

## Hayes, Tracy

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**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,

*Bea Dion*

Credentialing Coordinator

Planned Parenthood of Northern New England

802.288.8432 (ph)

802.878.8001 (fax)

10/3/2011

300416

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

PRIMARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Theiler Regan Nell  
(Last) (First) (Middle)

Mailing Address 23 Mansfield Avenue  
(Office Name)

Burlington VT 05401 803-6326  
(City/State) (Street) (Zip Code) (Telephone Number)

Vermont License #: 042-0012264

Hospital(s) where you have privileges:	Hospital(s) Location	Specialty
<u>Application in process with F.A.H.C</u>		<u>OB/Gyn</u>

What arrangements have you made for supervision when you are not available or out of town:

24/7 on call service

CERTIFICATE OF SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Catherine Nicholas, 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.

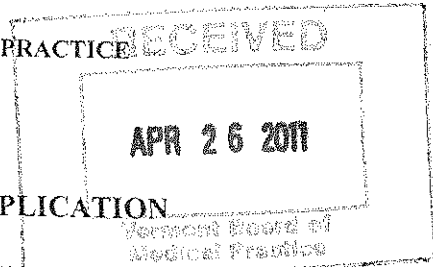
7/25/11  
(Date)

X [Signature]  
(Signature of Supervising Physician)

X Co-signature of PA: [Signature]

Note: A PA who prescribes controlled drugs must obtain an ID number from DEA. PA's DEA Number MN0817619

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



### PRIMARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Tolvanen Kathleen Marie  
(Last) (First) (Middle)

Mailing Address Planned Parenthood  
(Office Name)  
183 Talcott RD  
(Street)  
Wilmington, VT 05495 288-8432  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 042-0012163

Hospital(s) where you have privileges:	Hospital(s) Location	Specialty
<u>Portsmouth Regional Hospital</u>	<u>Portsmouth, NH</u>	<u>OB/Gyn</u>

What arrangements have you made for supervision when you are not available or out of town:

24/7 on call service

### CERTIFICATE OF SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Catherine Nicholae, 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.

4/11/11  
(Date)

X Kathleen M. Tolvanen  
(Signature of Supervising Physician)

Co-signature of PA: [Signature]

Note: A PA who prescribes controlled drugs must obtain an ID number from DEA. 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. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Novello Renee  
(Last) (First) (Middle)

Mailing Address Planned Parenthood  
(Office Name)  
183 Talcott Road  
(Street)  
Wilmington, VT 05495 288-8432  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 042-0011195

Hospital(s) where you have privileges:	Hospital(s) Location	Specialty
<u>Mt. Ascutney Hospital</u>	<u>Windsor, VT.</u>	<u>OB/Gyn</u>
<u>DHMC</u>	<u>Lebanon, NH</u>	<u>OB/Gyn</u>

List all physician's assistants names and addresses you currently supervise:

<u>Johanna Hauser</u>	<u>23 Mansfield Ave.</u>	<u>Burlington, VT.</u>
<u>Catherine Nicholas</u>	<u>"</u>	<u>"</u>
<u>Janet Young</u>	<u>"</u>	<u>"</u>

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Catherine Nicholas, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

4/13/11  
(Date)

X [Signature]  
(Signature of Secondary Supervising Physician)

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.

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

PRIMARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Novello Renee  
(Last) (First) (Middle)

Mailing Address Planned Parenthood  
(Office Name)  
6 Roberts North  
(Street)  
Rutland, VT 05701 775-2333  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 0420011195

Hospital(s) where you have privileges:	Hospital(s) Location	Specialty
<u>MT. ASCUTNEY HOSP.</u>	<u>WINDSOR, VT</u>	<u>OB/GYN</u>
<u>DHMC</u>	<u>Lebanon, NH</u>	<u>OB/GYN</u>

What arrangements have you made for supervision when you are not available or out of town:

24/7 on call service

CERTIFICATE OF SUPERVISING PHYSICIAN

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I further certify that I have read the statutes and Board rules governing physician assistants.

3/4/11  
(Date)

[Signature]  
(Signature of Supervising Physician)

Co-signature of PA: [Signature]

Note: A PA who prescribes controlled drugs must obtain an ID number from DEA. 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. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Gibson Cheryl A  
(Last) (First) (Middle)

Mailing Address Planned Parenthood  
(Office Name)  
183 Talcott RD.  
(Street)  
Williston, VT 05495 288-8432  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 0420007465

Hospital(s) where you have privileges:	Hospital(s) Location	Specialty
<u>FAHC</u>	<u>Burlington, VT.</u>	<u>OB/GYN</u>

List all physician's assistants names and addresses you currently supervise:

Amy Bergman 90 Washington St. Barre, VT. 05641  
Johanna Hauser 23 Mansfield Ave. Burlington, VT. 05401  
Anne Hildreth 6 Roberts No. Rutland, VT. 05701

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

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I further certify that I have read the statutes and Board rules governing physician assistants.

3/3/11  
(Date)

X [Signature]  
(Signature of Secondary Supervising Physician)

(OVER) →

PA's cont:

Catherine Nicholas 23 Mansfield Ave. Burl, VT. 05401  
August Burns 213 East main Hyde Park, VT. 05655  
Sarah Vensel 23 Mansfield Ave. Burl, VT. 05401  
Janet Young 23 Mansfield Ave. Burl, VT. 05401



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

30046

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Novello Bence NOV 18 2010  
(Last) (First) (Middle)

Mailing Address Planned Parenthood  
(Office Name)  
6 Roberts North  
(Street)  
Rutland, VT 05701 775-2333  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 042001195

Hospital(s) where you have privileges: Hospital(s) Location Specialty

MT. Ascutney Hospital Windsor, VT. OB/Gyn  
Dartmouth Hitchcock Med. Center Lebanon, NH OB/Gyn

List all physician's assistants names and addresses you currently supervise:

<u>Janet Young</u>	<u>23 Mansfield Ave.</u>	<u>Burlington, VT 05401</u>
<u>Johanna Harker</u>	<u>"</u>	<u>"</u>
<u>Catherine Nicholas</u>	<u>"</u>	<u>"</u>
<u>Sarah Vensel</u>	<u>"</u>	<u>"</u>

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Catherine Nicholas, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

11/16/10  
(Date)

[Signature]  
(Signature of Secondary Supervising Physician)

PA's cont.

Katja Vonsitas 80 Fairfield St. ST. ALBANS, VT. 05478

August Burns 213 East main st. Hyde Park, VT. 05655

Amy Borgman 90 Washington St. Barre, VT. 05641

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

RD  
115.02

2010 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 and elsewhere:

3. Work Address:

Vermont Women's Choice  
23 Mansfield Avenue  
Burlington VT 05401

JAN - 8 2010

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 website)

5. Email Address:

6. Daytime Telephone Number: Area Code:

(802) 863-9001

7. Date of Birth:

11/5/1951

8. Place of Birth:

NYC

9. Certification Examination Taken – (Check box and enter date of examination):

- ☐ ( )/ ( )/ ( ) NCCPA  
☒ ( )/ ( )/ 81 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 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: gyn DEA Number: MN 0817619

17. Name and office address of current EMPLOYER:

Name

Address

PPNNE

95 Talcott Rd Williston VT

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 Ave  
Burlington VT

Secondary Supervising Physician(s):

Name Susan Smith Address same 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

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 ☒ no

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 or any other reason?  
☐ yes ☒ 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?  
☐ 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 ☒ 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?  
☐ yes ☒ 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? [REDACTED]

35. To your knowledge, are you presently the subject of a criminal investigation under which you have not been charged? [REDACTED]

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 field of practice with reasonable skill and safety? [REDACTED]

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

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? [REDACTED]

In explaining a "Yes" answer on Form A, please provide reasonable assurances that your use is reduced or ameliorated because, for example, you have received or do receive

ongoing treatment (with or without medication) or have participated or do participate in a monitoring program.

