Anne Hildreth 6 Roberts North Rutland, VT. Sarah Vensel 23 Mansfield Ave. Burlington, VT. Amy Borgman 90 washington St. Barre, VT.

A Che

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE 108 CHERRY STREET BURLINGTON, VT 05401

(802) 657-4220

PRIMARY SUPERVISING PHYSICIAN APPLICATION 2 4 2011

Please print. Incomp	olete applications wil	l be returned. Attach a	dditional sheets	as needed.
Name in full	Novello	Renee		and the same of th
	(Last)	(First)		(Middle)
Mailing Address	Planned	Parenthoo d		
	6 Rober	(Office Name)		
	Rutland	1, VT : 05701	ทุกร-ล	333
(City/State)	(Zi _T	Code)	(Telephone 1	Number)
Vermont License #:	P1100640	5		
Hospital(s) where yo	ou have privileges:	Hospital(s)	Location	Specialty
MT. Ascuto DHMC	ey Hosp.	windsor, v Lebanon, N	H	oblegio
What arrangements l	have you made for su	pervision when you are	e not available o	r out of town:
24/17 01	1 Call Serv	ice		
,	CERTIFICATE O	F SUPERVISING PI	HYSICIAN	
of <u>Cathernie N</u> outlining the scope of pr	fcholos, P.A. actice, attached to this ap	Chapter 31, I shall be legal while under my supervision plication, does not exceed the visician assistant is used, in a	 I further certify the hormal limits of 	hat the protocol my practice. I
I further certify that I ha	ve read the statutes and B	oard rules soverning physical (Signature of Super	cian assistants. Moving Physician	
	Co-s	ignature of PA:	The same of the sa	
Note: A PA who prescri	bes controlled drugs mus	t obtain an ID number from	DEA. PA's DEA	Number <u>MNO81761</u> 9

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Inco	emplete applications w	ill be returned	l. Attach additi	onal sheets as i	needed.
Name in full	Gibson		nerul		+
	(Last)	()	First)	()	Middle)
Mailing Address	Planned for	arenth	odd _		
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	WIlliston,	(Street)	29495	3-88z	M32
(City/State	(Z)	ip Code)	(1	Telephone Nun	nber)
Vermont License	#: <u>0420007</u> 46	,5			
Hospital(s) where	you have privileges:	H	lospital(s) Loca	tion S	pecialty
FAHC	Baying	ston, vi.		O	316yn
	Hauser 23 m	ashipatu	n st. Bar Ave. Bur)5641 T.OSYO1 OSYO]
CEI	RTIFICATE OF SEC	ONDARY S	UPERVISING	PHYSICIAN	(OVER
only when consulted to the practice, attached to the	n, accordance with 26 VSA MCDC Q., P.A. by the aforesaid Physician and this application, does not extend 1741, the use of a physician and the second second 1741, the use of a physician and the second sec	only when the p Assistant. I furth ceed the normal	orimary supervising ter certify that the p limits of my pract	g physician is una protocol outlining	vailable and
further certify that I	have read the statutes and	Board rules gove	N/11/		
<u> 33111</u>			Il w		
'(Date)		YSignature of Se	econdary Supervisi	ing Physician)	

PA's cont:

CAtherine Nicholas 23 mansfreid Ave. Burl, VT. 0540/ August Burns 213 East main Hyde Park, VT. 05655 Sarah Vensel 23 mansfreid Ave. Bur, VT. 0540/ Janet Young 23 mansfreid Ave. Burl, VT. 0540/



SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Inco	mplete applications	will be returned. At	tach additional she	eets as needed.	
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(City/State	e) (Zip Code)	(Telepho	ne Number)	
Vermont License	#: <u>042 001</u> [1	95			
Hospital(s) where	you have privileges:	Hospi	tal(s) Location	Specialty	
MT. ASCID	men Hospita	771(1) TA	JMV.VT.	OBLAN	<u> </u>
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				1	
List all physician's	s assistants names ar	nd addresses you cur Nanstield-Ak		in it osu) [
Thank the	iviser V	4 A A A A A A A A A A A A A A A A A A A	<u>. w. m gr</u>	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	<u>' </u>
Catherine N	ididas 11	q	N.	(1	
Sarah Vens	el u	Vi .	V	11	WER)
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of Catherine Wonly when consulted by practice, attached to the VSA, Chapter 31, Sec	n accordance with 26 VS (C) (C) , P. by the aforesaid Physician his application, does not tion 1741, the use of a pinhave read the statutes and	A. only when the primar n Assistant. I further cer exceed the normal limits hysician assistant has be d Board rules governing	ry supervising physiciantify that the protocol sof my practice and the posted.	an is unavailable at outlining the scope hat in accordance v	nd e of
(Date)		(Signature of Decond	my supervising I myst	iciaii)	

PA's cont.

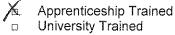
Katja vonsitas 80 fairfield St. St. Albans, VT. 05478 August Burns 213 East mainst. Hyde Park, VT. 05655 Amy Borgman 90 washington St. Barre, VT. 05641



VDEPARTMENT OF HEALTH BOARD OF MEDICAL PRACTICE 108 Cherry Street, PO Box 70 Burlington VT 05402-0070 802 657-4220 or 800-745-7371

2010 PHYSICIAN ASSISTANT CERTIFICATION RENEWAL APPLICATION

Certificate #055-0030046	
1. Name: Catherine Nicholas PA	
2. Other Name(s), if any, under which you were certified or lic	censed in Vermont and elsewhere:
3. Work Address:	
Vermont Women's Choice 23 Mansfield Avenue Burlington VT 05401	IAN a man
4. Home Address:	JAN - 8 2010
City, State, Zip Code:	the second of th
Please check your preferred mailing address: Home (This address will be public and listed	work on the Board's website)
5. Email Address:	TO THE STATE OF TH
6. Daytime Telephone Number: Area Code:	
(802) 863-9001	
7. Date of Birth:	
11/5/1951	
8. Place of Birth: NVC	
9. Certification Examination Taken – (Check box and enter da	te of examination):
□ (//) NCCPA	and of the second secon
State Examination-Identify sta	ate: V 1
□ (//) Other Examination specify: _	
10. Basis for Vermont Certification – (Check box):	
Apprenticeshin Trained	



11. Do you have hospital privileges in Vermont? □ Yes 堕 No Hospital Name(s) and Location(s):
12. In what year did you start working as a physician assistant in Vermont? 1981
13. Were you in active clinical practice in Vermont during the past 12 months? ☐ Yes □ No
14. Other states where you now hold an active certification or license to practice:
15. States where you previously were certified or licensed to practice:
16. Specialty:
17. Name and office address of current EMPLOYER:
Name PPNNE Address 95 Tal wtt Rd Williston
18. Please list (use additional sheet if necessary) name(s) and address(es) of physicians who currently serve as your PRIMARY and SECONDARY SUPERVISING PHYSICIAN(S).
Primary Supervising Physician(s):
Name Cheryl Gibson Address 23 mansfield auc
Secondary Supervising Physician(s):
Name Susan Smith Address som as above
19. Scope of Practice: The Board of Medical Practice requires that you and your primary supervising physician(s) review the most current scope of practice for your practice setting, paying attention to any additions or deletions in duties and procedures. Please review, date and sign your scope of practice and have your PRIMARY SUPERVISING PHYSICIAN sign it as well. Attach a copy of your signed scope of practice to this application.
a. Has there been a change in your scope of practice which has not been reviewed by the Board? ☐ Yes ☑ No

Vermont Department of Health - Board of Medical Practice - 2010-2012 Physician Assistant Certification Renewal Page 2 of 23

20. Please provide a letter from your Supervising Physician attesting to the fact that you have practiced as a

Physician Assistant within the past twelve months.

- 21. Continuing Medical Education (CME) requirements:
 - a. NCCPA certified Physician Assistant: Attach proof of current NCCPA certification; this will serve as adequate proof of CME completion.

b. For all others, an explanation of requirements and a CME Record form must be completed.
22. Primary Supervising Physician and Second Supervisory Physician forms are provided. They must be completed and returned with this application.
PART II
"Yes" answers to Questions 23 - 47 require an explanation on Form A.
23. Have you ever applied for and been denied a certificate to practice medicine or any other healing art? □ yes
24. Have you ever withdrawn an application for a certificate to practice medicine or any other healing art?
□ yes pono
25. Have you ever voluntarily suspended, surrendered or resigned a certificate to practice medicine or any other healing art in lieu of disciplinary action or any other reason?
□ yes
26. 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 1⁄2 no
27. Have you ever been denied the privilege of taking an examination before any state medical examining board?
□ yes 🎳 no
28. Have you ever discontinued your education, training, or practice for a period of more than three months?
□ yes tino
29. Have you ever been dismissed or suspended from, or asked to leave a residency training program before completion?
□ yes 🖆 no
30. 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
31. 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?
\Box yes $\ ^{\backprime}$ no 32. Do you currently or have you ever prescribed any prescription medication over the internet? This does not include prescribing you would do using electronic medical records in your practice.
□ yes 🌠no
33. Are you presently or have you ever been a defendant in a criminal proceeding?
□ yes ≰no

PART III

(Unless otherwise ordered by a court, your responses to the questions in Part III are considered exempt from public disclosure.)

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

- 34. To your knowledge, are you the subject of an investigation by any other licensing board under which you have not been charged as of the date of this application?
- 35. To your knowledge, are you presently the subject of a criminal investigation under which you have not been charged?

The following definitions are provided to assist you in answering questions 36 through 38.

"Ability to practice medicine" - This term includes:

The cognitive capacity to make appropriate clinical diagnoses and exercise reasoned medical judgments, and to learn and keep abreast of medical developments; and 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 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.

36. Do you have a medical condition that potentially or in any way impairs or limits your ability to practice medicine in your <u>field of practice with reasonable skill and safety?</u>

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.

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

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 Vermont Department of Health – Board of Medical Practice – 2010-2012 Physician Assistant Certification Renewal Page 4 of 23

ongoing treatment (with or without medication) or have participated or do participate in a monitoring program. 38. 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, Board fees have been used to create and maintain the Vermont Practitioners Health Program, a confidential program for the identification, treatment and rehabilitation of practitioners, including physician assistants, affected by the disease of substance abuse. If you wish further information about this program, a service of the Vermont Medical Society, call 802-223-0400 (a confidential line). Part IV - Statutory Profile Questions The following questions are required by Vermont law, 26 VSA § 1368, to update and maintain a data repository within the Department of Health and to make individual profiles on all health care professionals licensed, certified, or registered by the Department available to the public. Your practitioner profile is located at the following website http://healthvermont.gov/hc/med_board/profile_search.aspx. Please include photocopies of court papers, licensing authority decisions, and any other relevant documents if your answers to questions 38 through 43 have changed since your last application. We cannot process your application without them. Check here if none 39. 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 Please provide complete copies of documentation for each matter.

(City/State)

(City/State)

(Crime)

(Charge)

Check here if none

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 complete copies of documentation for each matter.

(Conviction Date)

(Conviction Date)

(Court)

(Court)

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

41.	Vermont Board of Medical Practic	ce Matters [See 26 V	SA § 1368(a)(3)]	Check here if none
	Please provide a description of Board of Medical Practice (incappealed.	of all formal charges cluding stipulations),	served, findings, co and final disposition	onclusions, and orders of the n of such matters by the courts, i
	(Date)	(Final Dis	sposition - Summar	у)
42.	Licensing or Certification Authorit	y Matters in Other St	ates [See 26 VSA	§ 1368(a)(4)]
	states, the findings, conclusion	ns, and orders of suc	h authorities, and f	or certification authorities of othe inal disposition of such matters beginning to the pies of documentation for each
(Da	te of Final Disposition) (Licens	ing or Certification A	uthority) (Court)	(City/State) (Nature of Charge)
43.	Restriction of Hospital Privileges	[See 26 VSA § 1368	(a)(5)] 🗹 C	Check here if none
	Revocation/Involuntary Restri	ctions		
	were related to competence o	r character and were cedural due process	issued by the hosp (opportunity for hea	on of your hospital privileges tha pital's governing body or any othe aring) was afforded to you. Pleas e
	(Date) (Hospital)	(State) (Nat	ture of Restriction)	(Reason for Restriction)
	B. Other Restrictions	r € Check here if n	one	
	restriction of privileges at a hos	spital taken in lieu of,	or in settlement of,	f, medical staff membership or the a pending disciplinary case related te copies of documentation fo
	(Date)	(Hospital)	(State)
	(Nature of Action)		Action)	
	(Reason for Action)	_ = \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	, , , , , , , , , , , , , , , , , , , ,	
44.	Medical Malpractice Court Judgm	ents/Settlements [S	ee 26 VSA § 1368(a)(6A)]
	A. <u>Judgments</u> d'Ch	eck here if none		

Please complete the attached Form A and provide a description of all medical malpractice court judgments against you and all medical malpractice arbitration awards against you within the past 10 years (10 years from payment date) in which a payment was awarded to a complaining party if not listed below. Please provide complete copies of documentation, to include final disposition and, if possible, a copy of the complaint for each matter.

		None reporte	Ci				
		☐ Judgment	☐ Arbitration				
		(Date)	(Court)	(State)	(Nature of Case)	(Amount Assessed Agains	st You
		☐ Judgment	☐ Arbitration				
		(Date)	(Court)	(State)	(Nature of Case)	(Amount Assessed Agains	st You
	B.	Settlements	Check here	if none			
		within the past complaining pa	10 years (10 yearty if not listed	ears from below. Ple	payment date) in wh ease provide comp	alpractice claims against yo ich a payment was awarded lete copies of documentat e complaint for each matt	to a ion,
		None reported	d				
		(Date)	(Court)	(State)	(A	mount of Settlement Agains	t You)
		(Date)	(Court)	(State)	(A	mount of Settlement Agains	t You)
45.	Years of P	ractice [See 26	VSA § 1368(a)	(10)]		· 1.	
	What mor	nth and year did	you start praction	oing as a f	Physician Assistant?	7 81	
46.	you re gran	nting permission	to have this info	ormation p	oosted on the web. (#46 is optional. By answeri This form follows the statuto estions may overlap.)	ng, ry
	A.	Appointments					
		Please provide faculties.	information ab	out your a	ppointments to med	ical school or professional s	chool
		University of	Vermont				
		Burlington, V					
		Clinical instru	ctor (255)	fort	= Clinic	al Pag.	

4	^	^	,
7	w	u	٠,

(School)	(City)	(State)	(Nature of Appointment)	From (year) To (year)
(School)	(City)	(State)	(Nature of Appointment)	From (year) To (year)

B. Teaching

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

University of Vermont

Burlington, VT

Preceptor

1981

(School/Institution)	(City)	(State)	(Moture of Teaching)	Francisco T- (
(Ochoomination)	(City)	(State)	(Nature of Teaching)	From (year) To (year)
	, .,	,	`	() () +

47. Publications [See 26 VSA § 1368(a)(13)]

Note: Answering #47 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.

None reported

(Title)	(Publication)	(Year)
(Title)		N/
(Title)	(Publication)	(Year)

48. <u>Activities</u> [See 26 VSA § 1368(a)(14)]

Note: Answering #48 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.

Susan B Anthony Award, 1995

(4	Activities or Awards)	

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

What is the location of your primary practice setting? Burlington, VT

Town/City, State

50. 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 \(\text{No} \) No

If yes, please describe the translating services available:

None

None

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

**A. Medicaid participation

Do you participate in the Medicaid program? Yes \(\text{No} \)

**B. New Medicaid Patients

Are you currently accepting new Medicaid patients? Yes \(\text{No} \)

**Part V

I hereby affirm that the information provided above is true and accurate, and that I have answered the

questions to the best of my knowledge and ability.

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

Unemployment Compensation Contributions regardless of whether or not you have children

Date: 11-2-09

PRIMARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incom	mplete applications will be	returned. Attach addi	tional sheet	ts as needed.
Name in full	GIDSON	cheru		
	(Last)	(First)		(Middle)
Mailing Address	Planned Pa	venthood		
	23 marsh	(Office Name)		
	<u>POLINUSTOD</u>	(Street) (STO)	803	9001
(City/State)	(Zip Co	de)	(Telephone	e Number)
Vermont License #	042-000746	5		
Hospital(s) where y	you have privileges:	Hospital(s) Loc	cation	Specialty
Fletcher An	en Hearth OAR	le Burling	star	asleyn
What arrangements	s have you made for superv	vision when you are no	ot available	or out of town:
24/7 ON C	All Service/Ca	overed by tu	D M	DS:
	CERTIFICATE OF	SUPERVISING PH	YSICIAN	
the scope of practice, a	accordance with 26 VSA, Chap <u>Chalas</u> , P.A. while ur ttached to this application, does nat a physician assistant is used,	nder my supervision. I furt not exceed the normal lim	her certify that its of my prac	at the protocol outlining ctice. I further certify that
I further certify that I h	ave read the statutes and Board	rules governing physician (Signature of Supervisir		
	Co-signat	ure of PA:		10000000000000000000000000000000000000
Note: A PA who prescr	ribes controlled drugs must obta	in an ID number from DEA	A. PA's DEA	Number(<u>MN08</u> 17619

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incom	plete applications	will be returned.	Attach additi	onal sheets as r	needed.
Name in full	Smith	Su	isan		F-Minguan
	(Last)	(F	irst)	()	Middle)
Mailing Address	Planned	Parentha	5 <u>d</u>		
	as Mar	SHEID A	ame)		
*****	Burling	ton, UT	0540	863-0	1001
(City/State)		(Zip Code)	(Felephone Num	iber)
Vermont License #:	042-000	5990			
Hospital(s) where y	ou have privileges	: Не	ospital(s) Loca	tion S	pecialty
FAHO	Burlin	gton, vr.		<u> </u>	ton
List all physician's Amy Boran Johanner H Ame Hide	6	hington s	currently super t. BONG AM. BU RUHAN	ervise:	0/82
CEI	RTIFICATE OF	SECONDARY S	SUPERVISIN	G PHYSICIA	N
I hereby certify that, in CAME No. 10	P.A. hid Physician Assistan not exceed the norma	, only when the prim t. I further certify th Il limits of my practi	ary supervising p	hysician is unavai utlining the scope o	lable and only when of practice, attached
I further certify that I ha	ive read the statutes ar	nd Board rules gover	ming physician as	sistants.	
(2/29/6 (Date)	9		Wen () MWL	
(Date)	t	(Signature of Se	condary Supervis	ing Physician)	

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomp	plete applications will be	e returned. Attach addita	ional sheets as needed.
Name in full	Boxman	Kum	\mathcal{M} .
	(Last)	(First)	(Middle)
Mailing Address	Planned Pa	arenthood_	
	23 Mansf	(Office Name)	
	Burlington	(Street) 05401	863-900/
(City/State)	<u> </u>	ode) (Telephone Number)
Vermont License #:	04200105	99	
Hospital(s) where yo	ou have privileges:	Hospital(s) Loca	ation Specialty
PAHC	Burly		ORIGUN
. ()		lresses you currently sup Monstan st. B Monsfleid Av 2015 NOAK. 16	ervise: ANE T. C. RULVI. RUHAND, VI.
CERT	IFICATE OF SECON	DARY SUPERVISING	GPHYSICIAN WEG
only when consulted by practice, attached to this	the aforesaid Physician Assis	when the primary supervising tant. I further certify that the the normal limits of my prac	ponsible for all medical activities ag physician is unavailable and protocol outlining the scope of tice and that in accordance with 26
I further certify that I have	ve read the statutes and Board	d rules governing physician a	ssistants.
1.5-0	0	100	
(Date)	(Sig	gnature of Secondary Supervis	sing Physician)

State of Vermont

Department of Health

Board of Medical Practice

Statement of Good Standing

Regarding Any Unpaid Judgment Issued by the Judicial Bureau or District Court for Fines or Penalties for a Violation or Criminal Offense

I hereby state that I am in good standing with respect to any unpaid judgment issued by the judicial bureau or district court for fines or penalties for a violation or criminal offense.