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](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.**

39. Criminal Convictions [See 26 VSA § 1368(a)(1)] ☒ Check here if none

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.**

(Conviction Date)	(Court)	(City/State)	(Crime)
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40. Nolo Contendere/Matters Continued [See 26 VSA § 1368(a)(2)] ☒ 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)	(Court)	(City/State)	(Charge)
-------------------	---------	--------------	----------

41. Vermont Board of Medical Practice Matters [See 26 VSA § 1368(a)(3)] ☒ Check here if none

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.

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(Date) (Final Disposition - Summary)

42. Licensing or Certification Authority Matters in Other States [See 26 VSA § 1368(a)(4)]  
☒ Check here if none

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 complete copies of documentation for each matter.**

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

43. Restriction of Hospital Privileges [See 26 VSA § 1368(a)(5)] ☒ Check here if none

Revocation/Involuntary Restrictions

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 complete copies of documentation for each matter.**

---

(Date) (Hospital) (State) (Nature of Restriction) (Reason for Restriction)

- B. Other Restrictions ☒ Check here if none

Please provide a description of all resignations from, or non-renewal of, medical staff membership or the restriction of privileges at a hospital taken in lieu of, or in settlement of, a pending disciplinary case related to competence or character in that hospital. **Please provide complete copies of documentation for each matter.**

---

(Date) (Hospital) (State)

---

(Nature of Action) (Action)  
(Reason for Action) ☐ In lieu ☐ In settlement

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

- A. Judgments ☒ Check 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 reported**

☐ Judgment    ☐ Arbitration

(Date)	(Court)	(State)	(Nature of Case)	(Amount Assessed Against You)
--------	---------	---------	------------------	-------------------------------

☐ Judgment    ☐ Arbitration

(Date)	(Court)	(State)	(Nature of Case)	(Amount Assessed Against You)
--------	---------	---------	------------------	-------------------------------

B. Settlements    ☒ Check here if none

Please provide a description of all settlements of medical malpractice claims 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 reported**

(Date)	(Court)	(State)	(Amount of Settlement Against You)
--------	---------	---------	------------------------------------

(Date)	(Court)	(State)	(Amount of Settlement Against You)
--------	---------	---------	------------------------------------

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

What month and year did you start practicing as a Physician Assistant?

2/81

46. Appointments/Teaching [See 26 VSA § 1368(a)(12)] Note: Answering #46 is optional. By answering, you are granting permission to have this information posted on the web. (This form follows the statutory wording. Since most appointments are teaching appointments, these questions may overlap.)

A. Appointments

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

**University of Vermont**

**Burlington, VT**

**Clinical Instructor**

*Assistant Clinical Prof.*

1995

(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)	(Nature of Teaching)	From (year)	To (year)
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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)	(Publication)	(Year)
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48. Activities [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**

(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 ☐ No

If yes, please describe the translating services available: ~~None~~

*as needed*

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

A. Medicaid participation

Do you participate in the Medicaid program? ☒ Yes ☐ No


B. New Medicaid Patients

Are you currently accepting new Medicaid patients? ☒ Yes ☐ No

**Part V**

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.

Date: 11-2-09

  
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

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

PRIMARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Gibson Cheryl A  
(Last) (First) (Middle)

Mailing Address Planned Parenthood  
(Office Name)  
23 Mansfield Ave.  
(Street)  
Burlington, VT 05401 863-9001  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 042-0007465

Hospital(s) where you have privileges: Fletcher Allen Health Care Hospital(s) Location Burlington Specialty OB/GYN

What arrangements have you made for supervision when you are not available or out of town: \*

24/7 on call service / covered by two M.D.s.

CERTIFICATE OF SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Catherine Nicholas, 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.

12/22/09  
(Date)

[Signature]  
(Signature of Supervising Physician)

Co-signature of PA: [Signature]

Note: A PA who prescribes controlled drugs must obtain an ID number from DEA. PA's DEA Number 11N0817619

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

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Smith Susan —  
(Last) (First) (Middle)

Mailing Address Planned Parenthood  
(Office Name)  
23 Mansfield Ave.  
(Street)  
Burlington, VT 05401 863-9001  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 042-0005990

Hospital(s) where you have privileges:	Hospital(s) Location	Specialty
<u>FMMC</u>	<u>Burlington, VT.</u>	<u>OB/GYN</u>

List all physician's assistants names and addresses you currently supervise:

Amy Borman 90 Washington St. Barre, VT.  
Johanna Hauser 23 Mansfield Ave. Burl, VT  
Anne Hildreth 6 Roberts No. Rutland, VT. OVER →

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Catherine Nicholas, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

12/29/09  
(Date)

Susan Smith  
(Signature of Secondary Supervising Physician)

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

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Boyman Kym M.  
(Last) (First) (Middle)

Mailing Address Planned Parenthood  
(Office Name)  
23 Mansfield Ave.  
(Street)  
Burlington VT. 05401 863-9001  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 0420010599

Hospital(s) where you have privileges:	Hospital(s) Location	Specialty
<u>FATC</u>	<u>Burl, VT.</u>	<u>OB/GYN</u>

List all physician's assistants names and addresses you currently supervise:

<u>Amy Borman</u>	<u>90 Washington St.</u>	<u>Barre, VT.</u>
<u>Johanna Hauser</u>	<u>23 Mansfield Ave.</u>	<u>Burl, VT.</u>
<u>Anne Hildreth</u>	<u>6 Roberts North</u>	<u>Rutland, VT.</u>

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Catherine Nicholas, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

1.5.10  
(Date)

[Signature]  
(Signature of Secondary Supervising Physician)

OVER  
→

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

**Statement of Good Standing**

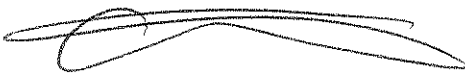
**Regarding Any Unpaid Judgment Issued by the Judicial Bureau or District Court  
for Fines or Penalties for a Violation or Criminal Offense**

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:  \_\_\_\_\_

Date: 11-2-09

## 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](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.

☐

I consent

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Vermont License or

\_\_\_\_\_  
Certification Number

Print Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_



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

You must answer questions 1, 2, and 3.

Regarding Child Support

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

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

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

or

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

Regarding Taxes

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

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

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

or

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

Regarding Unemployment Compensation Contributions

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

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

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

or

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

or

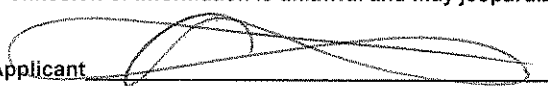
☐ I hereby certify that 21 V.S.A. § 1378 is not applicable to me because I am not now, nor have I ever been, an employer.

Social Security [REDACTED] Date of Birth 11/5/51

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

STATEMENT OF APPLICANT

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

Signature of Applicant 

Date 11/2/09



serving  
Maine,  
New Hampshire,  
& Vermont

**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,

A handwritten signature in cursive script, appearing to read 'Cheryl Gibson'.

Cheryl Gibson, M.D



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

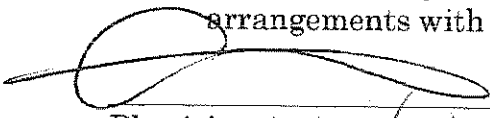
Planned Parenthood of Northern New England's Scope of Practice for Physician's Assistants consists of several documents:

- 1) PPNNE Standing Orders: Each P.A. practitioner annually signs the Standing Orders that are approved by PPNNE's Medical Advisory Committee then 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 thirteen outpatient health centers in Vermont. Under the supervision of PPNNE's Medical Director, Physician's Assistants at PPNNE health centers provide outpatient gynecological 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 Assistant (Catherine Nicholas)

12/22/09  
Date

  
Supervising Physician

12/22/09  
Date

10/2009

The Family Planning Practitioner may:

- A. 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.
- B.
  - 1) Order and dispense hormonal contraceptives and HT/ET in accordance with the PPNNE Medical Protocol.
  - 2) Manage routine hormonal contraceptive and HT/ET problems.
  - 3) Order special laboratory tests needed to prescribe hormonal contraceptives and HRT.
- C.
  - 1) Insert and remove implant contraceptive systems in accordance with the PPNNE Medical Protocol.
  - 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.
- F.
  - 1) Fit and check diaphragms, cervical caps and other barrier devices in accordance with the PPNNE Medical Protocol.
  - 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.
  - 2) Manage condom and spermicide problems.
- H. Counsel and 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.
- J. Order, administer and/or dispense medications in accordance with the PPNNE Medical Protocol and state and federal laws.
- K. Diagnose and order or dispense treatment for conditions covered in the PPNNE Medical Protocol as indicated in the protocol.
- L. Perform pregnancy diagnosis as per the PPNNE Medical Protocol. Order serum HCG pregnancy test, and sonograms.
- M. Provide services to patients in the abortion, cervical dysplasia, infertility, male services, 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.
- O. Perform venipuncture; start and maintain I.V.'s.
- P. 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.
- Q. 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 if the minor may suffer probable health hazards if such services are not provided.

The Family Planning Practitioner must:

- A. Adhere 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.

I agree to practice under the above standing orders

Catherine Nicholas  
Print Name  
Signature

Date

3/21/09

Cheryl Gibson  
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**

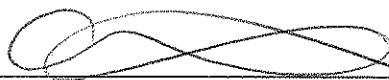
Program Title	Date	CME Hours	Sponsor	Location
2008 Simulation in Healthcare		26.5	SSH	San Diego Ca
2009 Simulation in Healthcare		12.5	SSH	Ollards Florida
Colpo Inservice 2008		6.0	PPNNE	NH
Colpo Inservice 2009		10.0	PPNNE	NH
		51.0		

**CATEGORY II**

Program Title	Date	CME Hours	Sponsor	Location
Review	all year	20	Communication in Healthcare Journal	
Reviewer	7/09	6	Pediatrics	
Abortion Inservice	9/09	6	PPNNE	Concord NH
Faculty UVM Medical School - full time teaching		over 100		
	None			

Total Category I Hours: 51.0 + Total Category II Hours: 60 = Total Hours: 111.0

Your Signature: \_\_\_\_\_



# Planned Parenthood of Northern New England

certifies that

Cate Dickerson

has successfully completed a six hour training seminar entitled:

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

This program has been awarded:

6

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 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.

0

Nursing Contact hour(s) of pharmacological contact.

*W. Dickerson*

Signature

 **Planned Parenthood®**  
of Northern New England

# *Planned Parenthood of Northern New England*

*certifies that*

*Cate Nicholson*

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

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

Held at the West Lebanon PPNNE Office on June 17<sup>th</sup>, 2008.

This program has been awarded:

5.5

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.

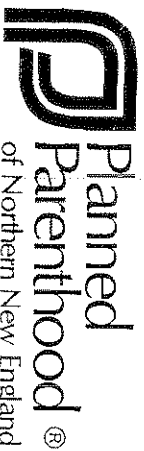
6.0

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 (ACCMME) 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.

0.5

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  
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**

Attended the  
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*

Pd 115.00

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 and 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 website)

5. Email Address

6. Daytime Telephone Number: Area Code:

(802) 863-9001

7. Date of Birth:

11/5/1951

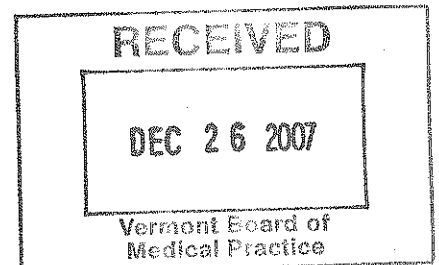
8. Place of Birth: NYC

9. Certification Examination Taken -- (Check box and enter date of examination):

- ☐ ( / / ) NCCPA  
☐ ( 11 / 87 ) 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 you 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 you now hold an active certification or license to practice:

NA

15. States where you previously were certified or licensed to practice:

NA

16. Specialty: g health DEA Number: MN0819619

17. Name and office address of current EMPLOYER:

Name PRNNE/VWC Address 23 Mansfield Ave BTV

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 Dr Cheryl Gibson Address same

Secondary Supervising Physician(s):

Name Dr. Susan Smith Address 23 Mansfield Ave. 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?  
☐ Yes ☒ 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.

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?

☐ yes ☒ no

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 ☒ 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 ☒ 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?

☐ 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? [REDACTED]

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

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?

[REDACTED]

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

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?

[REDACTED]

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

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

[REDACTED]

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](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.**

38. Criminal Convictions [See 26 VSA § 1368(a)(1)] ☒ Check here if none

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.**

(Conviction Date)	(Court)	(City/State)	(Crime)
-------------------	---------	--------------	---------

39. Nolo Contendere/Matters Continued [See 26 VSA § 1368(a)(2)] ☒ 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)	(Court)	(City/State)	(Charge)
-------------------	---------	--------------	----------

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

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

40. Vermont Board of Medical Practice Matters [See 26 VSA § 1368(a)(3)] ☒ Check here if none

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)

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

☒ Check here if none

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 complete copies of documentation for each matter.**

(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)

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

☒ Check here if none

Revocation/Involuntary Restrictions

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 complete copies of documentation for each matter.**

(Date) (Hospital) (State) (Nature of Restriction) (Reason for Restriction)

(Date) (Hospital) (State) (Nature of Restriction) (Reason for Restriction)

B. Other Restrictions ☒ Check here if none

Please provide a description of all resignations from, or non-renewal of, medical staff membership or the restriction of privileges at a hospital taken in lieu of, or in settlement of, a pending disciplinary case related to competence or character in that hospital. **Please provide complete copies of documentation for each matter.**

(Date) (Hospital) (State)

(Nature of Action) (Action)  
☐ In lieu ☐ In settlement  
(Reason for Action)

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

A. Judgments ☒ Check 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.**

☐ Judgment ☐ Arbitration

(Date)	(Court)	(State)	(Nature of Case)	(Amount Assessed Against You)
--------	---------	---------	------------------	-------------------------------

☐ Judgment ☐ Arbitration

(Date)	(Court)	(State)	(Nature of Case)	(Amount Assessed Against You)
--------	---------	---------	------------------	-------------------------------

B. Settlements ☒ Check here if none

Please provide a description of all settlements of medical malpractice claims 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.**

(Date)	(Court)	(State)	(Amount of Settlement Against You)
--------	---------	---------	------------------------------------

(Date)	(Court)	(State)	(Amount of Settlement Against You)
--------	---------	---------	------------------------------------

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

What month and year did you start practicing as a Physician Assistant? 1981

45. Appointments/Teaching [See 26 VSA § 1368(a)(12)] Note: Answering #45 is optional. By answering, you are granting permission to have this information posted on the web. (This form follows the statutory wording. Since most appointments are teaching appointments, these questions may overlap.)