I understand that a license may not be issued or renewed without such a statement.

I further understand that, for the purposes of this section, a person is in good standing with respect to any unpaid judgment issued by the judicial bureau or district court for fines or penalties for a violation or criminal offense if:

- (1) 60 days or fewer have elapsed since the date a judgment was issued; or
- (2) the person is in compliance with a repayment plan approved by the judiciary.

Signature:	T			
Date:	//-	<i>a</i> ·	٥9	

Vermont Department of Health — Board of Medical Practice

108 Cherry Street, P.O. Box 70
Burlington, VT 05402-0070
http://healthvermont.gov/hc/med_board/bmp.aspx
802-657-4220

Consent to Disclosure of Prescriber-Identifiable Information for, Marketing or Promoting Prescription Drugs

Under Vermont law, a prescriber may give consent so that his or her identifiable data in prescription drug records may be used for marketing or promoting prescription drugs. If a prescriber chooses not to consent, the use of prescriber-identifiable data in prescription drug records is restricted as provided for in the law. The text of the law is found at 18 V.S.A. § 4631, and a copy of the law appears on the reverse side of this consent form.

If you choose to consent to the use of your identifiable data in prescription drug records for marketing or promoting prescription drugs, please check the "I consent" box below and sign next to it. Your consent is effective for this licensing or certification period.

If you do not wish to consent you do not need to complete this consent form.

If you do complete this form, please return it to the Board of Medical Practice with your completed license or certification application or renewal form.

You may revoke your consent at any time by signing a Revocation of Consent form and sending it to the Board of Medical Practice. The Revocation form may be obtained directly from the Board or on the Board's website.

-1	Signature		Date
	Print Name	Vermont License or	Certification Number
Print M	ailing Address		

Vermont Department of Health - Board of Medical Practice

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

You must answer questions 1, 2, and 3.

by such laws, and by the Office of Child Support.

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)

impose	an ur	the office of child support or agreed to by the parties; or the licensing authority determines that immediate payment of support would areasonable hardship. (15 V.S.A. § 795)
1.	You P	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 <u>NOT</u> 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".
person c returns l	ertif nave	Regarding Taxes 3 requires that: A professional license or other authority to conduct a trade or business shall not be issued or renewed unless the ies that he or she is in good standing with the Department of Taxes. "Good standing" means that no taxes are due and payable and all been filed, the tax liability is on appeal, the taxpayer is in compliance with a payment plan approved by the Commissioner of Taxes, or authority determines that immediate payment of taxes would impose an unreasonable hardship. (32 V.S.A. § 3113)
2.	You	I prust 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 <u>NOT</u> 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".
(includin space wi employir contribu all contri the liabil payment	gal ith angur tions ibution ity for plar	Regarding Unemployment Compensation Contributions 8 requires that: No agency of the state shall grant, issue or renew any license or other authority to conduct a trade or business icense to practice a profession) to, or enter into, extend or renew any contract for the provision of goods, services, or real estate my employing unit unless such employing unit shall first sign a written declaration, under the pains and penalties of perjury, that the nit 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 a 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 one or payments in lieu of contributions payable if: (1) no contributions or payments in lieu of contributions are due and payable; (2) or any contributions or payments in lieu of contributions due and payable is on appeal; (3) the employing unit is in compliance with a papproved by the Commissioner; or (4) in the case of a licensee, the agency finds that requiring immediate payment of contributions in lieu of contributions due and payable would impose an unreasonable hardship.
3. contribu	tions	I must check one of the three statements below regarding unemployment contributions or payments in lieu of unemployment 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
	a	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 Se	curi	Date of Birth $1/1/5/5/5$
The dis	clos	ure 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 int of Taxes and the Department of Employment and Training in the administration of Vermont tax laws, to identify individuals affected

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 Date 11 2 39





CENTRAL OFFICE

183 Talcott Road, Suite 101, Williston, VT 05495 Phone 802-878-7232 ■ Fax 802-878-8001

December 17, 2009

State of Vermont-Board of Medical Practice Attn: Tracy Hayes 108 Cherry Street Burlington, VT 05401

Dear Ms. Hayes,

This letter is to certify that the Physician Assistant named below has practiced under my supervision, in Vermont, within the last twelve months:

• Catherine Nicholas

In addition, the Physician's Assistant named above maintains a Drug Enforcement Agency certification, and will be authorized to prescribe medications in accordance with Planned Parenthood's Scope of Practice, which has been submitted to and approved by the Vermont Board of Medical Practice.

Sincerely,

Cheryl Gibson, M.D

PHYSICIAN ASSISTANT SCOPE OF PRACTICE at Planned Parenthood of Northern New England

Planned Parenthood of Northern New England's Scope of Practice for Physician's Assistants consists of several documents:

- 1) PPNNE Standing Orders: Each P.A. practitioner annually signs the Standing Orders that are approved by PPNNE's Medical Advisory Committee then cosigned by PPNNE's Medical Director. Standing Orders define the prescriptive and medical authority of the P.A. practitioner at PPNNE.
- 2) PPNNE's Medical Protocol: The exact duties of the P.A. are clearly defined in PPNNE's Medical Protocol, a copy of which is on file with the Vermont Board of Medical Practice.
- 3) Medical Oversight at PPNNE: Please refer to the attached document, Medical Oversight at PPNNE, for information about the structure of supervision of P.A.'s at PPNNE.
- Additional information about PPNNE's health centers, patient population 4) and P.A. practice at Planned Parenthood of Northern New England:

Planned Parenthood of Northern New England is a non-profit health care organization with thirteen outpatient health centers in Vermont. Under the supervision of PPNNE's Medical Director, Physician's Assistants at PPNNE health centers provide outpatient gynelogical and preventive care for women and men as outlined in PPNNE's Standing Orders and Medical Protocols.

Many of our sites are located in rural areas where access to health care may be difficult. PPNNE offers a sliding fee scale based on the individual's ability to pay. Our commitment to providing services regardless of a client's ability to pay means that thousands of Vermonters without health insurance have access to high quality reproductive and preventive health care.

As specified in Section I, Part I of the PPNNE Medical Protocol, each clinic site is required to inform patients how to obtain care in the event of an emergency. Sites providing surgical services must also document a plan for handling emergencies occurring in the clinic as well as the medical back-up arrangements with a physician or hospital.

Physician Assistan (Controlle Micholap)

12/22/09

Supervising Physician

10/2009

PLANNED PARENTHOOD of Northern New England

Standing Orders: Nurse Practitioners, Certified Nurse Midwifes & Physician Assistants

The Family Planning Practitioner may:

A. Provide information and counseling on: family planning met gynecological problems; sexually transmitted diseases; sexu general preventive health care.	hods; sterilization; pregnancy; adoption; abortion; common ual assault; male reproductive health; infertility; midlife health
---	--

Order and dispense hormonal contraceptives and HT/ET in accordance with the PPNNE Medical Protocol. В. 2)

Manage routine hormonal contraceptive and HT/ET problems.

- 3) Order special laboratory tests needed to prescribe hormonal contraceptives and HRT.
- Insert and remove implant contraceptive systems in accordance with the PPNNE Medical Protocol. C. 1) 2)

Manage routine implant system problems.

D. 1) Inject Medroxyprogesterone acetate in accordance with PPNNE Medical Protocol. 2) Manage routine DMPA problems.

E. 1) Insert and remove IUD's in accordance with the PPNNE Medical Protocol.

2) Manage routine IUD problems.

- 3) Order X-rays and sonograms for IUD localization.
- Fit and check diaphragms, cervical caps and other barrier devices in accordance with the PPNNE Medical Protocol. 1) 2) Manage diaphragm, cervical cap and other barrier device problems.
- G. 1) Order and dispense condoms and vaginal spermicides in accordance with the PPNNE Medical Protocol. Manage condom and spermicide problems. 2)
- Counsel and provide continuing evaluation and support of the natural methods of birth control: BBT, sympto-thermal, cervical Η. mucus and calendar.
- Evaluate patient history, perform elementary physical examination and pelvic examination, order and evaluate laboratory and ١. other tests as indicated and administer immunizations and other medications in accordance with the PPNNE Medical Protocol.
- Order, administer and/or dispense medications in accordance with the PPNNE Medical Protocol and state and federal laws. J.
- Diagnose and order or dispense treatment for conditions covered in the PPNNE Medical Protocol as indicated in the protocol. K.
- Perform pregnancy diagnosis as per the PPNNE Medical Protocol. Order serum HCG pregnancy test, and sonograms. L.
- Provide services to patients in the abortion, cervical dysplasia, infertility, male services, and midlife programs as per the Μ. PPNNE Medical Protocol and Medical Protocol Supplements.
- Provide routine gynecologic and general preventive health care as per the PPNNE Medical Protocol. Manage and follow-up N. routine and problem patients in accordance with the PPNNE Medical Protocol.
- Perform venipuncture; start and maintain I.V.'s. O.
- Order and follow-up on outside laboratory tests and dispense treatment for conditions not specifically covered in the PPNNE Ρ. Medical Protocol under the direct guidance of a PPNNE physician with the Medical Director's approval.
- Pursuant to delegation from the Medical Director, to provide reproductive health care to minors, including and Q. especially contraception and diagnosis and treatment of sexually transmitted infections, as indicated with or without parental consent if the minor may suffer probable health hazards if such services are not provided.

The Family Planning Practitioner must:

Adhere to the PPNNE Medical Protocol. Α.

Obtain physician consultation in all non-routine clinical matters.

Follow-up and report all complications and all potential medico-legal incidents to the Medical Director.

I agree to practice under the above standing orders

Print Name

Signature

Collaborating Physician: Cheryl Gibson, MD, Medical Director

VERMONT DEPARTMENT OF HEALTH BOARD OF MEDICAL PRACTICE 108 Cherry Street, PO Box 70 Burlington VT 05402-0070 802 657-4220 or 800 745-7371

2010-2012 PHYSICIANS ASSISTANT CERTIFICATION RENEWAL APPLICATION CONTINUING MEDICAL EDUCATION (CME) RECORD

ONLY FILL OUT IF NOT NCCPA CERTIFIED

You are required to record a minimum of 100 hours every two-year cycle, at least 40 of which must be in Category I. Complete this CME Record form using the definitions provided on the reverse side of the form, keep a copy for your personal records and return the original with your 2006-2008 Physician Assistant Certification Renewal Application.

CATEGORY I

Program Title	Date	CME Hours	Sponsor	Location	
2008-511	nulation	26.5	554	SanDrey	6 Ca
	Heart Car	12.5	SSH	0/126-	lorde
Colpo Ins	wiceloss	(1.O	PPNNE	NH	
Colpo Dro	un los	10.0	PPNNE	NH	
	`				
		51-0		***************************************	

CATEGORY II

<u> </u>	1	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
Program Title	Date	CME Hours	Sponsor	Location	
Review	allyen	20	Commune Hearth (a	WHICH I	-
Reviewer	7/09	6	Reductor	0 O	
Abortion I	nservicis	6	PPNNE.	Concord	N
Facely	VM Medic	al School	on-full®	MT	The state of the s
read	run	0121 100			, service de la company de
	Kou	Kiralappeard			-

Total Category I Ho	ours: <u>5/.0</u> + Total Category II Hours: <u>(//0</u> = Total F	dours:[10.0
Your Signature		

Planned Parenthood of Northern New England

certifies that

has successfully completed a six hour training seminar entitled:

NATIONAL RECOMMENDATIONS ON THE MANAGEMENT OF ABNORMAL PAPS COLPOSCOPY IN-SERVICE: BIOPSIES, LITERATURE ABOUT COLPOSCOPY, COLPOSCOPY CORRELATION DATA September 3, 2009

This program has been awarded:

- contact hours by Planned Parenthood of Northern New England, which has been approved as a provider of continuing education by the Vermont State Nurses' Committee on Education which is accredited as an approver of continuing education in nursing by the American Nurses' Credentialing Center's Commission on Accreditation.
- 6______ hour(s) of Category I of the Physician's Recognition Award of the American Medical Association. The University of Vermont College of Medicine is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education for physicians. Each physician should claim only those hours of credit that he/she actually spent in the educational activity.
- Nursing Contact hour(s) of pharmacological contact.

We me

Planned Parenthood® of Northern New England

Signature

Planned Parenthood of Northern New England

certifies that

Cet Vickia

has successfully completed a six and one-half hour training seminar entitled:

REVIEWS, JOURNAL CLUB COLPO IN-SERVICE: PAP/COLPO CORRELATION DATA, CERVICAL CANCER STADARDS, COLPOSCOPY CASE

Held at the West Lebanon PPNNE Office on June 17th, 2008

This program has been awarded:

- which is accredited as an approver of continuing education in nursing by the American Nurses as a provider of continuing education by the Vermont State Nurses' Committee on Education contact hours by Planned Parenthood of Northern New England, which has been approved Credentialing Center's Commission on Accreditation
- 6.0 Medical Education (ACCME) to sponsor continuing medical education for physicians. Each physician should claim only those hours of credit that he/she actually spent in the educational activity The University of Vermont College of Medicine is accredited by the Accreditation Council for Continuing hour(s) of Category I of the Physician's Recognition Award of the American Medical Association.
- Nursing Contact hour(s) of pharmacological contact.

All of our trainings are appropriate for educational certification And should be submitted by the individual to their school administrator for consideration.



Kathleen Landry HR Director 183 Talcott Road, Suite 101 Williston, VT 05495 (802)288-8431



Society for Simulation in Healthcare

Society for Simulation in Healthcare CME/CE Certificate

Cate Nicholas

Attended the

8th Annual International Meeting on Simulation in Healthcare
San Diego Marriot Hotel & Marina
January 13-16, 2008
San Diego CA

26.5 hours awarded

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the sponsorship of the Society for Simulation in Healthcare. The Society for Simulation in Healthcare is accredited by the ACCME to provide continuing medical education for physicians. The Society for Simulation in Healthcare designates this educational activity for a maximum of 26 AMA PRA Category 1 Credits (TM). Each physician should only claim credit commensurate with the extent of their participation in the activity.



Continuing Nursing Education Contact Hours have been approved through the University of Miami Gordon Center for Research in Medical Education (GCRME). The University of Miami GCRME is an approved provider of Continuing Nursing Education.

Florida Board of Nursing Provider Number CE 50-329 CE Broker Tracking Number 10-623739 Do not submit this certificate to the Board of Nursing. Keep it for your records for four (4) years



Society for Simulation in Healthcare

Society for Simulation in Healthcare CME/CE Certificate

Cate Nicholas

9th Annual International Meeting on Simulation in Healthcare

Disney's Contemporary Resort January 11-14, 2009 Lake Buena Vista, Florida

12.5 hours awarded

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the sponsorship of the Society for Simulation in Healthcare. The Society for Simulation in Healthcare is accredited by the ACCME to provide continuing medical education for physicians.

The Society for Simulation in Healthcare designates this educational activity for a maximum of 26 AMA PRA Category 1 Credits(TM). Each physician should only claim credit commensurate with the extent of their participation in the activity.



Continuing Nursing Education Contact Hours have been approved through the University of Miami Gordon Center for Research in Medical Education (GCRME). The University of Miami GCRME is an approved provider of Continuing Nursing Education.