A. Appointments

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

College of Medicine			UVM - Clinical Assistant		
(School)	(City)	(State)	(Nature of Appointment)	From (year)	To (year)
			Proper FM & OB-Gyn		
(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.

Com UVM	BTN		Clinical Skills	1978	1988 - now
(School/Institution)	(City)	(State)	(Nature of Teaching)	From (year)	To (year)



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

Note: Answering #46 is optional. By answering, you are granting permission to have this information posted on the web. Please provide information regarding your publications in peer-reviewed medical literature within the past 10 years.

(Title)	(Publication)	(Year)
---------	---------------	--------

(Title)	(Publication)	(Year)
---------	---------------	--------

47. Activities [See 26 VSA § 1368(a)(14)]

Note: Answering #47 is optional. By answering, you are granting permission to have this information posted on the web. Please provide information regarding your professional or community service activities and awards.

(Activities or Awards)
------------------------

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

What is the location of your primary practice setting?

Burlington VT  
Town/City, State

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

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

Are any translating services available at your primary practice location? ☒ Yes ☐ No

If yes, please describe the translating services available:

PPNNE provides services

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

A. Medicaid participation

Do you participate in the Medicaid program? ☒ Yes ☐ No

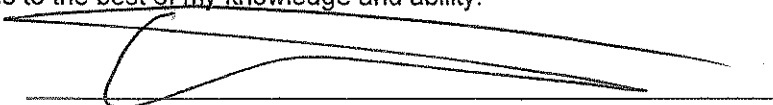
B. New Medicaid Patients

Are you currently accepting new Medicaid patients? ☒ Yes ☐ No

**Part V**

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.

Date: 12 / 11 / 07

  
\_\_\_\_\_  
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

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

You must answer questions 1, 2, and 3.

Regarding Child Support

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

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

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

or

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

Regarding Taxes

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

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

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

or

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

Regarding Unemployment Compensation Contributions

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

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

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

or

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

or

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

Social Security [REDACTED] Date of Birth 11/5/51

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

STATEMENT OF APPLICANT

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

Signature of Applicant

Date

12/13/07

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

PRIMARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Gibson cheryl A  
(Last) (First) (Middle)

Mailing Address Planned Parenthood  
(Office Name)

183 Talcott RD  
(Street)  
Williston, VT 05495 288-8432  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 042-0007465

Hospital(s) where you have privileges: Fletcher Allen Health Care Hospital(s) Location Burl, VT Specialty OB/Gyn

What arrangements have you made for supervision when you are not available or out of town:  
24/7 on call service, backed up by two MD's

CERTIFICATE OF SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Catherine Nicholas, 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.

12/17/07  
(Date)

[Signature]  
(Signature of Supervising Physician)

Co-signature of PA [Signature]

Note: A PA who prescribes controlled drugs must obtain an ID number from DEA. PA's DEA Number 1N0817619

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

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Smith Susan —  
(Last) (First) (Middle)

Mailing Address Planned Parenthood  
(Office Name)

183 Talcott Road  
(Street)  
Williston, VT. 05495 288-8432  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 042-0005990

Hospital(s) where you have privileges: Fletcher Allen Healthcare Hospital(s) Location Burl, VT. Specialty OB/Gyn

List all physician's assistants names and addresses you currently supervise:

Amy Borgman 90 Washington St. Barre, VT.  
August Burns 213 East Main St. Hyde Park, VT.  
Johanna Hauser 183 Talcott Rd. Will, VT.

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Catherine Nicholas, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

12/19/07 Susan Smith  
(Date) (Signature of Secondary Supervising Physician)

PA's cont.

Katra Kindar	23	mansfield Ave.	Burl, VT.
Catherine Nicholas	"	"	"
Janet Young	"	"	"
Anne Hildreth	"	"	"

## PHYSICIAN'S 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 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 fourteen outpatient health centers in Vermont. Under the supervision of PPNNE's Medical Director, Physician's Assistants at PPNNE health centers provide outpatient gynecological 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.

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.
- B. 1) Order and dispense hormonal contraceptives and HT/ET in accordance with the PPNNE Medical Protocol.  
2) Manage routine hormonal contraceptive and HT/ET problems.  
3) Order special laboratory tests needed to prescribe hormonal contraceptives and HRT.
  - C. 1) Insert and remove implant contraceptive systems in accordance with the PPNNE Medical Protocol.  
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.
  - F. 1) Fit and check diaphragms, cervical caps and other barrier devices in accordance with the PPNNE Medical Protocol.  
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.  
2) Manage condom and spermicide problems.
  - H. Counsel and 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.
  - J. Order, administer and/or dispense medications in accordance with the PPNNE Medical Protocol and state and federal laws.
  - K. Diagnose and order or dispense treatment for conditions covered in the PPNNE Medical Protocol as indicated in the protocol.
  - L. Perform pregnancy diagnosis as per the PPNNE Medical Protocol. Order serum HCG pregnancy test, and sonograms.
  - M. Provide services to patients in the abortion, cervical dysplasia, infertility, male services, 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.
  - O. Perform venipuncture; start and maintain I.V.'s.
  - P. 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.
  - Q. 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 if the minor may suffer probable health hazards if such services are not provided.

The Family Planning Practitioner must:

- A. Adhere 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.

I agree to practice under the above standing orders

Print Name

Signature

Date

Collaborating Physician: Cheryl Gibson, MD, Medical Director





S E R V I N G   M A I N E ,   N E W   H A M P S H I R E   A N D   V E R M O N T

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,

A handwritten signature in cursive script, appearing to read 'Cheryl Gibson'.

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.

**CATEGORY I**

Program Title	Date	CME Hours	Sponsor	Location
Simulation	1/17-17, 2007	20.5	U.Pitt	Florida
Simulation	"	4.5	U.Pitt	Florida
Insurer	4/11/06	5	PPNNE	VT
Colpo	6/8/07	6.5	"	"
Insurer	6/5/07	6	"	"
Colpo	11/10/06	6	"	VT

**CATEGORY II**

Program Title	Date	CME Hours	Sponsor	Location
Insurer	3/07	6	PPNNE	VT
Colpo	11/06	6	"	"
4 <sup>th</sup> year student preceptor	40	40	UVM	VT
UVM lectures		40	UVM	VT

Total Category I Hours: 42.5 + Total Category II Hours: 96 = Total Hours: 158.5

Your Signature: [Signature]

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  
7<sup>th</sup> 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*<sup>TM</sup>, 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.

For your credit transcript, please access our website six (6) weeks post-course at:  
<http://ccehs.upmc.edu> and follow the link to the  
Credit Transcript screen

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 Nicholas, MS, PA, Ed d

*Print Name*

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™*. 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.

**For your credit transcript, please access our website six (6) weeks post-course at:**

**<http://ccehs.upmc.edu> and follow the link to the**

**Credit Transcript screen**

# Planned Parenthood of Northern New England

*certifies that*

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:

6.5 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.

6.5 hour(s) of Category I credit towards the AMA Physician's 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 educational activity. This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of the University of Vermont and Planned Parenthood. The University of Vermont is accredited by the ACCME to provide continuing medical education for physicians.

1 Nursing Contact hour(s) of pharmacological contact.

*WGM*

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:

## **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:

7.2 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.

5 hour(s) of Category I credit towards the ANMA Physician's 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 educational activity. This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of the University of Vermont and Planned Parenthood. The University of Vermont is accredited by the ACCME to provide continuing medical education for physicians.

1 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.



Gretchen DeHart

Education & Training Coordinator

183 Talcott Road, Suite 101, Williston, VT 05495

**Planned  
Parenthood®**  
of Northern New England

(802) 878-7753

# Planned Parenthood of Northern New England

*certifies that*

Cate Dickson

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:

6 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 credit towards the AMA Physician's 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 educational activity. This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of the University of Vermont and Planned Parenthood. The University of Vermont is accredited by the ACCME to provide continuing medical education for physicians.

1 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.

WCH

Leigh 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:

## COLPOSCOPY IN-SERVICE

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

This program has been awarded:

7.2 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 credit towards the ANMA Physician's 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 educational activity. This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of the University of Vermont and Planned Parenthood. The University of Vermont is accredited by the ACCME to provide continuing medical education for physicians.

1 Nursing Contact hour(s) of pharmacological contact.



*LSH*  
\_\_\_\_\_  
Leigh S. Chandler

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



*certifies that*

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

This program has been awarded:

**6**

hour(s) of Category I credit towards the ANLA 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 educational activity. This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of the University of Vermont and Planned Parenthood. The University of Vermont is accredited by the ACCME to provide continuing medical education for physicians.

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

Leigh S. Chandler

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





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**

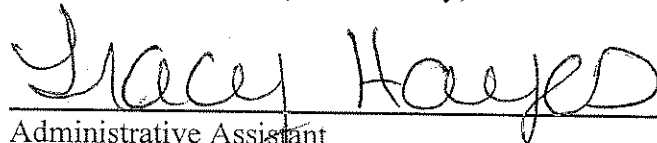
**P.A. Certification Number: 055-0030046**

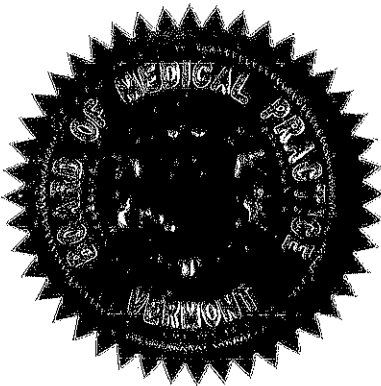
Valid only while working under the supervision of Cheryl Gibson MD, Susan Smith MD, and Kym Boyman MD, at Planned Parenthood of Northern New England, 183 Talcott Road, Williston, VT.

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 21<sup>st</sup> day of February, A.D. 2007

  
\_\_\_\_\_  
Administrative Assistant



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

30046

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Boyman Kym M  
(Last) (First) (Middle)

Mailing Address Planned Parenthood  
(Office Name)  
183 Talcott Road  
(Street)  
Williston, VT. 05495 288-8432  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 0420010

Hospital(s) where you have privileges: Fletcher Allen Healthcare Hospital(s) Location Burlington, VT. Specialty OB/GYN

List all physician's assistants names and addresses you currently supervise:

Amy Borgman, August Burns, Johanna Hauser, Katra Kindar  
Catherine Nicholas, Janet Young

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Catherine Nicholas, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

2/16/07  
(Date)

[Signature]  
(Signature of Secondary Supervising Physician)

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

75.00  
25.00  
x

2006 PHYSICIAN ASSISTANT CERTIFICATION RENEWAL APPLICATION

PART I

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:

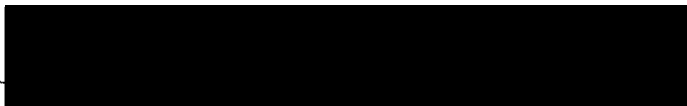


4. Work Address: 23 Mansfield Ave

City, State, Zip Code: Burlington, VT 05401

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) 863-9001

7. Date of Birth: Month:

05-Nov-51

8. Place of Birth: NYC

9. Certification Examination Taken – (Check box and enter date of examination):

☐ ( / / )

NCCPA

☒ (1987)

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 you 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 you now hold an active certification or license to practice:

15. States where you previously were certified or licensed to practice:

16. Specialty: Women's Health DEA Number: \_\_\_\_\_

17. Name and office address of current EMPLOYER:

Name  
PPNNE

Address  
Talbot Dr. 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

Address

Cheryl Gibson 23 Mansfield Ave Burl

Secondary Supervising Physician(s):

Name

Address

Susan Smith 23 Mansfield Ave Burl

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

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

Vermont Department of Health – Board of Medical Practice – 2006-2008 Physician Assistant Certification Renewal

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?  
☐ yes ☒ no
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 ☒ 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 ☒ 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?  
☐ 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? [REDACTED]

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?

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

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?

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

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

[REDACTED]  
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>.

**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.**

38. Criminal Convictions [See 26 VSA § 1368(a)(1)] ☒ Check here if none

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.**

(Conviction Date)	(Court)	(City/State)	(Crime)
-------------------	---------	--------------	---------

39. Nolo Contendere/Matters Continued [See 26 VSA § 1368(a)(2)] ☒ 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)	(Court)	(City/State)	(Charge)
-------------------	---------	--------------	----------

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

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

40. Vermont Board of Medical Practice Matters [See 26 VSA § 1368(a)(3)] ☒ Check here if none

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)

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

☒ Check here if none

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 complete copies of documentation for each matter.**

(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)

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

☒ Check here if none

Revocation/Involuntary Restrictions

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 complete copies of documentation for each matter.**

(Date) (Hospital) (State) (Nature of Restriction) (Reason for Restriction)

(Date) (Hospital) (State) (Nature of Restriction) (Reason for Restriction)

B. Other Restrictions ☒ Check here if none

Please provide a description of all resignations from, or non-renewal of, medical staff membership or the restriction of privileges at a hospital taken in lieu of, or in settlement of, a pending disciplinary case related to competence or character in that hospital. **Please provide complete copies of documentation for each matter.**

(Date) (Hospital) (State)

(Nature of Action) (Action)  
☐ In lieu ☐ In settlement

(Reason for Action)

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

A. Judgments ☒ Check 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.**

☐ Judgment ☐ Arbitration

(Date) (Court) (State) (Nature of Case) (Amount Assessed Against You)

☐ Judgment ☐ Arbitration

(Date) (Court) (State) (Nature of Case) (Amount Assessed Against You)

B. Settlements ☒ Check here if none BD

Please provide a description of all settlements of medical malpractice claims 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.**

(Date) (Court) (State) (Amount of Settlement Against You)

(Date) (Court) (State) (Amount of Settlement Against You)

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

What month and year did you start practicing as a Physician Assistant?

~ 1981

45. Appointments/Teaching [See 26 VSA § 1368(a)(12)] Note: Answering #48 is optional. By answering, you are granting permission to have this information posted on the web. (This form follows the statutory wording. Since most appointments are teaching appointments, these questions may overlap.)

A. Appointments

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

UVM College of Medicine Family Medicine present  
(School) (City) (State) (Nature of Appointment) From (year) To (year)

UVM College of Medicine OB/GYN present  
(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.