Florida Board of Nursing Provider Number CE 50-329 CE Broker Tracking Number 10-910582

Do not submit this certificate to the Board of Nursing. Keep it for your records for four (4) years

10 JUL 200

DEPARTMENT OF HEALTH BOARD OF MEDICAL PRACTICE 108 Cherry Street, PO Box 70 Burlington VT 05402-0070 802 657-4220 or 800-745-7371

2008 PHYSICIAN ASSISTANT CERTIFICATION RENEWAL APPLICATION

PART I

Certificate #055-0030046	
1. Name: Catherine Nicholas PA	
2. Other Name(s), if any, under which you were certified or licensed in Vermont ar	nd elsewhere:
3. Work Address:	
Vermont Women's Choice 23 Mansfield Avenue Burlington VT 05401	
4. Home Address:	
City, State, Zip Code:	
Please check your preferred mailing address: Home Work (This address will be public and listed on the Board's webs	site)
5. Email Address	
6. Daytime Telephone Number: Area Code:	Medical the Processing for
(802) 863-9001	RECEIVED
7. Date of Birth:	The state of the s
11/5/1951	DEC 2 6 2007
8. Place of Birth:	Vermont Board of
9. Certification Examination Taken – (Check box and enter date of examination):	Medical Practice
□ (<u>//</u>) NCCPA	
□ (<u>/ 9 S</u> 1) State Examination-Identify state:	
□ (/) Other Examination specify:	
10. Basis for Vermont Certification – (Check box):	
Apprenticeship Trained University Trained	

11. Do you have hospital privileges in Vermont? Hospital Name(s) and Location(s):
12. In what year did you start working as a physician assistant in Vermont?
13. Did you practice in Vermont during the past 12 months? \(\hat{\Delta}\) Yes □ No
14. Other states where you now hold an active certification or license to practice:
15. States where you previously were certified or licensed to practice:
16. Specialty: 4 hearth. DEA Number: MN 0819619
17. Name and office address of current EMPLOYER:
Name PPNNE/VNC 23 Mansfuld aue B
18. Please list (use additional sheet if necessary) name(s) and address(es) of physicians who currently serve as your PRIMARY and SECONDARY SUPERVISING PHYSICIAN(S).
Primary Supervising Physician(s):
Name Dreny G, Address Som
Secondary Supervising Physician(s):
Name Address
Dr. Susan Smith 23 mansfred AMP. Burl, VT
19. Scope of Practice: The Board of Medical Practice requires that you and your primary supervising physician(s) review the most current scope of practice for your practice setting, paying attention to any additions or deletions in duties and procedures. Please review, date and sign your scope of practice and have your PRIMARY SUPERVISING PHYSICIAN sign it as well. Attach a copy of your signed scope of practice to this application.
a. Has there been a change in your scope of practice which has not been reviewed by the Board? 口 Yes 図 No
20. Please provide a letter from your Supervising Physician attesting to the fact that you have practiced as a Physician Assistant within the past twelve months.

Vermont Department of Health - Board of Medical Practice - 2008-2010 Physician Assistant Certification Renewal Page 2 of 19

21. Continuing Medical Education (CME) requirements:

- a. NCCPA certified Physician Assistant: Attach proof of current NCCPA certification; this will serve as adequate proof of CME completion.
- b. For all others, an explanation of requirements and a CME Record form must be completed.
- 22. Primary Supervising Physician and Second Supervisory Physician forms are provided. They must be completed and returned with this application.

PART II

"Yes" answers to Questions 23 - 46 require an explanation on Form A.

- 23. Have you ever applied for and been denied a certificate to practice medicine or any other healing art?
- 24. Have you ever withdrawn an application for a certificate to practice medicine or any other healing art?
- 25. Have you ever voluntarily suspended, surrendered or resigned a certificate to practice medicine or any other healing art in lieu of disciplinary action?
 - □yes Yno
- 26. 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
- 27. Have you ever been denied the privilege of taking an examination before any state medical examining board?
 - gyes ano
- 28. Have you ever discontinued your education, training, or practice for a period of more than three months for reasons other than a family need?
 - □ yes ⊅no
- 29. Have you ever been dismissed or suspended from, or asked to leave a residency training program before completion?
 - □ yes 🔀 no
- 30. 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 Xono
- 31. 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?
 - gyes Ano
- 32. Are you presently or have you ever been a defendant in a criminal proceeding?
 - □ yes ⊠no

PART III

(Unless otherwise ordered by a court, your responses to the questions in Part III are considered exempt from public disclosure.)

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

- 33. To your knowledge, are you the subject of an investigation by any other licensing board as of the date of this application?
- 34. To your knowledge, are you presently the subject of a criminal investigation?



The following definitions are provided to assist you in answering questions 35 through 37.

"Ability to practice medicine" - This term includes:

The cognitive capacity to make appropriate clinical diagnoses and exercise reasoned medical judgments, and to learn and keep abreast of medical developments; and 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 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.

35. 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?

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.

36. 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?

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.

37. Are vou 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, Board fees have been used to create and maintain the Vermont Practitioners Health Program, a confidential program for the identification, treatment and rehabilitation of practitioners, including physician assistants, affected by the disease of substance abuse. If you wish further information about this program, a service of the Vermont Medical Society, call 802-223-0400 (a confidential line).

Part IV - Statutory Profile Questions

The following questions are required by Vermont law, 26 VSA § 1368, to update and maintain a data repository within the Department of Health and to make individual profiles on all health care professionals licensed, certified, or registered by the Department available to the public. Your practitioner profile is located at the following website http://healthvermont.gov/hc/med_board/profile_search.aspx.

Please include photocopies of court papers, licensing authority decisions, and any other relevant

Criminal Convictions [See	26 VSA § 1368(a)(1)]	Check here if none	
	nich you have been con	nies and misdemeanors; this i victed within the past 10 year	
(Conviction Date)	(Court)	(City/State)	(Crime)
Nolo Contendere/Matters (Continued [See 26 VSA	A § 1368(a)(2)]	here if none
or where sufficient facts	s of guilt were found an	hich you pleaded "nolo conte d the matter was continued v lete copies of documentat	vithout a finding by a co
•			•
(Conviction Date)	(Court)	(City/State)	(Charge)
(Conviction Date)	(Court)	(City/State) (City/State)	(Charge)
,	,		
(Conviction Date) (Conviction Date)	(Court)	(City/State) (City/State)	(Charge)
(Conviction Date) (Conviction Date) /ermont Board of Medical Please provide a descr	(Court) (Court) Practice Matters [See 2 iption of all formal char	(City/State) (City/State)	(Charge) (Charge) Check here if none sions, and orders of the

	(Date)		(Fi	nal Disposition	- Summar	y)		
	(Date)		(Fi	nal Disposition	- Summar	y)		· · · · · · · · · · · · · · · · · · ·
41. Lic		r Certification Author k here if none	ity Matters in O	ther States [Se	e 26 VSA	§ 1368(a)(4)]	
	states, t	provide a description he findings, conclusion ts, if appealed, in tho	ons, and orders	of such authori	ties, and f	inal dispositi	on of such matte	ers by
Date o	of Final D	isposition) (Licen	sing or Certifica	tion Authority)	(Court)	(City/State)	(Nature of Cha	ırge)
Date o	of Final D	isposition) (Licen	sing or Certifica	tion Authority)	(Court)	(City/State)	(Nature of Cha	irge)
42. Re	estriction	of Hospital Privileges	See 26 VSA	§ 1368(a)(5)])×	heck here if	none	
	Revoca	tion/Involuntary Rest	rictions					
	official o	lated to competence of the hospital after pr complete copies o (Hospital)	ocedural due pr	ocess (opportui	nity for hea	aring) was aff		
	(Date)	(Hospital)	(State)	(Nature of Re	estriction)	(Reason f	or Restriction)	
	B.	Other Restrictions	Check he	ere if none				
	restricti	provide a description on of privileges at a ho betence or character atter.	ospital taken in l	lieu of, or in sett	lement of,	a pending di	sciplinary case r	elated
	(Date)		(H	ospital)		(State)	AND	
	(Nature	of Action)	□ In lieu	(Action) □ In settl	ement			
	(Reaso	n for Action)	U III II CU	u m sem	ement			
13 M	edical Ma	alpractice Court Judg	ments/Settleme	nts (See 26 VS	SA 8 1368	(a)(6A)1		

Check here if none Α.

> Please complete the attached Form A and provide a description of all medical malpractice court judgments against you and all medical malpractice arbitration awards against you within

	complaining p	arty if not liste	d below. Pl e	ease provide comp	payment was awarded to a lete copies of documentation, ne complaint for each matter.
	☐ Judgment	□ Arbitratio	n		
	(Date)	(Court)	(State)	(Nature of Case)	(Amount Assessed Against You)
	□ Judgment	□ Arbitratio	n		
	(Date)	(Court)	(State)	(Nature of Case)	(Amount Assessed Against You)
B.	Settlements	Check he	re if none		
	within the past complaining pa	t 10 years (10 arty if not liste	years from d below. Pl e	payment date) in whease provide comp	alpractice claims against you nich a payment was awarded to a lete copies of documentation, ne complaint for each matter.
	(Date)	(Court)	(State)	(A	mount of Settlement Against You)
	(Date)	(Court)	(State)	/ ^	mount of Settlement Against You)
Years of	Practice [See 26	VSA § 1368(a)(10)]		, a C-1
What mo	onth and year did ments/Teaching ranting permissio	you start prac [See 26 VSA on to have this	eticing as a F § 1368(a)(12 information	posted on the web.	g #45 is optional. By answering, (This form follows the statutory estions may overlap.)
What mo	onth and year did ments/Teaching ranting permissio	you start prac [See 26 VSA on to have this	eticing as a F § 1368(a)(12 information	Note: Answering posted on the web.	g #45 is optional. By answering, (This form follows the statutory
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What mo Appointryou are g wording.	nents/Teaching ranting permissio Since most appointments Appointments Please provide faculties.	[See 26 VSA in to have this naments are to e information a lity)	\$ 1368(a)(12 information eaching appoint your a state) (Na	2)] Note: Answering posted on the web ointments, these quippointments to med	g #45 is optional. By answering, (This form follows the statutory estions may overlap.) lical school or professional school From (year) To (year) C B - C
What mo Appointryou are g wording.	nents/Teaching ranting permissio Since most appointments Please provide faculties. (School) (City (School) (City (School)	[See 26 VSA in to have this numents are to e information a lity) (See 26 VSA in to have this numents are to e information a lity) (See 26 VSA in to have this numerical information a lity) (See 26 VSA in the information a lity) (See 27 VSA in the information a lity) (See 28 VSA in the information a lity) (See 28 VSA in the information a lity)	\$ 1368(a)(12 information eaching appoint your a library (Na State) (Na	2)] Note: Answering posted on the web ointments, these quippointments to med ture of Appointment ture of Appointment	g #45 is optional. By answering, (This form follows the statutory estions may overlap.) lical school or professional school From (year) To (year) From (year) To (year)
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(Title))	(Publication)	(Year)
(Title))	(Publication)	(Year)
. <u>Activi</u>	ties [See 26 VSA § 1	368(a)(14)]	
poste		ional. By answering, you are granting permiss provide information regarding your profession	
**************************************		(Activities or Awards)	
Practice	Setting [See 26 VSA	§ 1368(a)(15)]	
	is the location of your.	primary practice setting? (y g for V T	
I OWII	, ,		
	ng Services [See 26 \	/SA § 1368(a)(16)]	
. <u>Translatiı</u> Pleas	ng Services [See 26 \see identify any translate	VSA § 1368(a)(16)] ing services available at your primary practice savailable at your primary practice location?	
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Pleas Are a If yes	ng Services [See 26 \ se identify any translating translating services, please describe the following services. /New Patients [See 26 Medicaid participat	ing services available at your primary practice is available at your primary practice location? translating services available: ⚠ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★	

46.

Publications [See 26 VSA § 1368(a)(13)]

Part V

I hereby affirm that the information	provided above is true and ac	curate, and that I have answered the
question	s to the best of my knowledge	and ability.
l		
Date: 12/1) /07		
Date.	Applicant'	s Signature

Reminder - You must also complete the enclosed Applicant's Statement Regarding Child Support, Taxes, Unemployment Compensation Contributions regardless of whether or not you have children

Vermont Department of Health - Board of Medical Practice

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

You must answer questions 1, 2, and 3.

by such laws, and by the Office of Chid Support.

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 onewelfth of the annual support obligation is overdue; or liability for any support payable is being contested in a judicial or quasjudicial 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 mediate payment of support would impose an unreasonable hardship. (15 V.S.A. § 795)

impose an u	nreasonable hardship. (15 V.S.A. § 795)
	I <u>must</u> 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 aptication: (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.
۵	or I hereby certify that I amNOT 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 ueasonable hardship. Please forward an "Application for Hardship".
	Regarding Taxes
person certif	3 requires that: A professional license or other authority to conduct a trade or business may not be issued or renewed unless the fies that he orshe is in good standing with the Department of Taxes."Good standing" means that no taxes are dueand payable and all been filed the tax liability is on appeal, the taxpayer is in compliance with a payment plan approved by the Commissioner δέαχες, or authority determines that immediate payment of taxes would impose an unreasonable hardship. (32 V.S.A. § 3113)
2. You	u must check one of the two statements below regarding taxes:
	I hereby certify, under the pains and penalties operjury, 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 fineor both).
	or
. 0	I hereby certify that I amNOT 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 annreasonable hardship. Please forward an "Application for Hardship". Regarding Unemployment Compensation Contributions
(including a space with a employing u contribution all contributi the liability f payment pla	Requires that: No agency of the state shall grant, issue or renew any license or other authority to conduct a trade trusiness license to practice a profession) to, or enter into, extend or renew any contract for the provision of goods, services, or real estate ny employing unit unless such employing unit shall first sign a written declaration, where the pains and penalties of perjury, that the nit 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 some side 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 one or payments in lieu of contributions payable if: (1) no contributions or payments in lieu of contributions are due and payable; (2) or any contributions or payments in lieu of contributions due and payable is on appeal; (3) the employing unit is in compliance with a payproved by the Commissioner; or (4) in the case of a licensee, the agency finds that requiring immediate payment contributions in lieu of contributions due and payable would impose an unreasonable hardship.
3. You	u <u>must</u> check one of the three statements below regarding unemployment contributions or payments in lieu of unemployment
	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.)
٥	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.
Ø	I hereby certify that 21 V.S.A. § 1378 is not applicable tone because I am not now, nor have I ever been, an employer.
Social Secur	Date of Birth 11 15 15
	sure of your social security number is mandatory, it is solicited by a authority granted by 42 U.S.C. § 405 (c)(2)(C), and will be used by ent of Taxes and the Department of Employment and Training in the administration of Vermont tax laws, to identify individuals affected

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 jeopardis my-license/certification/registration status.

Signature of Applicant 12/13/67

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE 108 CHERRY STREET BURLINGTON, VT 05401 (802) 657-4220

PRIMARY SUPERVISING PHYSICIAN APPLICATION

Please print. Inco	omplete applications will be i	returned. Attach add	litional sheet	s as needed.
Name in full	<u>Cíbson</u> (Last)	Cheryl (First)		(Middle)
Mailing Address	Planned Pare	Office Name)		
183 TO	MODITE OF	Street)		132
(City/Stat		le)	(Telephone	Number)
Vermont License	#: <u>042-000</u> 746S			
Hospital(s) where	you have privileges: HIEN TRUTTO CAYE	Hospital(s) Lo	ocation T _e	Specialty OBLAT
3/17 000	ats have you made for supervious Sewice, be	ed up by	two n	MP'S .
	CERTIFICATE OF	SUPERVISING PE	IYSICIAN	
the scope of practice,	in accordance with 26 VSA, Chapt Chapt P.A. while und attached to this application, does not that a physician assistant is used, it	der my supervision. I function and line is the second content of the second content in the second content of t	orther certify the mits of my prac	at the protocol outlining ctice. I further certify that
I further certify that I	have read the statutes and Board r	ules governing physicial	Qan)
. ,	Co-signatu			
Note: A PA who pres	scribes controlled drugs must obtain	n an ID number from Dl	EA. PA's DEA	Number MNO8176

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE 108 CHERRY STREET BURLINGTON, VT 05401 (802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Inco	omplete applications v	will be returned. A	ttach additional sheet	is as needed.
Name in full	SmH	Sus	30	- magazini com-
	(Last)	(Firs	t)	(Middle)
Mailing Address	Planned Pa		9	
183 Tal C	oft Road	(Office Nam		
Willistor	1/11.	(Street) 05495	288	-8432
(City/State	e) (2	Zip Code)	(Telephone	Number)
Vermont License	#: 010 -000 S	5990		
	you have privileges:	Care E	pital(s) Location	Specialty OS 600
Amy Box	's assistants names an Grean 90 W Hauser 183 Hauser 183		t. Barrent	NKITT.
C	ERTIFICATE OF S	ECONDARY SU	PERVISING PHYS	ICIAN OQ
Catherine V consulted by the afor to this application, do		only when the primary I further certify that limits of my practice	y supervising physician is the protocol outlining the	unavailable and only when scope of practice, attached
I further certify that I	have read the statutes and	Sus	ng physician assistants. Mary Supervising Physici) an)

PA'S con't. Katra Kindar 23 mansfreid Ave. Burl, VT. Cotherne Mcholas """"" Janet Young """" Anne Hibreth """ 11 ""

PHYSICIAN'S ASSISTANT SCOPE OF PRACTICE at Planned Parenthood of Northern New England

Planned Parenthood of Northern New England's <u>Scope of Practice</u> for Physician's Assistants consists of several documents:

- 1) PPNNE Standing Orders: Each P.A. practitioner annually signs the Standing Orders that are approved by PPNNE's Medical Advisory Committee then cosigned by PPNNE's Medical Director. Standing Orders define the prescriptive and medical authority of the P.A. practitioner at PPNNE.
- 2) <u>PPNNE's Medical Protocol</u>: The exact duties of the P.A. are clearly defined in PPNNE's <u>Medical Protocol</u>, a copy of which is on file with the Vermont Board of Medical Practice.
- 3) <u>Medical Oversight at PPNNE</u>: Please refer to the attached document, <u>Medical Oversight at PPNNE</u>, for information about the structure of supervision of P.A.'s at PPNNE.
- 4) Additional information about PPNNE's health centers, patient population and P.A. practice at Planned Parenthood of Northern New England:

Planned Parenthood of Northern New England is a non-profit health care organization with fourteen outpatient health centers in Vermont. Under the supervision of PPNNE's Medical Director, Physician's Assistants at PPNNE health centers provide outpatient gynelogical and preventive care for women and men as outlined in PPNNE's Standing Orders and Medical Protocols.

Many of our sites are located in rural areas where access to health care may be difficult. PPNNE offers a sliding fee scale based on the individual's ability to pay. Our commitment to providing services regardless of a client's ability to pay means that thousands of Vermonters without health insurance have access to high quality reproductive and preventive health care.

As specified in Section I, Part I of the PPNNE <u>Medical Protocol</u>, each clinic site is required to inform patients how to obtain care in the event of an emergency. Sites providing surgical services must also document a plan for handling emergencies occurring in the clinic as well as the medical back-up arrangements with a physician or hospital.

PLANNED PARENTHOOD of Northern New England

Standing Orders: Nurse Practitioners, Certified Nurse Midwifes & Physician Assistants

The Family Planning Practitioner may:

Provide information and counseling on: family planning methods; sterilization; pregnancy; adoption; abortion; common gynecological problems; sexually transmitted diseases; sexual assault; male reproductive health; infertility; midlife health; general preventive health care.

- Order and dispense hormonal contraceptives and HT/ET in accordance with the PPNNE Medical Protocol ₿.
 - Manage routine hormonal contraceptive and HT/ET problems.
 - Order special laboratory tests needed to prescribe hormonal contraceptives and HRT. 3)
- Insert and remove implant contraceptive systems in accordance with the PPNNE Medical Protocol. C.
 - Manage routine implant system problems. 2)
- Inject Medroxyprogesterone acetate in accordance with PPNNE Medical Protocol. 1) D.
 - Manage routine DMPA problems. 2)
- Insert and remove IUD's in accordance with the PPNNE Medical Protocol. 1) E.
 - Manage routine IUD problems. 2)
 - Order X-rays and sonograms for IUD localization. 3)
- Fit and check diaphragms, cervical caps and other barrier devices in accordance with the PPNNE Medical Protocol. 1) F.
 - Manage diaphragm, cervical cap and other barrier device problems. 2)
- Order and dispense condoms and vaginal spermicides in accordance with the PPNNE Medical Protocol. 1) G.
 - Manage condom and spermicide problems.
- Counsel and provide continuing evaluation and support of the natural methods of birth control: BBT, sympto-thermal, cervical Η. mucus and calendar.
- Evaluate patient history, perform elementary physical examination and pelvic examination, order and evaluate laboratory and other tests as indicated and administer immunizations and other medications in accordance with the PPNNE Medical Protocol.
- Order, administer and/or dispense medications in accordance with the PPNNE Medical Protocol and state and federal laws. J.
 - Diagnose and order or dispense treatment for conditions covered in the PPNNE Medical Protocol as indicated in the protocol.
- Perform pregnancy diagnosis as per the PPNNE Medical Protocol. Order serum HCG pregnancy test, and sonograms. 1...
- Provide services to patients in the abortion, cervical dysplasia, infertility, male services, and midlife programs as per the M. PPNNE Medical Protocol and Medical Protocol Supplements.
- Provide routine gynecologic and general preventive health care as per the PPNNE Medical Protocol. Manage and follow-up N. routine and problem patients in accordance with the PPNNE Medical Protocol.
- Perform venipuncture; start and maintain I.V.'s. O.
- Order and follow-up on outside laboratory tests and dispense treatment for conditions not specifically covered in the PPNNE Medical Protocol under the direct guidance of a PPNNE physician with the Medical Director's approval. Ρ.
- Pursuant to delegation from the Medical Director, to provide reproductive health care to minors, including and especially contraception and diagnosis and treatment of sexually transmitted infections, as indicated with or without parental Q. consent if the minor may suffer probable health hazards if such services are not provided.

The Family Planning Practitioner must:

- Adhere to the PPNNE Medical Protocol.
- Obtain physician consultation in all non-routine clinical matters.
- Follow-up and report all complications and all potential medico-legal incidents to the Medical Director.

l agree to practice under the above standing orders

Collaborating Physician: Cheryl Gibson, MD, Medical Director

Signature



SERVING MAINE, NEW HAMPSHIRE AND VERMONT

CENTRAL OFFICE

183 Talcott Road, Suite 101 Williston, VT 05495

Phone 802.878.7232 Fax 802.878.8001

December 14, 2007

State of Vermont-Board of Medical Practice Attn: Tracy Hayes 108 Cherry Street Burlington, VT 05401

Dear Ms. Hayes,

This letter is to certify that the Physician's Assistant named below has practiced under my supervision, in Vermont, within the last twelve months:

• Catherine Nicholas

In addition, the Physician's Assistant named above maintains a Drug Enforcement Agency certification, and will be authorized to prescribe medications in accordance with Planned Parenthood's Scope of Practice, which has been submitted to and approved by the Vermont Board of Medical Practice.

Sincerely,

Cheryl Gibson, M.D.

VERMONT DEPARTMENT OF HEALTH BOARD OF MEDICAL PRACTICE 108 Cherry Street, PO Box 70 Burlington VT 05402-0070 802 657-4220 or 800 745-7371

2008-2010 PHYSICIANS ASSISTANT CERTIFICATION RENEWAL APPLICATION CONTINUING MEDICAL EDUCATION (CME) RECORD

You are required to record a minimum of 100 hours every two-year cycle, at least 40 of which must be in Category I. Complete this CME Record form using the definitions provided on the reverse side of the form, keep a copy for your personal records and return the original with your 2006-2008 Physician Assistant Certification Renewal Application.

င္	ATEGORY I				
	Program Title	Date	CME Hours	Sponsor	Location
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§/m	iention	<i>i</i> '	4.5	U.PiH	Florde
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Insi	ua	4/5/87	4	11	
	100	uttotor	6	*	VF
<u>C</u>	ATEGORY II				
	Program Title	Date	CME Hours	Sponsor	Location
Insi	u	3/07	6	PPNUE	UT
Co	Go	11/04	6	* (4
4th	lear str	der prec	entoryy	10 UW	LVT
UV	1 lecte		40	avy	VI
	otal Category I F	42 ,5 Hours: + To	otal Category II Ho	ours: XX = Tota	al Hours: <u>/5 8</u> . 5
Y	our Signature:			10	
_		- Committee - Comm		Control of the Contro	

University of Pittsburgh Medical Center University of Pittsburgh School of Medicine

Center for Continuing Education in the Health Sciences

Certificate of Attendance

Cate Nicholas, MS, PA, Ed.d

Print Name

Attended the Continuing Medical Education Activity

7th Annual International Meeting on Simulation in Healthcare Disney's Contemporary Resort January 14-17, 2007

Lake Buena Vista FL

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of the University of Pittsburgh School of Medicine and the Society for Simulation in Healthcare. The University of Pittsburgh School of Medicine is accredited by the ACCME to provide continuing medical education for physicians.

The University of Pittsburgh School of Medicine designates this educational activity for a maximum of 20.5 AMA PRA Category 1 Credits TM , which is equal to 2.05 CEU's. Each physician should only claim credit commensurate with the extent of their participation in the activity.

Other health care professionals are awarded 20.5 continuing education credits.

Presentations by faculty may be found on the following website until 1/20/07 http://www.ssih.org/meetings/SSH-07-Downloads.html

UPMC / University of Pittsburgh Medical Center

Center for Continuing Education in the Health Sciences

Certificate of Attendance

Cate Nicholar, MS, PA, Edd

Attended the Continuing Medical Education Activity

Post Graduate Course So you want to start a simulation center

7th Annual International Meeting on Simulation in Healthcare

Disney's Contemporary Resort January 14-17, 2007 Lake Buena Vista FL

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of the University of Pittsburgh School of Medicine and the Society for Simulation in Healthcare. The University of Pittsburgh School of Medicine is accredited by the ACCME to provide continuing medical education for physicians.

The University of Pittsburgh School of Medicine designates this educational activity for a maximum of 4 $AMA\ PRA\ Category\ 1\ Credits^{TM}$. Each physician should only claim credit commensurate with the extent of their participation in the activity.

Other health care professionals are awarded .4 Continuing Education Units (CEU's) which are equal to 4 contact hours.

Continuing Nursing Education Contact Hours have been applied for through the University of Pittsburgh School of Nursing as a co-provider of CEs as a co-provider with SSH. The University of Pittsburgh School of Nursing is an approved provider of Continuing Nursing Education by the PA State Nurses Association an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.



has successfully completed a six-and-a-half hour training seminar entitled

COLPOSCOPY IN-SERVICE

held at the Planned Parenthood Health Center, West Lebanon, New Hampshire on June 8, 2007.

This program has been awarded:

- contact hours by Planned Parenthood of Northern New England, which has been approved as a Credentialing Center's Commission on Accreditation. accredited as an approver of continuing education in nursing by the American Nurses' provider of continuing education by the Vermont State Nurses' Committee on Education which is
- hour(s) of Category I credit towards the AMA Physician' Recognition Award through the Planned Parenthood. The University of Vermont is accredited by the ACCME to provide Continuing Medical Education through the joint sponsorship of the University of Vermont and implemented in accordance with the Essential Areas and policies of the Accreditation Council for credit that he/she actually spent in the educational activity. This activity has been planned and continuing medical education for physicians. University of Vermont College of Medicine. Each physician should claim only those hours of
- Nursing Contact hour(s) of pharmacological contact.



Leigh S. Chandler

Program Manager, Education and Training 183 Talcott Road, Suite 101, Williston, VT 05495 (802) 878-7753

certifies that

has successfully completed a six hour training seminar entitled

PRACTITIONER IN-SERVICE:

Updates; Early Pregnancy Workup; Vulvar Conditions; Bone Density; Breast Screening; IUD Inserts: Coding; Ventrogluteal Injections

held at the Vermont College, Montpelier, VT on April 11, 2006.

This program has been awarded:

- contact hours by Planned Parenthood of Northern New England, which has been approved as a provider of continuing education in nursing by the American Nurses' Credentialing Center's Commission on Accreditation. continuing education by the Vermont State Nurses' Committee on Education which is accredited as an approver of
- educational activity. This activity has been planned and implemented in accordance with the Essential Areas and hour(s) of Category I credit towards the AMA Physician' Recognition Award through the University of Vermont provide continuing medical education for physicians. University of Vermont and Planned Parenthood. The University of Vermont is accredited by the ACCME to policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of the College of Medicine. Each physician should claim only those hours of credit that he/she actually spent in the
- Nursing Contact hour(s) of pharmacological contact.

and should be submitted by the individual to their school administrator for consideration. All of our trainings are appropriate for educational certification

Planned
Parenthood
of Northern New England

Gretchen DeHart

Education & Training Coordinator

183 Talcott Road, Suite 101, Williston, VT 05495

certifies that

et Dichola

has successfully completed a six hour training seminar entitled:

PRACTITIONER IN-SERVICE:

Updates; IUDs, Vaginitis, Adolescent Visit, Coding, Vulvar Biopsy, Vulvar Rashes, Vulvar Skin Care, and Vulvar Skin Disease

held at the Holiday Inn, Concord, New Hampshire on June 5, 2007.

This program has been awarded:

- contact hours by Planned Parenthood of Northern New England, which has been approved as a provider of continuing education in nursing by the American Nurses' Credentialing Center's Commission on Accreditation. continuing education by the Vermont State Nurses' Committee on Education which is accredited as an approver of
- policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of the educational activity. This activity has been planned and implemented in accordance with the Essential Areas and hour(s) of Category I credit towards the AMA Physician' Recognition Award through the University of Vermont provide continuing medical education for physicians. College of Medicine. Each physician should claim only those hours of credit that he/she actually spent in the University of Vermont and Planned Parenthood. The University of Vermont is accredited by the ACCME to
- _____ Nursing Contact hour(s) of pharmacological contact.

and should be submitted by the individual to their school administrator for consideration. All of our trainings are appropriate for educational certification

Planned
Parenthood®
of Northern New England

Leigh Chandler

Program Manager, Education and Training 183 Talcott Road, Suite 101, Williston, VT 05495 (802) 878-7753

sertifies that

has successfully completed a six hour training seminar entitled:

COLPOSCOPY IN-SERVICE

held at the Planned Parenthood Health Center, West Lebanon, New Hampshire on November 10, 2006

This program has been awarded:

- contact hours by Planned Parenthood of Northern New England, which has been approved as a accredited as an approver of continuing education in nursing by the American Nurses' provider of continuing education by the Vermont State Nurses' Committee on Education which is Credentialing Center's Commission on Accreditation.
- hour(s) of Category I credit towards the AMA Physician' Recognition Award through the Planned Parenthood. The University of Vermont is accredited by the ACCME to provide Continuing Medical Education through the joint sponsorship of the University of Vermont and implemented in accordance with the Essential Areas and policies of the Accreditation Council for credit that he/she actually spent in the educational activity. This activity has been planned and continuing medical education for physicians. University of Vermont College of Medicine. Each physician should claim only those hours of
- 1 Nursing Contact hour(s) of pharmacological contact.



Leigh S. Chandler

Program Manager, Education and Training 183 Talcott Road, Suite 101, Williston, VT 05495

has successfully completed a six hour training seminar entitled

PRACTITIONER IN-SERVICE: State of the Agency, Adult-Teen Communication; IUD Complications; Cervical Cancer Screening; Occurrence Reports

held at Vermont College, Montpelier, Vermont on March 22, 2007.

This program has been awarded:

- contact hours by Planned Parenthood of Northern New England, which has been approved as a provider of approver of continuing education in nursing by the American Nurses' Credentialing Center's Commission on continuing education by the Vermont State Nurses' Committee on Education which is accredited as an
- accredited by the ACCME to provide continuing medical education for physicians joint sponsorship of the University of Vermont and Planned Parenthood. The University of Vermont is spent in the educational activity. This activity has been planned and implemented in accordance with the hour(s) of Category I credit towards the AMA Physician' Recognition Award through the University of Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the Vermont College of Medicine. Each physician should claim only those hours of credit that he/she actually
- Nursing Contact hour(s) of pharmacological contact.

All of our trainings are appropriate for educational certification and should be submitted by the individual to their school administrator for consideration. Program Manager, Education and Training Leigh S. Chandler

183 Talcott Road, Suite 101, Williston, VT 05495





STATE OF VERMONT BOARD OF MEDICAL PRACTICE

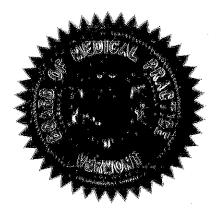
PROFESSIONAL CERTIFICATE

I hereby certify that the following named person is fully qualified to practice as a Physician Assistant in the State of Vermont:

Catherine Nicholas, PA

P.A. Certification Number: 055-0030046

Valid only while working under the supervision of Cheryl Gibson MD, Susan Smith MD, and Kym Boyman MD, at Planned Parenthood of Northern New England, 183 Talcott Road, Williston, VT.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the

VERMONT BOARD OF MEDICAL PRACTICE

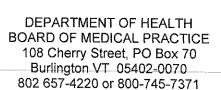
at Burlington, in the county of Chittenden, State of Vermont, this 21st day of February, A.D. 2007

Administrative Assistant

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE 108 CHERRY STREET BURLINGTON, VT 05401 (802) 657-4220 2001/0

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Inc	omplete applications	will be returned.	Attach additional	sheets as needed.
Name in full	Boyman (Last)	Kar	n	\mathcal{M}
***************************************	(Last)	(Fir	st)	(Middle)
Mailing Address	Planned f	Parenthoo	1	
	183 Tal Cot	+ ROOC Nai	ne)	:
	Williston, V	[Street) [05495	988	-8432
(City/Stat	e) '	(Zip Code)	(Telep	hone Number)
Vermont License	#: <u>0420010</u>			
	you have privileges		pital(s) Location	OBIGUN Specialty
Amu Borgi	s assistants names an Nan, August Vicholas, Ja	Burns, Joh	anna Haus	: ser, Katva Kindai
CEI	RTIFICATE OF SE	CONDARY SUP	ERVISING PHY	SICIAN
of (Cathyerine) only when consulted practice, attached to t	N COOLOS, P. by the aforesaid Physicia	A. only when the prim n Assistant. I further of exceed the normal lim	nary supervising physicertify that the protocuts of my practice and	
I further certify that I	have read the statutes an	d Board rules governi	ng physician assistant	S.
21610	0'/	(Signature of Seco	ndary Supervising Ph	vsician)
(17110)		(ElBinitare Of Book)	Topor violity in	Jordani)





2006 PHYSICIAN ASSISTANT CERTIFICATION RENEWAL APPLICATION

PARTI

Certificate # 055-0030046
1. Name: Catherine Nicholas MS, PA
2. Other Name(s), if any, under which you were certified or licensed in Vermont and elsewhere:
3. Home Address:
4. Work Address: 23 mansfield Ave
City, State, Zip Code: Bulling address: Xome C-Warts
Please check your preferred mailing address: Home Work (This address will be public and listed on the Board's website)
5. Email Address
6. Daytime Telephone Number: Area Code: (802) 863 - 900
7. Date of Birth: Month:
05-Nov-51
8. Place of Birth: NYC
9. Certification Examination Taken – (Check box and enter date of examination):
□ (//) NССРА
State Examination-Identify state: VT
(//) Other Examination specify:
10. Basis for Vermont Certification – (Check box):
Apprenticeship Trained University Trained
11. Do you have hospital privileges in Vermont? ☐ Yes ☐ No Hospital Name(s) and Location(s):

12. In what year did yo	ou start working as a physician assistant in Vermont?1981
13. Did you practice in	Vermont during the past 12 months? ☐ Yes ☐ No
14. Other states where	e you now hold an active certification or license to practice:
15. States where you	previously were certified or licensed to practice:
16. Specialty: WOr	reis Health DEA Number:
17. Name and office a	ddress of current EMPLOYER:
Name	Address
PPNNE	Talkott Br. Williston
18. Please list (use adas your PRIMARY and	ditional sheet if necessary) name(s) and address(es) of physicians who currently serve SECONDARY SUPERVISING PHYSICIAN(S).
Primary Supervising P	hysician(s):
Name	Address
Chery 1 Gi	boon 23 Mansfield am Bull
Secondary Supervising	Physician(s):
Name	Address
Susans	Smith 23 Mansfield au Buil
physician(s) review additions or deletic have your PRIMAF practice to this app	The Board of Medical Practice requires that you and your primary supervising the most current scope of practice for your practice setting, paying attention to any ins in duties and procedures. Please review, date and sign your scope of practice and SY SUPERVISING PHYSICIAN sign it as well. Attach a copy of your signed scope of dication. a change in your scope of practice which has not been reviewed by the Board?
20. Please provide a le Physician Assistan	tter from your Supervising Physician attesting to the fact that you have practiced as a t within the past twelve months.

a. NCCPA certified Physician Assistant: Attach proof of current NCCPA certification; this will serve as Vermont Department of Health – Board of Medical Practice – 2006-2008 Physician Assistant Certification Renewal Page 2 of 19

21. Continuing Medical Education (CME) requirements:

adequate proof of CME completion.