UVM College of Medicine 10/01/04 to 10/01/10  
(School/Institution) (City) (State) (Nature of Teaching) From (year) To (year)

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

Note: Answering #49 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.

on file  
(Title) (Publication) (Year)

(Title) (Publication) (Year)

47. Activities [See 26 VSA § 1368(a)(14)]

Note: Answering #50 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.

on file  
(Activities or Awards)

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

What is the location of your primary practice setting?

Burlington VT  
Town/City, State

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

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

Are any translating services available at your primary practice location? ☒ Yes ☐ No

If yes, please describe the translating services available:

Refuge Resettlement Program

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

A. Medicaid participation

Do you participate in the Medicaid program? ☒ Yes ☐ No

B. New Medicaid Patients

Are you currently accepting new Medicaid patients? ☒ Yes ☐ No

**Part V**

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.

Date: 11/15/05

  
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  
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	5/05	12.75	UVM/COM	UVM
Ullers	10/05	6	PPNNE	NH
Education	4/04	14.5	UVM/COM	UVM
Reproduction	10/04	6	PPNNE	NH
Cancer Screen	5/05	5.75	PPNNE	NH
Cases	6/05	5	PPNNE	Burl VT

**CATEGORY II**

Program Title	Date	CME Hours	Sponsor	Location
Teaching	-	30	PPNNE	
Reading		30		
Teaching		30	UVM/COM	

Total Category I Hours: 50 + Total Category II Hours: 90 = Total Hours: 140

Your Signature: \_\_\_\_\_

# Planned Parenthood of Northern New England

certifies that

Cheryl Nicholas

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:

7.2

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.

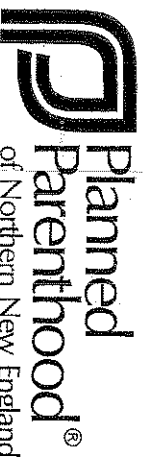
5

hour(s) of Category I credit towards the AMA Physician's 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 educational activity. This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of the University of Vermont and Planned Parenthood. The University of Vermont is accredited by the ACCME to provide continuing medical education for physicians.

1

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.



Gretchen DeHart

Education & Training Coordinator

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:

## 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:

7.2

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.

5.75

hour(s) of Category I credit towards the ANMA Physician's 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 educational activity. This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of the University of Vermont and Planned Parenthood. The University of Vermont is accredited by the ACCME to provide continuing medical education for physicians.

1

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.



Gretchen DeHart

**Planned  
Parenthood®**  
of Northern New England

Education & Training Coordinator  
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:

## 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:

7.2

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

certified continuing education contact hours by the National Board of Certified Counselors, provider number 5561.

6

hour(s) of Category I credit towards the AMA Physician's 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 educational activity. This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of the University of Vermont and Planned Parenthood. The University of Vermont is accredited by the ACCME to provide continuing medical education for physicians.

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



Gretchen DeHart

Education & Training Coordinator

183 Talcott Road, Suite 101, Williston, VT 05495

(802) 878-7753



of Northern New England





The  
UNIVERSITY  
of VERMONT

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:

7.2

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

certified continuing education contact hours by the National Board of Certified Counselors, provider number 5561.

6

hour(s) of Category I credit towards the AMA Physician's 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 educational activity. This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of the University of Vermont and Planned Parenthood. The University of Vermont is accredited by the ACCME to provide continuing medical education for physicians.

1

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.

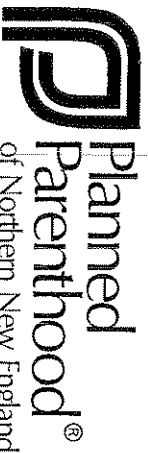


Gretchen DeHart

Education & Training Coordinator

183 Talcott Road, Suite 101, Williston, VT 05495

(802) 878-7753





The  
UNIVERSITY  
of VERMONT

Continuing Medical Education

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*

*Cate Dickson*

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 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.

5.5 hour(s) of Category I credit towards the AMA Physician's 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 educational activity. This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of the University of Vermont and Planned Parenthood. The University of Vermont is accredited by the ACCME to provide continuing medical education for physicians.

1 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*

*Cake Nicholas*

has successfully completed a six hour training seminar entitled:

## ABORTION IN-SERVICE

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

This program has been awarded:

7.2 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.

5.5 hour(s) of Category I credit towards the AMA Physician's 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 educational activity. This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of the University of Vermont and Planned Parenthood. The University of Vermont is accredited by the ACCME to provide continuing medical education for physicians.

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



*Leigh S. Chandler*

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

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

You must answer questions 1, 2, and 3.

## Regarding Child Support

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

1. You must check one of the two statements below regarding child support regardless whether or not you have children:  
☒ I hereby certify that, as of the date of this application: (a) I am not subject to any support order or (b) I am subject to a support order and I am in good standing with respect to it, or (c) I am subject to a support order and I am in full compliance with a plan to pay any and all child support due under that order.  
 or  
☐ I hereby certify that I am NOT in good standing with respect to child support dues as of the date of this application and I hereby request that the licensing authority determine that immediate payment of child support would impose an unreasonable hardship. Please forward an "Application for Hardship".

## Regarding Taxes

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

2. You must check one of the two statements below regarding taxes:  
☒ I hereby certify, under the pains and penalties or perjury, that I am in good standing with respect to or in full compliance with a plan to pay any and all taxes due to the State of Vermont as of the date of this application. (The maximum penalty for perjury is fifteen years in prison, a \$10,000.00 fine or both).  
 or  
☐ I hereby certify that I am NOT in good standing with respect to taxes due to the State of Vermont as of the date of this application and I hereby request that the licensing authority determine that immediate payment of taxes would impose an unreasonable hardship. Please forward an "Application for Hardship".

## Regarding Unemployment Compensation Contributions

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

3. You must check one of the three statements below regarding unemployment contributions or payments in lieu of unemployment contributions:  
☒ I hereby certify, under the pains and penalties of perjury, that I am in good standing with respect to or in full compliance with a payment plan approved by the Commissioner of Employment and Training to pay any and all unemployment contributions or payments in lieu of unemployment contributions to the Vermont Department of Employment and Training due as of the date of this application. (The maximum penalty for perjury is 15 years in prison, a \$10,000.00 fine or both).  
 or  
☐ I hereby certify that I am NOT in good standing with respect to unemployment contributions or payments in lieu of unemployment contributions due to the Vermont Department of Employment and Training as of the date of this application and I hereby request that the licensing authority determine that requiring immediate payment of unemployment contributions or payments in lieu of unemployment contributions would impose an unreasonable hardship. Please forward an Application for Hardship.  
 or  
☐ I hereby certify that 21 V.S.A. § 1378 is not applicable to me because I am not now, nor have I ever been, an employer.

Social Security # [REDACTED] Date of Birth 11/5/51

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

## STATEMENT OF APPLICANT

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

Signature of Applicant 

Date 11/15/05

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

PRIMARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Gibson Cheryl A  
(Last) (First) (Middle)

Mailing Address Planned Parenthood  
(Office Name)

183 Talcott Rd.  
(Street)

Williston, VT. 05495 (802) 878-7232  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 042-0007465

Hospital(s) where you have privileges:	Hospital(s) Location	Specialty
<u>Fletcher Allen Healthcare</u>	<u>Burlington</u>	<u>OB/GYN</u>

What arrangements have you made for supervision when you are not available or out of town:

Coverage by another physician

CERTIFICATE OF SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Cate Dickson, 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.