- b. For all others, an explanation of requirements and a CME Record form must be completed.
- 22. Primary Supervising Physician and Second Supervisory Physician forms are provided. They must be completed and returned with this application.

PARTII

- "Yes" answers to Questions 23 46 require an explanation on Form A.
- 23. Have you ever applied for and been denied a certificate to practice medicine or any other healing art?
- 24. Have you ever withdrawn an application for a certificate to practice medicine or any other healing art?
 - ⊔ yes ⊡∞no
- 25. Have you ever voluntarily suspended, surrendered or resigned a certificate to practice medicine or any other healing art in lieu of disciplinary action?
 - □ yes d'no
- 26. 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
- 27. Have you ever been denied the privilege of taking an examination before any state medical examining board?
 - □ yes 🗹 no
- 28. Have you ever discontinued your education, training, or practice for a period of more than three months for reasons other than a family need?
 - □ yes 🗹 no
- 29. Have you ever been dismissed or suspended from, or asked to leave a residency training program before completion?
 - □ yes 🗷 no
- 30. 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 dino
- 31. 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
- 32. Are you presently or have you ever been a defendant in a criminal proceeding?
 - □yes ‰no

PART III

(Unless otherwise ordered by a court, your responses to the questions in Part III are considered exempt from public disclosure.)

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

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

34. To your knowledge, are you presently the subject of a criminal investigation?



The following definitions are provided to assist you in answering questions 35 through 37.

"Ability to practice medicine" - This term includes:

The cognitive capacity to make appropriate clinical diagnoses and exercise reasoned medical judgments, and to learn and keep abreast of medical developments; and 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 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.

35. 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?

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.

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

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.

37. 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, Board fees have been used to create and maintain the Vermont Practitioners Health Program, a confidential program for the identification, treatment and rehabilitation of practitioners, including physician assistants, affected by the disease of substance abuse. If you wish further information about this program, a service of the Vermont Medical Society, call 802-223-0400 (a confidential line).

Part IV - Statutory Profile Questions

The following questions are required by Vermont law, 26 VSA § 1368, to update and maintain a data repository within the Department of Health and to make individual profiles on all health care professionals licensed, certified, or registered by the Department available to the public. Your practitioner profile is located at the following website http://healthyvermonters.com/bmp/mbsearchform.shtml.

doc	ase include photocopies cuments if your answers nnot process your applic	to questions 38 through	ng authority decisions, i 43 have changed since	and any other relevant your last application. We
38.	Criminal Convictions [Se	e 26 VSA § 1368(a)(1)]	☐ Check here if none	
	or parking tickets) of w	ription of all crimes (felonion) chich you have been convi ation for each matter.	es and misdemeanors; this cted within the past 10 yea	s includes DUI but not speeding ars Please provide complete
	(Conviction Date)	(Court)	(City/State)	(Crime)
39.	Nolo Contendere/Matters	Continued [See 26 VSA	§ 1368(a)(2)]	ck here if none
	or where sufficient fac	ription of all charges to whats of guilt were found and Please provide comple	the matter was continued	ntendere" ("I will not contest it") I without a finding by a court of ation for each matter.
	(Conviction Date)	(Court)	(City/State)	(Charge)
	(Conviction Date)	(Court)	(City/State)	(Charge)
	(Conviction Date)	(Court)	(City/State)	(Charge)
40.	Vermont Board of Medica Please provide a desc	Practice Matters [See 26	- \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	© Check here if none
	Board of Medical Prac appealed.	tice (including stipulations	s), and final disposition of	such matters by the courts, if
	(Date)	(Final l	Disposition - Summary)	
	(Date)	(Final I	Disposition - Summary)	

(Final Disposition - Summary)

	(Date)		(Fi	nal Disposition	- Summar	y)		
41. Li	censing or Cert Check here	ification Authority e if none	Matters in O	ther States [Se	e 26 VSA	§ 1368(a)(4)]		
	states, the fin	e a description of dings, conclusions appealed, in those	, and orders	of such authori	ties, and fi	nal dispositio	n of such ma	tters by
(Date	of Final Disposi	tion) (Licensin	g or Certifica	ition Authority)	(Court)	(City/State)	(Nature of Ch	iarge)
(Date	of Final Disposi	tion) (Licensin	g or Certifica	tion Authority)	(Court)	(City/State)	(Nature of Ch	iarge)
42. R	estriction of Hos	spital Privileges [S	See 26 VSA	§ 1368(a)(5)]	ďС	heck here if ı	none	
	Revocation/In	voluntary Restrict	ions					
	were related to official of the h	e a description of o competence or o nospital after proce plete copies of de (Hospital)	character and dural due pr	d were issued b ocess (opportur	y the hosp nity for hea itter.	ital's governi ring) was affo	ng body or an	iy other Please
	(Date)	(Hospital)	(State)	(Nature of Re	estriction)	(Reason fo	r Restriction)	
	B. Other	Restrictions	⊞ Check he	ere if none				
	restriction of p	e a description of a rivileges at a hosp e or character in th	ital taken in li	eu of, or in settl	ement of, a	a pendina disc	ciplinary case	related
	(Date)		(Ho	ospital)		(State)		
	(Nature of Act	ion)	☐ In lieu	(Action)	ment			
	(Reason for A	ction)						
43. M e	(Reason for A	,	□ In lieu	☐ In settle		a)(6A)]		

Please complete the attached Form A and provide a description of all medical malpractice court judgments against you and all medical malpractice arbitration awards against you within the past 10 years (10 years from payment date) in which a payment was awarded to a

the Check here if none

A.

Judgments

	complaining p to include fin	arty if not listed al disposition	below. Ple	ease provide comp ssible, a copy of th	lete copies of documentation, le complaint for each matter.
	□ Judgment	☐ Arbitration			
	(Date)	(Court)	(State)	(Nature of Case)	(Amount Assessed Against You)
	□ Judgment	☐ Arbitration	n		
	(Date)	(Court)	(State)	(Nature of Case)	(Amount Assessed Against You)
B.	<u>Settlements</u>	p Check her	e if none 🖞	D	
	complaining past	: 10 years (10 ₎ arty if not listed	/ears from _l below. Ple	payment date) in wh ease provide compl	alpractice claims against you ich a payment was awarded to a lete copies of documentation, e complaint for each matter.
	(Date)	(Court)	(State)	· (Ar	mount of Settlement Against You)
	(Date)	(Court)	(State)	(Ar	mount of Settlement Against You)
45. <u>Appointn</u> you are g	nents/Teaching ranting permissio	[See 26 VSA § n to have this i	1368(a)(12 nformation	posted on the web. (#48 is optional. By answering, (This form follows the statutory estions may overlap.)
Α.	Appointments				
UVM					cal school or professional school
	(School) () (Cit	ty) (St	ate) (Nat	ture of Appointment)	From (year) To (year)
UVM	(School) (Cit	(St. M. M. M. (St. y) (St.	ate) (Nat <i>CU</i> ate) (Nat	ture of Appointment) OB / Curre of Appointment)	From (year) To (year) From (year) To (year)
UVM B.	Teaching				
	Teaching Please provide education withi	information re n the past 10 y	garding you ears.		From (year) To (year) From (year) To (year) From (year) To (year) Paching graduate medical \(\alpha \times / \alpha \times / \alpha \times \)

	literature within the past	use provide information regarding your publications in p 10 years.	poor to viewed medica
	on he		
	(Title)	(Publication)	(Year)
	(Title)	(Publication)	(Year)
47.	Activities [See 26 VSA §	1368(a)(14)]	, ,
	Note: Answering #50 is o posted on the web. Pleas activities and awards,	optional. By answering, you are granting permission to se provide information regarding your professional or o	have this information community service
	on fell	**************************************	
		(Activities or Awards)	
48. <u>F</u>	Practice Setting [See 26 VS/	A § 1368(a)(15)]	
	What is the location of yo	our primary practice setting?	
	BULLING	ton VT	
	Town/City, State	,	
49. <u>]</u>	Franslating Services [See 26	3 VSA § 1368(a)(16)]	
	Please identify any transle Are any translating service	lating services available at your primary practice locations services available at your primary practice location?	on. es □ No
	If yes, please describe the	e translating services available: (Levellement (No.))	Jun
50. <u>N</u>	Medicaid/New Patients [See	26 VSA § 1368(a)(17)]	
	A. <u>Medicaid participa</u> Do you participate	<u>ation</u> e in the Medicaid program?	

Publications [See 26 VSA § 1368(a)(13)]

46.

B.

New Medicaid Patients

Are you currently accepting new Medicaid patients?

Part V

I he	reby affirm that the inforn	nation provided above is true	and accurate, and that I have answered	the
	que	estions to the best of my know	vledge and ability.	
•	, A1	The same of the sa	AND	
	1/15/05			
Date: <u>/</u>	11. 3/03		The state of the s	
		An	plicant's Signature	

Reminder - You must also complete the enclosed Applicant's Statement Regarding Child Support, Taxes, Unemployment Compensation Contributions regardless of whether or not you have children

VERMONT DEPARTMENT OF HEALTH BOARD OF MEDICAL PRACTICE

108 Cherry Street, PO Box 70

Burlington VT 05402-0070 802 657-4220 or 800 745-7371

2006-2008 PHYSICIANS ASSISTANT CERTIFICATION RENEWAL APPLICATION CONTINUING MEDICAL EDUCATION (CME) RECORD

You are required to record a minimum of 100 hours every two-year cycle, at least 40 of which must be in Category I. Complete this CME Record form using the definitions provided on the reverse side of the form, keep a copy for your personal records and return the original with your 2006-2008 Physician Assistant Certification Renewal Application.

CATEGORY I

Program Title	Date	CME Hours	Sponsor	Location
Education	505	12.75	WW/WM	UVM
Teens	10/05	6	PPNINE	NH
Gurson	4/04	14.5	UVM/Con	1 WM
Repolution	10/04	6	PPIUS	NH
Cencer Sacer	· 5/05	5.75	30000	NH
Casis	6/05	5	PPUNE	BULLAT

CATEGORY II

		T		
Program Title	Date	CME Hours	Sponsor	Location
Teachir		30	PPNNE	
Readir		30		
Teach	2	30	UVM/60	M.
	0			

Total Category I F	Hours: <u>50</u> + To	otal Category II Ho	ours: 90 =	Total Hours:	140
Your Signature:					

certifies that

Out wisholas

has successfully completed a six hour training seminar entitled:

PRACTITIONER IN-SERVICE:

Case-Based Presentations; School Physicals

held at the University of Vermont Assessment Center in Burlington, VT on June 9, 2005.

This program has been awarded:

5

contact hours by Planned Parenthood of Northern New England, which has been approved as a provider of continuing education in nursing by the American Nurses' Credentialing Center's Commission on Accreditation. continuing education by the Vermont State Nurses' Committee on Education which is accredited as an approver of

policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of the educational activity. This activity has been planned and implemented in accordance with the Essential Areas and provide continuing medical education for physicians hour(s) of Category I credit towards the AMA Physician' Recognition Award through the University of Vermont College of Medicine. Each physician should claim only those hours of credit that he/she actually spent in the University of Vermont and Planned Parenthood. The University of Vermont is accredited by the ACCME to

_ Nursing Contact hour(s) of pharmacological contact.

and should be submitted by the individual to their school administrator for consideration. All of our trainings are appropriate for educational certification

Planned
Parenthood®
of Northern New England

Gretchen DeHart

Education & Training Coordinator 183 Talcott Road, Suite 101, Williston, VT 05495

certifies that

has successfully completed a six hour training seminar entitled:

PRACTITIONER IN-SERVICE:

Cervical Cancer Screening; Protocol; Vulvar Disease; Abortion Care; Medical Community Relationships/Referrals

held at the Grappone Conference Center in Concord, NH on April 1, 2005

This program has been awarded:

- contact hours by Planned Parenthood of Northern New England, which has been approved as a provider of continuing education by the Vermont State Nurses' Committee on Education which is accredited as an approver of continuing education in nursing by the American Nurses' Credentialing Center's Commission on Accreditation.
- hour(s) of Category I credit towards the AMA Physician' Recognition Award through the University of Vermont provide continuing medical education for physicians. policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of the educational activity. This activity has been planned and implemented in accordance with the Essential Areas and College of Medicine. Each physician should claim only those hours of credit that he/she actually spent in the University of Vermont and Planned Parenthood. The University of Vermont is accredited by the ACCME to
- Nursing Contact hour(s) of pharmacological contact.

and should be submitted by the individual to their school administrator for consideration. All of our trainings are appropriate for educational certification

Planned
Parenthood®
of Northern New England

Gretchen DeHart

Kukden Herban

Education & Training Coordinator 183 Talcott Road, Suite 101, Williston, VT 05495

certifies that

has successfully completed a six hour training seminar entitled:

UPDATE IN REPRODUCTIVE HEALTH: FOCUS ON MALES AND FEMALES

held at Alan's of Boscawen in Boscawen, NH on October 22, 2004.

This program has been awarded:

- contact hours by Planned Parenthood of Northern New England, which has been approved as a provider of continuing education by the Vermont State Nurses' Committee on Education which is accredited as an approver of continuing education in nursing by the American Nurses' Credentialing Center's Commission on Accreditation.
- certified continuing education contact hours by the National Board of Certified Counselors, provider number 5561
- provide continuing medical education for physicians policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of the educational activity. This activity has been planned and implemented in accordance with the Essential Areas and hour(s) of Category I credit towards the AMA Physician? Recognition Award through the University of Vermont University of Vermont and Planned Parenthood. The University of Vermont is accredited by the ACCME to College of Medicine. Each physician should claim only those hours of credit that he/she actually spent in the

and should be submitted by the individual to their school administrator for consideration. All of our trainings are appropriate for educational certification

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Parenthood®
of Northern New England

Gretchen DeHart

Education & Training Coordinator 183 Talcott Road, Suite 101, Williston, VT 05495



The University of Vermont College of Medicine certifies that

Cate Nicholas, MS, PA

has participated in the educational activity entitled

Mud Season Educational Breakout

April 1-2, 2004

The University of Vermont College of Medicine is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.

The University of Vermont College of Medicine designates this educational activity for a maximum of 14.5 hours in category 1 credit toward the AMA Physician's Recognition Award. Each physician should claim only those hours of credit that he/she actually spent in the activity.

_____ Actual Hours Attended.

Linda Saia, Director

Continuing Medical Education

Planned Parenthood of Northern New England

certifies that

has successfully completed a six hour training seminar entitled

THE BIOLOGICAL AND BEHAVIORAL WORLD OF ADOLESCENCE: Addressing current issues in adolescent health care

held at Wayfarer Inn in Bedford, NH on October 28, 2005

This program has been awarded:

- contact hours by Planned Parenthood of Northern New England, which has been approved as a provider of continuing education by the Vermont State Nurses' Committee on Education which is accredited as an approver of certified continuing education contact hours by the National Board of Certified Counselors, provider number 5561. continuing education in nursing by the American Nurses' Credentialing Center's Commission on Accreditation.
- provide continuing medical education for physicians. policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of the educational activity. This activity has been planned and implemented in accordance with the Essential Areas and hour(s) of Category I credit towards the AMA Physician' Recognition Award through the University of Vermont University of Vermont and Planned Parenthood. The University of Vermont is accredited by the ACCME to College of Medicine. Each physician should claim only those hours of credit that he/she actually spent in the
- Nursing Contact hour(s) of pharmacological contact.

and should be submitted by the individual to their school administrator for consideration. All of our trainings are appropriate for educational certification

Planned Parenthood of Northern New England

Gretchen DeHart

Education & Training Coordinator 183 Talcott Road, Suite 101, Williston, VT 05495

(802) 878-7753



The University of Vermont College of Medicine certifies that

Cate Nicholas, MS, PA

has participated in the educational activity entitled

Mud Season Educational Breakout

May 12-13, 2005

The University of Vermont College of Medicine is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.

The University of Vermont College of Medicine designates this educational activity for a maximum of 12.75 category 1 credits toward the AMA Physician's Recognition Award. Each physician should claim only those credits that he/she actually spent in the activity.

Actual Hours Attended.

Linda Saia, Director

Continuing Medical Education

Planned Parenthood of Northern New England

certifies that

Cote Dickon

has successfully completed a five-and-a-half hour training seminar entitled:

COLPOSCOPY IN-SERVICE

held at the Planned Parenthood Health Center, West Lebanon, New Hampshire on November 11, 2005

This program has been awarded:

6.6 contact hours by Planned Parenthood of Northern New England, which has been approved as a accredited as an approver of continuing education in nursing by the American Nurses' provider of continuing education by the Vermont State Nurses' Committee on Education which is Credentialing Center's Commission on Accreditation. bour(s) of Category I credit towards the AMA Physician' Recognition Award through the

continuing medical education for physicians. Planned Parenthood. The University of Vermont is accredited by the ACCME to provide Continuing Medical Education through the joint sponsorship of the University of Vermont and implemented in accordance with the Essential Areas and policies of the Accreditation Council for credit that he/she actually spent in the educational activity. This activity has been planned and University of Vermont College of Medicine. Each physician should claim only those hours of

_______ Nursing Contact hour(s) of pharmacological contact.



Leigh S. Chandler

Program Manager, Education and Training 183 Talcott Road, Suite 101, Williston, VT 05495 (802) 878-7753

Planned Parenthood of Northern New England

certifies that

has successfully completed a six hour training seminar entitled:

ale Nicholas

ABORTION IN-SERVICE

held at the Alden Inn, Lyme, New Hampshire on October 6, 2005.

This program has been awarded:

. contact hours by Planned Parenthood of Northern New England, which has been approved as a provider of continuing education by the Vermont State Nurses' Committee on Education which is Credentialing Center's Commission on Accreditation. accredited as an approver of continuing education in nursing by the American Nurses

continuing medical education for physicians. Continuing Medical Education through the joint sponsorship of the University of Vermont and implemented in accordance with the Essential Areas and policies of the Accreditation Council for credit that he/she actually spent in the educational activity. This activity has been planned and Planned Parenthood. The University of Vermont is accredited by the ACCME to provide hour(s) of Category I credit towards the AMA Physician' Recognition Award through the University of Vermont College of Medicine. Each physician should claim only those hours of

All of our trainings are appropriate for educational certification and should be submitted by the individual to their school administrator for consideration.

Planned
Parenthood
of Northern New England

Leigh'S. Chandler

Program Manager, Education and Training 183 Talcott Road, Suite 101, Williston, VT 05495 (802) 878-7753

Vermont Department of Health - Board of Medical Practice

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

You must answer	questions	1,	2,	and	3
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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 filled. "Good standing" means that less than onewelfth of the annual support obligation is overdue; or liability for any support payable is being contested in a judicial or quasiudicial 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 immediate payment of support would impose an unreasonable hardship. (15 V.S.A. § 795)

approved b impose an	by the office of child support or agreed to by the parties; or the licensing authority determines at immediate payment of support would unreasonable hardship. (15 V.S.A. § 795)
1. Y	ou <u>must</u> 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 thisapplication: (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 dueunder that order.
ā	request that the licensing authority determine that immediate payment of child support would impose aunreasonable hardship. Please forward an "Application for Hardship".
person cert returns hav	Regarding Taxes 113 requires that: A professional license or other authority to conduct a trade or business may not be issued or renewed unless the ifies that he or she is in good standing with the Department of Taxes."Good standing" means that no taxes are dueand payable and all be been filed, the tax liability is on appeal, the taxpayer is in compliance with a payment plan approved by the Commissionef Taxes, or gauthority determines that immediate payment of taxes would impose an unreasonable hardship. (32 V.S.A. § 3113)
2. Ye	ou <u>must</u> check one of the two statements below regarding taxes: I hereby certify, under the pains and penaltis 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 fne or both).
۵	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 unreasonable hardship. Please forward an "Application for Hardship".
(including a space with employing i contribution all contribu the liability payment pla	Regarding Unemployment Compensation Contributions it is required that: No agency of the state shall grant, issue or renew any license or other authority to conduct a trader business a license to practice a profession) to, or enter into, extend or renew any contract for the provision of goods, services, or real estate any employing unit unless such employing unit shall first sign a written declaration under the pains and penalties of perjury, that the 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 use due as of the date such declaration is made. Fo the purposes of this section, a person is in good standing with respect to any and tions or payments in lieu of contributions payable if: (1) no contributions or payments in lieu of contributions are due and payable; (2) for any contributions or payments in lieu of contributions due and payable is on appeal; (3) the employing unit is in compliance with a an approved by the Commissioner; or (4) in the case of a licensee, the agency finds that requiring immediate payment contributions in lieu of contributions due and payable would impose an unreasonable hardship.
3. Yo	ou <u>must</u> check one of the three statements below regarding unemployment contributions or payments in lieu of unemployment
'	
	I hereby certify that I amNOT 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 determinethat requiring immediate payment of unemployment contributions or payments in lieu of unemployment contributions would impose an unreasonable hardship. Please forward an Application for Hardship.
	I hereby certify that 21 V.S.A. § 1378 is not applicabl to me because I am not now, nor have I ever been, an employer.
Social Secu	Date of Birth 11 15 / 5 /
ne peparun	sure of your social security number is mandatory, it is solicited the authority granted by 42 U.S.C. § 405 (c)(2)(C), and will be used by ent of Taxes and the Department of Employment and Training in the administration of Vermont tax laws, to identify individuals affected s, 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 jeoprdize my license/certification/registration status.

Signature of Applicant Date // /5 / 05

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE 108 CHERRY STREET BURLINGTON, VT 05401

(802) 657-4220

PRIMARY SUPERVISING PHYSICIAN APPLICATION

Please print. Inco	omplete application	s will be return	ned. Attach a	dditional sheets	as needed.
Name in full		(chenil		<u> </u>
	(Last)		(First)		(Middle)
Mailing Address	Planned	Parent	thodd_		
183 TOLC	oft RD	(Offic	e Name)		
Willisto	N, VT.	(Stree (ST)	t)	(202) 81	78-7232
(City/State	e) '	(Zip Code)		(Telephone 1	Number)
Vermont License	#: <u>042 - 00</u>	07465			
Hospital(s) where	you have privilege	es:	Hospital(s) l	Location	Specialty
Hetcher	Allen Heat	thave	Burli	ngton	oslan
What arrangemen	ts have you made f	or supervision	when you are	not available o	r out of town:
	CERTIFICA	ATE OF SUPI	ERVISING P	HYSICIAN	
the scope of practice,	CNO/an, P.	A. while under my ation, does not ex-	y supervision. I ceed the normal	further certify that limits of my practi	Il medical activities of the protocol outlining ice. I further certify that Section 1741.
I further certify that I	have read the statutes	and Board rules g	overning physic	an assistants.	
12/15/C (Date)	12	(Sign	nature of Superv	ising Physician)	
, ,		Co-signature of I	A CONTRACTOR OF THE PARTY OF TH		
Note: A PA who pres	cribes controlled drugs	must obtain an Il	D number from I	DEA. PA's DEA 1	Number MN081761
# 022 - 00	30046				

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE 108 CHERRY STREET BURLINGTON, VT 05401

(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Inco	mplete applications	s will be returned. Att	ach additional sheets	as needed.
Name in full	SMAH	Susar		-
	(Last)	(First)		(Middle)
Mailing Address	Planned	Parentho (Office Name	<u>660</u>	
183 Tald	10HT RD-	(Office Name		
ofeilles.	N.M.	(Street)	(805) 8	78-7232
(City/State	÷)	(Zip Code)	(Telephone 1	Number)
Vermont License	#: <u>042-000</u> 5	5990		
Hospital(s) where	you have privilege	s: Hospit	al(s) Location	Specialty
Fletcher A	HION HEART	heare B	ulngten	OB/6yn
Amy Bironn Atiqust Bur Jakona Ho	m-Barreyt. ns-Hyde Park iuser-Willigh	vt. Katra I	me Nicholas Krndar-Bu Ywng-Bu Hildreth-	S- BUNKINGTON, V VL. VT. VL. VT. Bedne, VT.
I hereby certify that, is consulted by the afore to this application, do	n accordance with 26 V	/SA, Chapter 31, I shall be a conly when the primary so that I further certify that the al limits of my practice an	e legally responsible foral upervising physician is un e protocol outlining the so	navailable and only when
I further certify that I		(Signature of Secondary	physician assistants. Son July ury Supervising Physician)
BUT VEC OU	V30011			



SERVING MAINE, NEW HAMPSHIRE AND VERMONT

CENTRAL OFFICE 183 Talcott Road, Suite 101 Williston, VT 05495

Phone 802.878.7232 Fax 802.878.8001

December 15, 2005

State of Vermont-Board of Medical Practice 108 Cherry Street Burlington, VT 05401

To Whom It May Concern:

This is to certify that the Physician's Assistant named below has practiced under my supervision, in Vermont, within the last twelve months:

• Catherine Nicholas

(PA# 055-0030646)

In addition, the Physician's Assistant named above maintains a Drug Enforcement Agency certification, and will be authorized to prescribe medications in accordance with Planned Parenthood's Scope of Practice, which has been submitted to and approved by the Vermont Board of Medical Practice.

Sincerely,

Cheryl Gibson Medical Director

Planned Parenthood

of Northern New England

Nurse Practitioners, Certified Nurse Midwifes & Physician Assistants

	A CONTRACTOR OF THE PARTY OF TH
The Family Planning	14
	Descrittiones may
Camilly Digitalian	P 1 24 C C C C C C C C C C C C C C C C C C
SACESHIN FIGURES	1

- Provide information and counseling on: family planning methods; sterilization; pregnancy; adoption; abortion; common gynecological problems; sexually transmitted diseases; sexual assault; male reproductive health; infertility; maternity care; Α. midlife health; well child care; general preventive health care.
- Order and dispense hormonal contraceptives and HRT in accordance with the PPNNE Medical Protocol.

Manage routine homonal contraceptive and HRT problems. В.

- Order special laboratory tests needed to prescribe hormonal contraceptives and HRT. 2)
- Insert and remove the Norplant contraceptive system in accordance with the PPNNE Medical Protocol. 3) C.
 - Manage routine Nomiant problems. 1)
- Inject Medroxyprogesterone acetate (Depo-provera) in accordance with PPNNE Medical Protocol. 2) 1) D.
- Manage routine DMPA problems. 2)
- Insert and remove IUD's in accordance with the PPNNE Medical Protocol. E.
 - Manage routine IUD problems. 1)
 - Order X-rays and sonograms for IUD localization. 2)
- 3) Fit and check diaphragms and cervical caps in accordance with the PPNNE Medical Protocol.
- Manage diaphragm and cervical cap problems. 1) F.
- Order and dispense condoms and vaginal spermicides in accordance with the PPNNE Medical Protocol. 2) 1) G.
 - Manage condom and spermicide problems.
- Counsel and provide continuing evaluation and support of the natural methods of birth control: BBT, sympto-thermal, cervical 2) Н.
- Evaluate patient history, perform elementary physical examination and pelvic examination, order and evaluate laboratory and other tests as indicated and administer immunizations and other medications in accordance with the PPNNE Medical ١.
- Order, administer and/or dispense medications in accordance with the PPNNE Medical Protocol and state and federal laws. J.
- Diagnose and order or dispense treatment for conditions covered in the PPNNE Medical Protocol as indicated in the protocol
- Perform pregnancy diagnosis as per the PPNNE Medical Protocol. Order serum HCG pregnancy test, titers and sonograms L.
- Provide services to patients in the maternity care, abortion, vasectomy, cervical dysplasia, infertility, male services, well chil and midlife programs as per the PPNNE Medical Protocol and Medical Protocol Supplements. Μ.
- Provide routine gynecologic and general preventive health care as per the PPNNE Medical Protocol. Manage and follow-up routine and problem patients in accordance with the PPNNE Medical Protocol. N.
- Perform venipuncture; start and maintain I.V.'s.
- Order and follow-up on outside laboratory tests and dispense treatment for conditions not specifically covered in the PPNN Ο. Medical Protocol under the direct guidance of a PPNNE physician with the Medical Director's approval. P.
- Pursuant to delegation from the Medical Director, to provide reproductive health care to minors, including and especially contraception and diagnosis and treatment of sexually transmitted infections, as indicated with or without parent Q. consent if the minor may suffer probable health hazards if such services are not provided.

The Family Planning Practitioner must

Adhere to the PPNNE Medical Protocol.

Obtain physician consultation in all non-routine clinical matters.

Follow-up and report all complications and all potential medico-legal incidents to the Medical Director.

I agree to practice under the above standing orders

rint Name

Signatur

PA # 055-0030046

Collaborating Physician: Cheryl Gibson, M.D., Medical Dir

PPNNE Form 10HR 9/21/04es

CAR Nicholas # 055-00-30046

Medical Oversight at Planned Parenthood of Northern New England

Physician Oversight

All PPNNE practitioners undergo a thorough orientation to PPNNE and our medical protocol before functioning in an independent capacity. If further training in any expected area of competence is needed, this is arranged.

The Medical Director, a board certified OB/GYN, provides oversight and supervision through on-site visits and consultations, telephone consultations and quarterly in-services. She is available for telephone back up on a 24-hour basis. In addition, the Medical Director works with the Medical Management Team and the Director of Clinical Quality Improvement to develop and review protocols, audits, and to evaluate any new developments in the medical field that may affect PPNNE. All PPNNE mid-level practitioners practice under Standing Orders developed by the Medical Director. Practitioners attend quarterly continuing education in-service for medical training, discussion of protocol questions and other practice concerns. They also attend outside CME conferences. In addition, we have community Physicians who are available to our staff for consultation, telephone back up and review of charts.

Practice Protocols

Our medical protocol is based on standards set by Planned Parenthood Federation of America, and the U.S. Department of Health and Human Services. Comprised of nationally recognized experts in specialties and sub-specialties of reproductive healthcare, the National Medical Committee establishes standards and guidelines that all Planned Parenthood Federation of America affiliates must follow. This committee provides us with updates and revisions to the PPFA standards and guidelines on an on-going basis. These are incorporated into PPNNE'S protocol.

Medical Management Team

This team meets quarterly to discuss various medical management issues and to determine appropriate resolution of these issues under the Medical Director's guidance and final approval.

Director of Clinical Quality Improvement

The Director of Clinical Quality Improvement develops, oversees and conducts on-going audits of our medical programs.

- 1. Quality Assurance Site Audit:
 - The Director of Clinical Quality Improvement conducts an extensive annual on-site evaluation of each clinic. The audit includes a comprehensive review of charts, laboratory and pharmacy logs and practitioner performance, as well as an evaluation of the safety of the clinic.
- 2. Medical Record and Patient Care Audits:
 - Medical Record and Patient Care Audits are conducted three times each year. The specific topics are selected by the Director of Quality Assurance in close consultation with the Medical Management Team. Some examples of audit topics include: follow-up of abnormal pap smears, documentation of informed consent, and tracking of lot numbers for any medications in the event of a recall.

Results of all these audits are shared with all medical staff. Corrective measures are taken when indicated, and re-audits conducted when sites are found to be out of compliance.

CAHE NICHOLAS # 055-0030046

PHYSICIAN'S ASSISTANT SCOPE OF PRACTICE at Planned Parenthood of Northern New England

Planned Parenthood of Northern New England's <u>Scope of Practice</u> for Physician's Assistants consists of several documents:

- 1) PPNNE Standing Orders: Each P.A. practitioner annually signs the <u>Standing Orders</u> that are approved by PPNNE's Medical Advisory Committee then cosigned by PPNNE's Medical Director. Standing Orders define the prescriptive and medical authority of the P.A. practitioner at PPNNE.
- 2) PPNNE's Medical Protocol: The exact duties of the P.A. are clearly defined in PPNNE's Medical Protocol, a copy of which is on file with the Vermont Board of Medical Practice.
- 3) Medical Oversight at PPNNE: Please refer to the attached document, Medical Oversight at PPNNE, for information about the structure of supervision of P.A.'s at PPNNE.
- 4) Additional information about PPNNE's health centers, patient population and P.A. practice at Planned Parenthood of Northern New England:

Planned Parenthood of Northern New England is a non-profit health care organization with fifteen outpatient health centers in Vermont. Under the supervision of PPNNE's Medical Director, Physician's Assistants at PPNNE health centers provide outpatient gynelogical and preventive care for women and men as outlined in PPNNE's Standing Orders and Medical Protocols.

Many of our sites are located in rural areas where access to health care may be difficult. PPNNE offers a sliding fee scale based on the individual's ability to pay. Our commitment to providing services regardless of a client's ability to pay means that thousands of Vermonters without health insurance have access to high quality reproductive and preventive health care.

While the majority of our clients are between the ages of 20 and 34, 27% of our patients are teenagers, and 15% are over 35 years old. In addition, many of our clients are economically disadvantaged.

As specified in Section I, Part I of the PPNNE <u>Medical Protocol</u>, each clinic site is required to inform patients how to obtain care in the event of an emergency. Sites providing surgical services must also document a plan for handling emergencies occurring in the clinic as well as the medical back-up arrangements with a physician or hospital.

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE 2004-2006 PHYSICIAN ASSISTANT CERTIFICATION RENEWAL APPLICATION

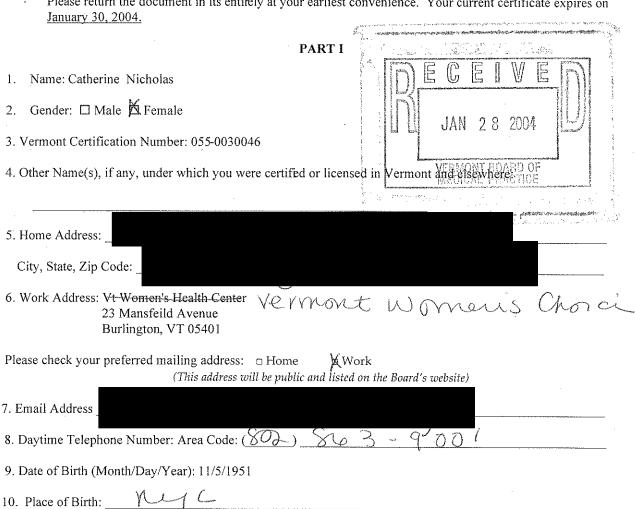
I hereby apply for the RENEWAL of my CERTIFICATION AS A PHYSICIAN ASSISTANT for the period from 02/01/04 to 01/31/06.

TWO YEAR RENEWAL FEE: \$75.00 for first certification; \$50.00 for each additional certification Please enclose a check in the proper amount made payable to the Vermont Board of Medical Practice.

Note: Physician Assistants 80 years of age or older are exempt from payment of a renewal fee; however, the Physician Assistant certification renewal application must still be completed and submitted.

Important:

- Please print legibly or type.
- Answer all questions completely -- it is not adequate to state that the Board already has the information. Use Form A to provide explanations to "yes" answers in Parts II and III.
- When space is insufficient, attach additional sheets.
- Make a copy of this form and all attachments for your own records.
- Do not delegate this important task, as false statements on this form are grounds for findings of unprofessional conduct.
- Be sure to complete the Applicant's Statement Regarding Child Support, Taxes, Unemployment Compensation Contributions.
- Please return the document in its entirely at your earliest convenience. Your current certificate expires on January 30, 2004.