12/15/05  
(Date)

[Signature]  
(Signature of Supervising Physician)

Co-signature of PA: [Signature]

Note: A PA who prescribes controlled drugs must obtain an ID number from DEA. PA's DEA Number MN0817619

PA# 055-0030046

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

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Smith Susan f  
(Last) (First) (Middle)

Mailing Address Planned Parenthood  
(Office Name)

183 Talcott Rd.  
(Street)  
Williston, VT. 05495 (802) 878-7232  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 042-0005990

Hospital(s) where you have privileges:	Hospital(s) Location	Specialty
<u>Fletcher Allen Health care</u>	<u>Burlington</u>	<u>OB/GYN</u>

List all physician's assistants names and addresses you currently supervise:

<u>Amy Barman-Barre, VT.</u>	<u>Catherine Nicholas - Burlington, VT.</u>
<u>August Burns-Hyde Park, VT.</u>	<u>Katia Kindar - Burl, VT.</u>
<u>Johanna Hauser - Williston, VT.</u>	<u>Janet Yang - Burl, VT.</u>
	<u>Anne Hildreth - Barre, VT.</u>

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Cate Nicholas, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

12/18/05  
(Date)

Susan Smith  
(Signature of Secondary Supervising Physician)

PA# OSS-0030046





S E R V I N G   M A I N E ,   N E W   H A M P S H I R E   A N D   V E R M O N T

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 # 055-0030046)

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,

A handwritten signature in cursive script, appearing to read 'Cheryl Gibson'.

Cheryl Gibson  
Medical Director

# Planned Parenthood of Northern New England

Standing Orders for  
Nurse Practitioners, Certified Nurse Midwives & Physician Assistants

The Family Planning Practitioner may:

- A. 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.
  - 2) 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.
  - 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.
- F.
  - 1) Fit and check diaphragms and cervical caps in accordance with the PPNNE Medical Protocol.
  - 2) Manage diaphragm and cervical cap problems.
- G.
  - 1) Order and dispense condoms and vaginal spermicides in accordance with the PPNNE Medical Protocol.
  - 2) Manage condom and spermicide problems.
- H. Counsel and 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.
- J. Order, administer and/or dispense medications in accordance with the PPNNE Medical Protocol and state and federal laws.
- K. Diagnose and order or dispense treatment for conditions covered in the PPNNE Medical Protocol as indicated in the protocol.
- L. 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.
- O. Perform venipuncture; start and maintain I.V.'s.
- P. 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.
- Q. 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 consent if the minor may suffer probable health hazards if such services are not provided.

The Family Planning Practitioner must:

- A. Adhere 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.

I agree to practice under the above standing orders

Print Name

Signature

Date

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

## 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.**

**PHYSICIAN'S 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 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 gynecological 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.

**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.

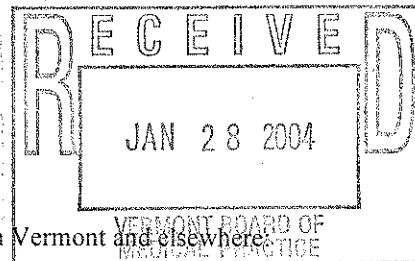
**Important:**

- 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 entirety at your earliest convenience. Your current certificate expires on January 30, 2004.

**PART I**

1. Name: Catherine Nicholas
2. Gender: ☐ Male ☒ Female
3. Vermont Certification Number: 055-0030046

4. Other Name(s), if any, under which you were certified or licensed in Vermont and elsewhere:



5. Home Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

6. Work Address: Vt Women's Health Center  
23 Mansfeild Avenue  
Burlington, VT 05401

*Vermont Women's Choice*

Please check your preferred mailing address: ☐ Home ☒ Work  
(This address will be public and listed on the Board's website)

7. Email Address: \_\_\_\_\_

8. Daytime Telephone Number: Area Code: (802) 863-9001

9. Date of Birth (Month/Day/Year): 11/5/1951

10. Place of Birth: NYC

11. Certification Examination Taken – (Check box and enter date of examination):

- ☐ ( / / ) NCCAA
- ☐ ( / 81 ) State Examination-Identity by state: VT
- ☐ ( / / ) Other Examination specify: \_\_\_\_\_

12. Basis for Vermont Certification – (Check box):

- ☒ Apprenticeship Trained
- ☐ University Trained

13. Do you have hospital privileges in Vermont? ☐ Yes ☒ No

Hospital Name(s) and Location(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. In what year did you start working as a physician assistant in Vermont? 1981

15. Did you practice in Vermont during the past 12 months? ☒ Yes ☐ No

*An applicant for certification renewal who has not practiced as a Physician Assistant for more than twelve months must submit a satisfactory evaluation by the Supervising Physician.*

16. Other states where you now hold an active certification or license to practice: Ø

17. States where you previously were certified or licensed to practice: Ø

18. Specialty: gyn DEA Number: MN0817619

19. Name and office address of current **EMPLOYER**:

Name	Address
<u>PPNNE</u>	<u>Williston VT</u>

20. Please indicate the total number and list (use additional sheet if necessary) name(s) and address(es) of physicians who currently serve as your **PRIMARY** and **SECONDARY SUPERVISING PHYSICIAN(S)**.

Total number 3

Primary Supervising Physician(s):

Name: Cheryl A. Gibson  
Address:  
23 Mansfield Avenue  
Burlington, VT 5401

Name	Address
_____	_____

Secondary Supervising Physician(s):

Name Susan Smith Address 23 Mansfield Ave Burlington  
Kym Boyman ↓

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


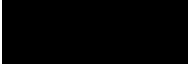
25. Have you ever applied for and been denied a license or certificate to practice medicine or any other healing art? ☐ Yes ☒ No
26. Have you ever withdrawn an application for a license or certificate to practice medicine or any other healing art? ☐ Yes ☒ No
27. Have you ever voluntarily surrendered or resigned a license or certificate to practice medicine or any other healing art in lieu of disciplinary action? ☐ Yes ☒ No
28. 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
29. Have you ever been denied the privilege of taking an examination before any state medical examining board? ☐ Yes ☒ No
30. Have you ever discontinued your education, training, or practice for a period of more than three months, for reasons other than a family situation? ☐ Yes ☒ No
31. Have you ever been dismissed or suspended from, or asked to leave a residency training program before completion? ☐ Yes ☒ No

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
3. The physical capability to perform medical tasks such as physical examination and surgical procedures, with or without the use of aids or devices, such as corrective lenses or hearing aids.

**"Medical condition"** - 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 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.

38. 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.

39. 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**

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 Date)	(Court)	(City/State)	(Crime)
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41. Nolo Contendere/Matters Continued [See 26 VSA § 1368(a)(2)]

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

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

(Date)	(Final Disposition - Summary)
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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)
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(Date of Final Disposition)	(Licensing or Certification Authority)	(Court)	(City/State)	(Nature of Charge)
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44. Restriction of Hospital Privileges [See 26 VSA § 1368(a)(5)]

A. Revocation/Involuntary Restrictions

Please provide a description of any revocation or involuntary restriction of your hospital privileges 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)
--------	------------	---------	-------------------------	--------------------------

B. Other Restrictions

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

\_\_\_\_\_  
(Date) (Hospital) (State)

\_\_\_\_\_  
(Nature of Action) (Action)

\_\_\_\_\_  
(Reason for Action) ☐ In lieu ☐ In settlement

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

A. Judgments

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

☐ Judgement ☐ Arbitration

\_\_\_\_\_  
(Date) (Court) (State) (Nature of Case) (Amount Assessed Against You)

☐ Judgement ☐ Arbitration

\_\_\_\_\_  
(Date) (Court) (State) (Nature of Case) (Amount Assessed Against You)

B. Settlements

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

\_\_\_\_\_  
(Date) (Court) (State) (Amount of Settlement Against You)

\_\_\_\_\_  
(Date) (Court) (State) (Amount of Settlement Against You)

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

What month and year did you start practicing as a Physician's Assistant? \_\_\_\_\_

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

A. Appointments

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

UVM College of Medicine VT Clinical Instructor  
 (School) (City) (State) (Nature of Appointment) From (year) To (year)  
 Family Practice + OB/GYN 1995 → current  
 (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.