11. Centili	Caudh Exammation Tak	en—(Check box and enter date of examination):
	(//)	NCCAA
	<u>/_/8</u> b	State Examination-Identity by state:
		Other Examination specify:
12. Basis f	or Vermont Certification	n – (Check box):
		ned .
13. Do you	ı have hospital privilege	s in Vermont? Yes No
Hospital N	lame(s) and Location(s)	
14. In wha	t year did you start worl	king as a physician assistant in Vermont? 1981
15. Did yo	u practice in Vermont d	uring the past 12 months? ✓ Yes □ No
must_subm	iit a satisfactory evalua	ewal who has not practiced as a Physician Assistant for more than twelve months tion by the Supervising Physician.
		ld an active certification or license to practice:
17. States v	where you previously w	ere certified or licensed to practice:
18. Special	lty: QUN	DEA Number:
	and office address of cu	
Name		Address
PPN	NE	Williston UT
20. Please currently se	indicate the total numbe erve as your PRIMARY	r and list (use additional sheet if necessary) name(s) and address(es) of physicians who and SECONDARY SUPERVISING PHYSICIAN(S).
Total numl	per 3	
Primary Su	pervising Physician(s):	
Address: 2	heryl A. Gibson 3 Mansfield Avenue burlington, VT 5401	
Name	,	Address

Secondary Supervising Physician(s): 21. Scope of Practice: The Board of Medical Practice requires that you and your primary supervising physician(s) review the most current scope of practice for your practice setting, paying attention to any additions or deletions in duties and procedures. Please review, date and sign your scope of practice and have your PRIMARY SUPERVISING PHYSICIAN sign it as well. Attach a copy of your signed scope of practice to this application. a. Has there been a change in your scope of practice which has not been reviewed by the Board? ☐ Yes 🖸 No 22. Please provide a letter from your Supervising Physician attesting to the fact that you have practiced as a Physician Assistant within the past twelve months. 23. Continuing Medical Education (CME) requirements: a. NCCPA certified Physician Assistant: Attach proof of current NCCPA certification; this will serve as adequate proof of CME completion. b. For all others, an explanation of requirements and a logging form must be completed. 24. Primary Supervising Physician and Second Supervisory Physician forms are provided. They must be completed and returned with this application. PART II "Yes" answers to Questions 25 - 39 require an explanation on Form A. Important note regarding the following questions: "Yes" answers on past renewals must be updated on Form A. For example, if a previously reported malpractice action has been dismissed, please indicate that on Form A. Any "yes" response to the questions below must be fully explained on Form A. **Certification and Practice Questions** 25. Have you ever applied for and been denied a license or certificate to practice medicine or any ☐ Yes 🗹 No other healing art? 26. Have you ever withdrawn an application for a license or certificate to practice medicine or any ☐ Yes 🕅 No other healing art? 27. Have you ever voluntarily surrendered or resigned a license or certificate to practice medicine or ☐ Yes ᠒ No any other healing art in lieu of disciplinary action? 28. Are any formal disciplinary charges pending or has any disciplinary action ever been taken ☐ Yes ☒ No against you by any governmental authority, by any hospital or health care facility, or by any professional medical association (international, national, state or local)? 29. Have you ever been denied the privilege of taking an examination before any state medical ☐ Yes ☒ No examining board? 30. Have you ever discontinued your education, training, or practice for a period of more than three ☐ Yes 🔼 No months, for reasons other than a family situation? 31. Have you ever been dismissed or suspended from, or asked to leave a residency training program □ Yes 囚 No

before completion?

32. 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
33. 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
34. Are you presently a defendant in a criminal proceeding?	□ Yes\\\ No
PART III	
Confidential Section (This section is exempt from public disclosure) Any "yes" response to the questions below must be fully explained on Form A.	
35. To your knowledge, are you the subject of an investigation by any other licensing or certification authority as of the date of this application?	
36. To your knowledge, are you presently the subject of criminal investigation?	

MEDICAL QUESTIONS

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

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
- 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" – This term 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 certified professional.

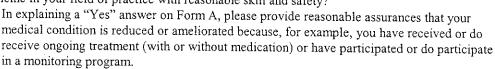
"Chemical substances" - This term is to be construed to include alcohol, drugs, or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.

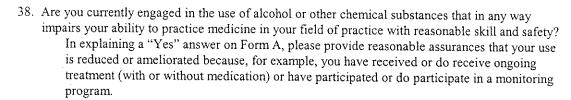
"Controlled substances" - This term means those drugs listed on Schedules I through V of Section 202 of the Controlled Substances Act (21 USC § 812).

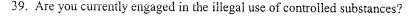
"Illegal use of controlled substances" - This term means the use of drugs, the possession or distribution of which is unlawful under the Controlled Substances Act, as periodically updated by the Food and Drug Administration. This term does not include the use of a drug taken under the supervision of a licensed health Vermont Department of Health - Board of Medical Practice - 2004-2006 Physician Assistant Certification Renewal

care professional or other uses authorized by the Controlled Substances Act or other provisions of federal law.

37. 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?







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, board fees have been used to create and maintain the Vermont Practitioners Health Program, a confidential program for the identification, treatment and rehabilitation of practitioners, including physician assistants, affected by the disease of substance abuse. If you wish further information about this program, a service of the Vermont Medical Society, call 802-223-0400 (a confidential line).

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 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 or certification authority decisions, and other documents relevant to the questions below in order to have a true and accurate description of the actions taken.

40. 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 D		(Court)	(City/State)	(Crime)
	•	` '		(emic)

41.	Nolo Contendere/Matters Continued	[See 26 VSA 8	1368(a)(2)1

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.

(Conviction Date)	(Court)	(City/State)	(Charge)
(Conviction Date)	(Court)	(City/State)	(Charge)
(Conviction Date)	(Court)	(City/State)	(Charge)

42. 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.

(Date)	(Final Disposition - Summary)
(Date)	(Final Disposition - Summary)
(Date)	(Final Disposition - Summary)

43. Licensing or Certification Authority Matters in Other States [See 26 VSA § 1368(a)(4)]

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

(Date of Final Disposition)	(Licensing or Certification Authority)	(Court)	(City/State)	(Nature of Charge)
			•	
(Date of Final Disposition)	(Licensing or Certification Authority)	(Court)	(City/State)	(Nature of Charge)

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

A. <u>Revocation/Involuntary Restrictions</u>

Please provide a description of any revocation or involuntary restriction of your hospital privileges 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)
(Date)	(Hospital)	(State)	(Nature of Restriction)	(Reason for Restriction)

	(Date)			(Hospitz	1)	(State)
	(Nature of Act	ion)		(Action)		
	(Reason for Ac	etion)		☐ In lie	u 🗆 In settl	ement
Medical M	<u> Ialpractice Court J</u>	udgments/Sett	lements [Se	e 26 VSA § 1368(a)((6A)]	
A. <u>J</u>	udgments					
	malpractice art	oitration award	ls against you	l malpractice court jo i in which a payment cumenting these ma	was awarded to a c	ou and all medical complaining party
	☐ Judgement	□ Arbitrati	ion			
	(Date)	(Court)	(State)	(Nature of Case)	(Amount Assessed	l Against You)
	□ Judgement	☐ Arbitrati	ion			
	(Date)	(Court)	(State)	(Nature of Case)	(Amount Assessed	I Against You)
B. <u>S</u>	ettlements					
	Please provide payment was a these matters.	warded to a co	of all settlem emplaining pa	ents of medical malparty. Please provide	ractice claims again copies of papers f	nst you in which a unline and the contraction in th
		(Court)	(State)	(Amoun	t of Settlement Aga	inst You)
	(Date)	(Court)				

B.

Other Restrictions

47.	granting p	nents/Teaching [See 26 VSA § 1368(a)(12)] Note: Answering #35 is optional. By answering, you are ermission to have this information posted on the web. (This form follows the statutory wording. Since most ents are teaching appointments, these questions may overlap.)
	A.	Appointments
		Please provide information about your appointments to medical school or professional school faculties.
()	WW	
		(School) (City) (State) (Nature of Appointment) From (year) To (year)
	an	ver Praetre + BB/QUN 1995 Jain
		(School) (City) (State) (Nature of Appointment) From (year) To (year)
	В.	Teaching
		Please provide information regarding your responsibility for teaching graduate medical education
Ω	A = #0	within the past 10 years.
\ ((School/Institution) (City) (State) (Nature of Teaching) From (year) To (year)
F	Arto	residents 1981 7 present
48.	Public	cations [See 26 VSA § 1368(a)(13)]
ခ်စု က ပ	the we past 1 EY M U (Tit CTit C	Answering #51 is optional. By answering, you are granting permission to have this information posted on eb. Please provide information regarding your publications in peer-reviewed medical literature within the 0 years. (Publication) (Publication) (Publication) (Publication) (Publication) (Year) (Year) (Year)
3 u	Note: the we	Answering #52 is optional. By answering, you are granting permission to have this information posted on eb. Please provide information regarding your professional or community service activities and awards. B Anthory and 1995
		(Activities or Awards)
	50. <u>P</u>	ractice Setting [See 26 VSA § 1368(a)(15)]
	What	is the location of your primary practice setting?
	B	welver UT
	Town	/City, State

51. <u>Translating Services</u> [See 26 VSA § 1368(a)(16)]

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

Ensurery Quality
Bosh Chapter 18 - Care in abortion
Services

A Clinician's Guide to

Medical + Sungical

abortion

Paul Lichtenberg

Paul tichtenberg, Bory atta, Griner Stubble Sieler

	Are a	ny translating services available at your pr	imary practice	location? 🖺 Yes 🗆	No
	If yes	, please describe the translating services as	vailable:		
		esuger Resell	lwen	1	
		0			- The state of the
					
52	. Medicaid/	New Patients [See 26 VSA § 1368(a)(17)] .		
	A.	Medicaid participation Do you participate in the Medicaid pro	gram?	Yes 🗆 No	
	B.	New Medicaid Patients			
		Are you currently accepting new Medic	caid patients?	ĭ Yes □ No	
			Part V		
Ar	e you curren	tly active in clinical practice in Vermont?		Yes 🗆 No	
Ify	ou do not p	rovide patient care in Vermont, skip the re	st of Part V and	d go to Part VI.	
			~~~~		
For	r the practice	e location(s) in Vermont related to this cer	tificate, please	answer the questions	below.
DL	RECT PATI	ne specialty codes from the list provided (li ENT CARE. Include both AMBULATOR clude on-call hours.	ink), and enter CY care and HC	the average hours per OSPITAL care of pation	week you spend providing ents who originate from this
En	ter the Verm	ont town name for this location: 30	Min	Ator	
			,		
(If	you provide ginate.)	E practice setting that best describes this pre- e hospital care to patients who originate from	actice: om your office	or clinic, choose only	the setting from which they
	Communit Hospital-b School or G Business o	y-Based practice (including associated hos ased practice (Inpatient, Emergency Room College Health Center r Work Site Care / Nursing Home	spital care - solo a, etc)	o or group office, Cor	nmunity Health Center, etc.)
Ιw	ork as a locu	ım tenens here 🗆 Yes 🗖 No			
If t	his is an offi	ce-based practice, please answer the follo	wing:		
I cu I w I w	irrently have ill accept ne ill accept ne	e patients here covered by Medicaid e patients here covered by Medicare w patients here w Medicaid patients here w Medicare patients here	☐Yes □No ☐Yes □No ☐Yes □No ☐Yes □No ☐Yes □No ☐Yes □No		
Ent (48	er the numb weeks is co	er of weeks you spend providing direct pansidered to be "full time") $48$ [2 digits]	tient care here	in a year:	

Enter your specialty and the number of hours you spend provi average work week:	iding direct patient care here under that specialty in an
First Specialty: [4 digits] (see attached list or link)	Hours per week: 16 [2 digits]
Second Specialty: [4 digits] (see attached list or link)	Hours per week: [2 digits]
Do you plan to retire or reduce your patient care hours AT Th	HIS SITE in the next 12 months? DYes DNo
If you work at another location or setting UNDER THE SAM you work only at one site under this certificate please stop her another site under a different certificate, please describe your certificate, not here.)	re, leave Part V blank, and skip to Part VI. (If you work at work at that site in the renewal form for that other
Enter the Vermont town name for the second location:	
Select the ONE practice setting that best describes this practic (If you provide hospital care to patients who originate from yoriginate.)	ce: vour office or clinic, choose only the setting from which they
<ul> <li>□ Community-Based practice (including associated hospita</li> <li>□ Hospital-based practice (Inpatient, Emergency Room, etc</li> <li>□ School or College Health Center</li> <li>□ Business or Work Site</li> <li>□ Extended Care / Nursing Home</li> <li>□ Other:</li> </ul>	l care - solo or group office, Community Health Center, etc.)
I work as a locum tenens here □Yes □No	
If this is an office-based practice, please answer the following	g:
I currently have patients here covered by Medicare I will accept new patients here I will accept new Medicaid patients here	]Yes □No ]Yes □No ]Yes □No ]Yes □No ]Yes □No
Enter the number of weeks you spend providing direct patien (48 weeks is considered to be "full time") [2 digits]	t care here in a year:
Enter your specialty and the number of hours you spend prov average work week:	iding direct patient care here under that specialty in an
First Specialty: [4 digits] (see attached list or link)	Hours per week: [2 digits]
Second Specialty: [4 digits] (see attached list or link)	Hours per week: [2 digits]
Do you plan to retire or reduce your patient care hours AT TI	HIS SITE in the next 12 months? □Yes □No
If you work at more than two locations UNDER THE SAME briefly, e.g., "same specialty and hours in additional towns: X	CERTIFICATE please describe the additional site(s) and Y":

### Part VI

Reminder - You must also complete the 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: 12/10/03

Applicant's Signature

Vermont Department of Health Board of Medical Practice P.O. Box 70, Burlington, VT 05402

### Vermont Department of Health - Board of Medical Practice

### 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 nt

repaymei	πpι	ability for any support payable is being contested in a judicial or quasi-judicial proceeding; or he or she is in compliance with a an approved by the office of child support or agreed to by the parties; or the licensing authority determines that immediate payment ould impose an unreasonable hardship. (15 V.S.A. § 795)
1.	You a	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.
	0	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".
on appea	i, the	Regarding Taxes  3 requires that: A professional license or other authority to conduct a trade or business may not be issued or renewed unless the less 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 e taxpayer is in compliance with a payment plan approved by the Commissioner of Taxes, or the licensing authority determines that syment 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).
	۵	I hereby certify that I am <u>NOT</u> 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".
space will employin contribut all contril the liabili payment or payme	h and unions outlood to the control of the control	Regarding Unemployment Compensation Contributions 8 requires that: No agency of the state shall grant, issue or renew any license or other authority to conduct a trade or business icense to practice a profession) to, or enter into, extend or renew any contract for the provision of goods, services, or real estate by employing unit unless such employing unit shall first sign a written declaration, under the pains and penalties of perjury, that the lit 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 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 one or payments in lieu of contributions payable if: (1) no contributions or payments in lieu of contributions are due and payable; (2) or any contributions or payments in lieu of contributions due and payable is on appeal; (3) the employing unit is in compliance with a payproved by the Commissioner; or (4) in the case of a licensee, the agency finds that requiring immediate payment of contributions in lieu of contributions due and payable would impose an unreasonable hardship.
3. contribut	You ons	must check one of the three statements below regarding unemployment contributions or payments in lieu of unemployment
		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.)
	0	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 Se	curit	Date of Birth $\frac{11}{5}$ / $\frac{5}{5}$
by the be	μaιι	ure 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 ment of Taxes and the Department of Employment and Training in the administration of Vermont tax laws, to identify individuals uch laws, and by the Office of Child Support.
		STATEMENT OF APPLICANT
l certify th false info	at ti mat	he information stated by me in this application is true and accurate to the best of my knowledge and that I understand providing tion or omission of information is unlawful and may jeopardize my license/certification/registration status.
Signature	of A	Applicant Date 12/10/03

Vermont Department of Health - Board of Medical Practice Applicant's Statement Regarding Child Support, Taxes, Unemployment Compensation Contributions

### STATE OF VERMONT - BOARD OF MEDICAL PRACTICE 108 CHERRY STREET BURLINGTON, VT 05401 (802) 657-4220

### PRIMARY SUPERVISING PHYSICIAN APPLICATION

Please print. Inco	omplete applications will be	e returned. Attach additi	onal sheets as needed.
Name in full	6, boon	Ger	
	(Last)	(First)	(Middle)
Mailing Address	Vermont	(Office Name)	s Choice/P.P
Bull (City/Stat	te) (Zip C	(Street) > 1	-863-900/ Telephone Number)
Vermont License	: #: <u>042-000</u> 7465		
Hospital(s) where	e you have privileges:	Hospital(s) Loc	ation Specialty N
What arrangement of Market 1970	on call Service	sor, ore	lectrorially
of <u>Catherine</u> outlining the scope of	in accordance with 26 VSA, Ch Nicholas, P.A. whi of practice, attached to this applic	tle under my supervision. I for cation, does not exceed the no	sponsible for all medical activities
I further certify that  (Date)	I have read the statutes and Boar	Signature of Supervisin	w
Note: A PA who pre	-	ature of PA:	A. PA's DEA Number MN0817619

### STATE OF VERMONT - BOARD OF MEDICAL PRACTICE 108 CHERRY STREET BURLINGTON, VT 05401 (802) 657-4220

### SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incom	plete applications	will be returned. Attach ac	dditional sheets a	as needed.
Name in full	Boyman (Last)	Kym (First)		m.
	(Last)	(First)		(Middle)
Mailing Address	Planned	Parenthood		· .
	23 Mans	Field AVE ·		
	Burlingt	on VT. 05401	863-6	326
(City/State)	J (	Zip Code)	(Telephone N	(umber)
Vermont License #:	042-001059	77		
Hospital(s) where yo	ou have privileges:	: Hospital(s) I	Location	Specialty
F.A.H.C		Burlington, 4		OB GUN.
Amy Gorgman August Burns	-P.P BARRE -P.P Hyde Park	nd addresses you currently: Johanna Hauser-F K Katra Kindar -P N Cate Nicholas -F	?P Burlington .P Burlington	20069 JOHO -1.6
CERT	IFICATE OF SE	CONDARY SUPERVISI	NG PHYSICIA	AN to
only when consulted by practice, attached to this	<b>NOQS</b> , P. the aforesaid Physicia application, does not	SA, Chapter 31, I shall be legally A. only when the primary supervin's Assistant. I further certify the exceed the normal limits of my hysician's assistant has been pos	vising physician is a hat the protocol out practice andthat in	unavailable and
I further certify that I have the second of	ve read the statutes an	d Board rules governing physici	L.	· · · · · · · · · · · · · · · · · · ·

### STATE OF VERMONT - BOARD OF MEDICAL PRACTICE 108 CHERRY STREET BURLINGTON, VT 05401 (802) 657-4220

### SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomp	plete applications	s will be retur	med. Attach ad	ditional shee	ts as needed.	
Name in full	Smith		Susan		***************************************	
	(Last)		(First)		(Middle	)
Mailing Address	Planned	1 Parent	hood			
	az Mar	rsfield	ce Name) ANC ·			
	Burl, V	(Stree	et) 401	863-	632b	
(City/State)	,	(Zip Code)		(Telephone	e Number)	
Vermont License #:	043-0002	190				
Hospital(s) where yo	ou have privilege	s:	Hospital(s) L	ocation	Specialt	y
F.A.H.C		Burlin	igton, 4 T		oblass	J
List all physician's a Amy Borgman - August Barns - Sue Burton - P	44 BARRE	Johnno H	auser-RP A	irlination	Barb No Janet You Anne Hi	ifi - F ng - P. drethe
CERT	IFICATE OF S	ECONDARY	Y SUPERVISII	NG PHYSIC	CIAN	
I hereby certify that, in a of Connerine Wiconly when consulted by the practice, attached to this VSA, Chapter 31, Section	the aforesaid Physic application, does no in 1741, the use of a	P.A. only when ian's Assistant. of exceed the nor physician's assi	the primary supervi I further certify the mal limits of my p stant has been post	ising physician at the protocol ractice andthat ed.	is unavailable	and
I further certify that I hav	e read the statutes a	and Board rules	governing physica	s assistants.		
(Date)	and Maladala and the second and the	(Signature o	of Secondary Super	rvising Physici	an)	

### PHYSICIAN'S ASSISTANT SCOPE OF PRACTICE at Planned Parenthood of Northern New England

Planned Parenthood of Northern New England's <u>Scope of Practice</u> for Physician's Assistants consists of several documents:

- 1) PPNNE Standing Orders: Each P.A. practitioner annually signs the <u>Standing Orders</u> that are approved by PPNNE's Medical Advisory Committee then co-signed by PPNNE's Medical Director. Standing Orders define the prescriptive and medical authority of the P.A. practitioner at PPNNE.
- 2) PPNNE's Medical Protocol: The exact duties of the P.A. are clearly defined in PPNNE's Medical Protocol, a copy of which is on file with the Vermont Board of Medical Practice.
- 3) Medical Oversight at PPNNE: Please refer to the attached document, Medical Oversight at PPNNE, for information about the structure of supervision of P.A.'s at PPNNE.
- 4) Additional information about PPNNE's health centers, patient population and P.A. practice at Planned Parenthood of Northern New England:

Planned Parenthood of Northern New England is a non-profit health care organization with fifteen outpatient health centers in Vermont. Under the supervision of PPNNE's Medical Director, Physician's Assistants at PPNNE health centers provide outpatient gynelogical and preventive care for women and men as outlined in PPNNE's Standing Orders and Medical Protocols.

Many of our sites are located in rural areas where access to health care may be difficult. PPNNE offers a sliding fee scale based on the individual's ability to pay. Our commitment to providing services regardless of a client's ability to pay means that thousands of Vermonters without health insurance have access to high quality reproductive and preventive health care.

While the majority of our clients are between the ages of 20 and 34, 27% of our patients are teenagers, and 15% are over 35 years old. In addition, many of our clients are economically disadvantaged.

As specified in Section I, Part I of the PPNNE Medical Protocol, each clinic site is

required to inform patients how to obtain care in the event of an emergency. Sites providing surgical services must also document a plan for handling emergencies occurring in the clinic as well as the medical back-up arrangements with a physician or hospital.

Physician's Assistant

Chihert De Michelys

Date

Cheryl Gibson

Date

Primary Supervising Physician

### of Northem New England

Family Planning Practitioner may:

Provide information and counseling on: family planning methods; sterilization; pregnancy; adoption; abortion; common gynecological problems; sexually transmitted diseases; sexual assault; male reproductive health; infertility; maternity care; midlife health; well child care; general preventive health care.

- B. 1) Order and dispense hormonal contraceptives and HRT in accordance with the PPNNE Medical Protocol.
  - Manage routine hormonal contraceptive and HRT problems.
  - 3) Order special laboratory tests needed to prescribe hormonal contraceptives and HRT.
- C. 1) Insert and remove the Norplant contraceptive system in accordance with the PPNNE Medical Protocol.
  - 2) Manage routine Norplant problems.
- D. 1) Inject Medroxyprogesterone acetate (Depo-provera) in accordance with PPNNE Medical Protocol.
  - Manage routine DMPA problems.
- Insert and remove IUD's in accordance with the PPNNE Medical Protocol.
  - Manage routine IUD problems.
  - 3) Order X-rays and sonograms for IUD localization.
- F. 1) Fit and check diaphragms and cervical caps in accordance with the PPNNE Medical Protocol.
  - 2) Manage diaphragm and cervical cap problems.
  - 1) Order and dispense condoms and vaginal spermicides in accordance with the PPNNE Medical Protocol.
    - 2) Manage condom and spermicide problems.
- H. Counseland provide continuing evaluation and support of the natural methods of birth control: BBT, sympto-thermal, cervical mucus and calendar.
- I. Evaluate patient history, perform elementary physical examination and pelvic examination, order and evaluate laboratory and other tests as indicated and administer immunizations and other medications in accordance with the PPNNE Medical Protocol.

r refecces.

G

Order, administer and/or dispense medications in accordance with the PPNNE Medical Protocol and state and federal laws.

- C. Diagnose and order or dispense treatment for conditions covered in the PPNNE Medical Protocol as indicated in the protocol.
- Perform pregnancy diagnosis as per the PPNNE Medical Protocol. Order serum HCG pregnancy test, titers and sonograms.
- M. Provide services to patients in the maternity care, abortion, vasectomy, cervical dysplasia, infertility, male services, well child and midlife programs as per the PPNNE Medical Protocol and Medical Protocol Supplements.
- N. Provide routine gynecologic and general preventive health care as per the PPNNE Medical Protocol. Manage and follow-up routine and problem patients in accordance with the PPNNE Medical Protocol.
- D. Perform venipuncture; start and maintain I.V.'s.
- Order and follow-up on outside laboratory tests and dispense treatment for conditions not specifically covered in the PPNNE Medical Protocol under the direct guidance of a PPNNE physician with the Medical Director's approval.
- Pursuant to delegation from the Medical Director, to provide reproductive health care to minors, including and especially contraception and diagnosis and treatment of sexually transmitted infections, as indicated with or without parental consent lithe minor may suffer probable health hazards if such services are not provided.

### he Family Planning Practitioner must:

- A. Adhee to the PPNNE Medical Protocol.
- B. Obtain physician consultation in all non-routine clinical matters.
- C. Follow-up and report all complications and all potential medico-legal incidents to the Medical Director.

agree to practice under the above standing orders

ignature Date

Collaborating Physician: Cheryl Gibson, MD, Medical Director



SERVING MAINE, NEW HAMPSHIRE AND VERMONT

CENTRAL OFFICE 183 Talcott Road, Suite 101 Williston, VT 05495 Phone 802.878.7232 Fax 802.878.8001

### MEDICAL OVERSIGHT AT PPNNE

### Physician Oversight

All PPNNE practitioners undergo a thorough orientation to PPNNE and our medical protocol before functioning in an independent capacity. If further training in any expected area of competence is needed, this is arranged.

The Medical Director, a board certified OB/GYN., provide oversight and supervision through on-site visits and consultations, telephone consultations and quarterly in-services. She is available for telephone back up on a 24-hour basis. In addition, the Medical Director works with the Medical Management Team and the Director of Clinical Quality Improvement to develop and review protocols, audits, and to evaluate any new developments in the medical field that may affect PPNNE. All PPNNE mid-level practitioners practice under standing orders developed by the Medical Director. Practitioners attend quarterly continuing education in-service for medical training, discussion of protocol questions and other practice concerns. They also attend outside CME conferences. In addition, we have community physicians who are available to our staff for consultation, telephone back up and period review of charts.

### **Practice Protocols**

Our medical protocol is based on standards set by Planned Parenthood Federation of America, and the U.S. Department of Health and Human Services. Comprised of nationally recognized experts in specialties and sub-specialties of reproductive healthcare, the National Medical Committee establishes standards and guidelines that all Planned Parenthood Federation of America affiliates must follow. This committee provides us with updates and revisions to the PPFA standards and guidelines on an ongoing basis. These are incorporated into PPNNE'S protocol.

### Medical Management Team

This team meets quarterly to discuss various medical management issues and to determine appropriate resolution of these issues under the Medical Director's guidance and final approval.

### Director of Clinical Quality Improvement

The Director of Clinical Quality Improvement develops, oversees and conducts on-going audits of our medical programs.

### 1. Quality Assurance Site Audit

The Director of Clinical Quality Improvement conducts an extensive annual on-site evaluation of each clinic. The audit includes a comprehensive review of charts, laboratory and pharmacy logs and practitioner performance, as well as an evaluation of the safety of the clinic.

### 2. Medical Record and Patient Care Audits

Medical Record and Patient Care Audits are conducted three times each year. The specific topics are selected by the Director of Quality Assurance in close consultation with the Medical Management Team. Some examples of audit topics include: follow-up of abnormal pap smears, documentation of informed consent, and tracking of lot numbers for any medications in the event of a recall.

Results of all these audits are shared with all medical staff. Corrective measures are taken when indicated, and re-audits conducted when sites are found to be out of compliance.

January 13, 2004

Vermont Board of Nursing 109 State Street Montpelier, Vermont 05609-1106

Millians

### To Whom It May Concern:

This is to verify that for the last twelve months, Catherine Nicholas has practiced as a Physician's Assistant at Planned Parenthood of Northern New England.

Please feel free to direct any questions you may have to our Credentialing Coordinator, Beverly Dion, at (802) 878-7232.

Sincerely,

Cheryl Gibson Medical Director



23 Mansfield Avenue, Burlington, VT 05401 802.863.9001 Fax 802.862.9637 CHERYL A. GIBSON, MD
SUSAN F. SMITH, MD
GAILYN B. THOMAS, MD
KATRA KINDAR, PA
CATE NICHOLAS, MS, PA
JANET YOUNG, PA

### Cate Nicholas, MS,PA CME log 2002-3

### Category 1

UVM College of Med	11.5	
PPNNE Inservice	18-Oct-02	5.25
PPNNE Inservice	3/21/03	5.75
UVM College of Med	15.75	
PPNNE Inservice	6/5/03	5.5
ACOG workshop	6/27/03	7
PPNNE Inservice	11/21/03	5.5
		56.25

### Category 2

Journal reading, teaching, consultation 60

TOTAL 116.25

8028788001

PLANNED PARENTHOOD

PAGE 02/07

Page 1 of 1

### Nicholas, Cate F

Ta:

Nicholas, Cate F

Subject: RE: CME certificates

----Original Message-----From: Whitcomb, Karen M

Sent: Thursday, February 12, 2004 9:08 AM

To: Nicholas, Cate F

Subject: RE: CME certificates

This is the best I can do. I hope this works for you.

Karen

----O

**Credits Accrued Query** 

SeriesTitle	StartDate	lastName	WorkshopNum	CreditsHour	ProviderID
Teachers Teaching Teachers	3/8/2002	NICHOLAS	<del></del>		CFN1667
Teachers Teaching Teachers	11/17/2000	NICHOLAS	0110302	1	CFN1667
Teachers Teaching Teachers	10/20/2000	NICHOLAS	0110301	15	CFN1667

**QRYconference** attendence

	confNumber	<b>ParticipID</b>	firstName	lastName	Degree	Credits	ĺ
-	0380138	CFN1667	CATE	<b>NICHOLAS</b>		15.75	h
	Mud Season						1
	4/10-4/12/03						

**QRYconference** attendence

confNumber	ParticipID	firstName	lastName	Døgree	Credits
0280138	CFN1667	CATE	NICHOLAS		18
Mud Season				ļ,	
4/4-4/6/02					

### NICHOLAS, CATE F

From: Sent:

cognatehours [cognatehours@acog.org] Monday, February 09, 2004 10:17 AM

To:

Nicholas, Cate F

Subject:

Re: Proof of attendance

You received 14 credits for your attendance for this coding workshop. We will mail you the validation forms today.

ACOG Cognate Program PO Box 96920 Washington, DC 20090-6920

(202) 863-2405 phone (202) 484-1586 fax cognatehours@acog.org

Street Address: 409 12th St, SW Washington, DC 20024-2188

»» "Nicholas, Cate F"

1/30/2004 9:51:33 AM

>>> Good day

I attended a ACOG workshop this fall in Stowe VT for CPT and ICD-9 Coding Procedures I have lost my original documentation of attendance and CME credits.

I am required to provide proof of attendance to renew my PA certificate in Vermont.

Can you e-mail proof of attendance and credit hours earned.

Unfortunately I need it ASAP

Please page me at 803-351-3798 if there is a problem

Cate

Cate Nicholas,MS,PA
Director of the Standardized Patient Program
Office of Medical Education
Given B 205
College of Medicine
University of Vermont
Burlington, VT 05405
(802) 656-8373 (phone)
(802) 351-3798 (beeper)

## Planned Parenthood of Northern New England

certifies that

has successfully completed a six how training seminar entitled:

# PERIMENOPAUSE AND MENOPAUSE: A COMPREHENSIVE PRIMER FOR PROVIDERS

held at the Executive Court, Manchester, New Hampshire on October 18, 2002.

This program has been awarded:

- contact hours by Planned Parcathood of Northern New England, which has been approved as a Cculer's Commission on Accreditation. accredited as an approver of continuing education in nursing by the American Norses' Credentialing provider of continuing education by the Vermont State Nurses' Committee on Education which is
- certified continuing education contact hours by the National Board of Certified Counselous, provider
- 5.25 hour(s) of Caregory I credit rowards the AMA Physician' Recognition Award through the University of disough the joint sponsorship of the University of Vermont and Planned Parenthood. The University with the Basenbal Areas and policies of the Accreditation Council for Continuing Medical Education of Yermont is accredited by the ACCME to provide confining medical education for physicians. actually spent in die educational activity. This activity has been planned and implemented in accordance Vermont College of Medicine. Each physician should chim only litoxe hours of credit that he/she
- realisted coattinuing education credit hours by the National Association of Social Workers, Vermont Chapter and meets the continuing education criteria for Social Work Licensure renewal. NASW YIT CED Vendor #02-012201-J018-1

Nursing Contact hour(s) of phormacological contact

All of our uninings are appropriate for educational certification and should be submitted by the individual to their school administrator for consideration. Planned Parenthood of Northern New England Training Coordinator Anet L. Lussier MALL WARE

23 Maosfield Avenue, Builington, VT 05401

(802) 862-9638

## Planned Parenthood of Northern New England

certifies that

has successfully completed a six hour training seminar entitled

### BETHESDA SYSTEM; PROBLEM-ORIENTED MEDICAL RECORD; PORMS; HIPAA; RISK MANAGEMENT PRACTITIONER IN-SERVICE:

held at the Holiday Inn, Concord, New Hampshire on March 21, 2003,

This program has been awarded:

- roniact hours by Planned I'wenthood of Northern New England, which has been approved as a provider of continuing education by the Vennont State Nurses' Committee on Education which is Credentialing Center's Commission on Accreditation. accredited as an approver of continuing education in toursing by the American Nurses'
- certified continuing education contact hours by the National Board of Certified Counselors,
- 5.75 hour(s) of Category I credit lowards the AMA Physician' Recognition Award through the Planned Parenthood. The University of Vermout is accredited by the ACCME to provide Continuing Medical Education through the jaint sponsorship of the University of Vermont and implemented in accordance with the Essential Areas and policies of the Accreditation Council for credit that he/slie actually spent in the educational activity. This activity has been phinied and continuing medical education for physicinus. University of Vermont College of Medicine. Each physician should claim only those hours of

All of our trainings are appropriate for educational certification and should be submitted by the individual to their school administrator for consideration. Planned Parenthood of Northern New England Program Manager, Education and Tmining Leighs. Chandler AMM.

23 Mansheld Avenue, Burlington, NT 05401

(802) 862-9638

has successfully completed a five-and-a-half hour training seminar entitled:

### COLPOSCOPY IN SERVICE

held at the Hanover Inn, Hanover, New Hampshire on November 21, 2003.

This program has been awarded

- confact hours by Planned Parenthood of Northern New England, which has been approved as a Credentisling Center's Commission on Accreditation. accredited as an approver of continuing education in nursing by the American Nurses' provider of continuing education by the Vermont Slate Nurses' Committee on Education which is
- hour(s) of Category I credit towards the AMA Physician Recognition Award through the continuing medical education for physicians. credit that he/she actually spent in the educational activity. This activity has been plauned and Planned Pareuthood. The University of Vermont is accredited by the  $\Lambda CCME$  to provide Continuing Medical Education through the joint sponsorship of the University of Vermont and implemented in accordance with the Essential Areas and policies of the Accrediation Council for University of Vermont College of Medicine. Bach physician should chim only those hours of

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Parenthood
of Northern New England

digh S. Chandler

All of our trainings are appropriate for educational certification and should be submitted by the individual to their school administrator for consideration.

183 Takeott Road, Suite 101, Williston, VT 05495 Program Manages, Education and Training (802) 878-7753

01/30/04

### Planned Parenthood of Northern New England certifies that

has successfully completed a six hour training seminar entitled:

## PRACTITIONER IN-SERVICE: CHALLENGING CASES

held at The Three Stallion Inn, Randolph, Vermont on June 5, 2003

This program has been awarded:

- 7.2 as a provider of continuing education by the Vermont State Nurses' Committee on Education contact hours by Planned Parenthood of Northern New England, which has been approved which is accredited as an approver of continuing education in nursing by the American Nurses Credenualing Center's Commission on Accredination
- Medical Education (ACCME) to sponsor continuing medical education for physicians. Each physician The University of Vermont College of Medicine is accredited by the Accreditation Council for Continuing hour(s) of Category I of the Physician's Recognition Award of the American Medical Association. should claim only those hours of credit that he/she actually spent in the educational activity
- Nursing Contact hour(s) of pharmacological contact.

And should be submitted by the individual to their school administrator for consideration. All of our trainings are appropriate for educational certification

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of Northern New England

Program Manager Leigh S. Chandler

23 Mansfield Avenue, Burlington, VT 05401 (802) 862-9638