Preceptor for UVM Medical Students  
 (School/Institution) (City) (State) (Nature of Teaching) From (year) To (year)  
 F.A.R.C. residents 1981 → present

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

Note: Answering #51 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.

Spermicide Efficacy Study OB/GYN (Green Journal) 2004  
 (Title) (Publication) (Year)  
 Comparison of Endocervical Canal Sampling Lower Genital Tract Disease 01/2000  
 (Title) (Publication) (Year)

49. Activities [See 26 VSA § 1368(a)(14)]

Note: Answering #52 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  
 (Activities or Awards)

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

What is the location of your primary practice setting?

Burlington VT  
 Town/City, State

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

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

Ensuring Quality  
Book Chapter 18 - Care in Abortion  
Services

A Clinician's Guide to  
Medical + Surgical  
Abortion "10

Paul Fichtenberg,  
Boryatta, Gruner  
Stubblefield

Are any translating services available at your primary practice location? ☒ Yes ☐ No

If yes, please describe the translating services available:

Refugee Resettlement

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

A. Medicaid participation

Do you participate in the Medicaid program? ☒ Yes ☐ No

B. New Medicaid Patients

Are you currently accepting new Medicaid patients? ☒ Yes ☐ No

**Part V**

Are you currently active in clinical practice in Vermont? ☒ Yes ☐ No

If you do not provide patient care in Vermont, skip the rest of Part V and go to Part VI.

For the practice location(s) in Vermont related to this certificate, please answer the questions below.

Please select the specialty codes from the list provided (link), and enter the average hours per week you spend providing DIRECT PATIENT CARE. Include both AMBULATORY care and HOSPITAL care of patients who originate from this site. Please exclude on-call hours.

Enter the Vermont town name for this location: Burlington

Select the ONE practice setting that best describes this practice:

(If you provide hospital care to patients who originate from your office or clinic, choose only the setting from which they originate.)

- ☒ Community-Based practice (including associated hospital care - solo or group office, Community Health Center, etc.)  
☐ Hospital-based practice (Inpatient, Emergency Room, etc.)  
☐ School or College Health Center  
☐ Business or Work Site  
☐ Extended Care / Nursing Home  
☐ Other: \_\_\_\_\_

I work as a locum tenens here ☐ Yes ☒ No

If this is an office-based practice, please answer the following:

- I currently have patients here covered by Medicaid ☒ Yes ☐ No  
I currently have patients here covered by Medicare ☒ Yes ☐ No  
I will accept new patients here ☒ Yes ☐ No  
I will accept new Medicaid patients here ☒ Yes ☐ No  
I will accept new Medicare patients here ☒ Yes ☐ No

Enter the number of weeks you spend providing direct patient care here in a year:  
(48 weeks is considered to be "full time") 48 [2 digits]

Enter your specialty and the number of hours you spend providing direct patient care here under that specialty in an average work week:

First Specialty: 1101 [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 THIS SITE in the next 12 months? ☐ Yes ☒ No

If you work at another location or setting UNDER THE SAME CERTIFICATE please answer the questions below. If you work only at one site under this certificate please stop here, leave Part V blank, and skip to Part VI. (If you work at another site under a different certificate, please describe your work at that site in the renewal form for that other certificate, not here.)

Enter the Vermont town name for the second location: \_\_\_\_\_

Select the ONE practice setting that best describes this practice:

(If you provide hospital care to patients who originate from your office or clinic, choose only the setting from which they originate.)

- ☐ Community-Based practice (including associated hospital care - solo or group office, Community Health Center, etc.)
- ☐ Hospital-based practice (Inpatient, Emergency Room, etc)
- ☐ School or College Health Center
- ☐ Business or Work Site
- ☐ Extended Care / Nursing Home
- ☐ Other: \_\_\_\_\_

I work as a locum tenens here ☐ Yes ☐ No

If this is an office-based practice, please answer the following:

- |  |  |
|--|--|
| I currently have patients here covered by Medicaid | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| I currently have patients here covered by Medicare | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| I will accept new patients here                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| I will accept new Medicaid patients here           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| I will accept new Medicare patients here           | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Enter the number of weeks you spend providing direct patient care here in a year:  
(48 weeks is considered to be "full time") \_\_\_\_\_ [2 digits]

Enter your specialty and the number of hours you spend providing direct patient care here under that specialty in an average work week:

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 THIS SITE in the next 12 months? ☐ Yes ☐ No

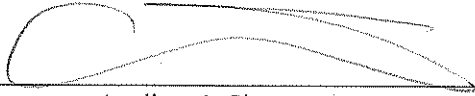
If you work at more than two locations UNDER THE SAME CERTIFICATE please describe the additional site(s) briefly, e.g., "same specialty and hours in additional towns: X and Y":

**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**

349-94-1892



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 overdue; or liability for any support payable is being contested in a judicial or quasi-judicial proceeding; or he or she is in compliance with a repayment plan approved by the office of child support or agreed to by the parties; or the licensing authority determines that immediate payment of support would impose an unreasonable hardship. (15 V.S.A. § 795)

1. You must check one of the two statements below regarding child support regardless whether or not you have children:
- ☒ I hereby certify that, as of the date of this application: (a) I am not subject to any support order or (b) I am subject to a support order and I am in good standing with respect to it, or (c) I am subject to a support order and I am in full compliance with a plan to pay any and all child support due under that order.
- or
- ☐ I hereby certify that I am NOT in good standing with respect to child support dues as of the date of this application and I hereby request that the licensing authority determine that immediate payment of child support would impose an unreasonable hardship. Please forward an "Application for Hardship".

Regarding Taxes

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

2. You must check one of the two statements below regarding taxes:
- ☒ I hereby certify, under the pains and penalties or perjury, that I am in good standing with respect to or in full compliance with a plan to pay any and all taxes due to the State of Vermont as of the date of this application. (The maximum penalty for perjury is fifteen years in prison, a \$10,000.00 fine or both).
- or
- ☐ I hereby certify that I am NOT in good standing with respect to taxes due to the State of Vermont as of the date of this application and I hereby request that the licensing authority determine that immediate payment of taxes would impose an unreasonable hardship. Please forward an "Application for Hardship".

Regarding Unemployment Compensation Contributions

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

3. You must check one of the three statements below regarding unemployment contributions or payments in lieu of unemployment contributions:
- ☒ I hereby certify, under the pains and penalties of perjury, that I am in good standing with respect to or in full compliance with a payment plan approved by the Commissioner of Employment and Training to pay any and all unemployment contributions or payments in lieu of unemployment contributions to the Vermont Department of Employment and Training due as of the date of this application. (The maximum penalty for perjury is 15 years in prison, a \$10,000.00 fine or both.)
- or
- ☐ I hereby certify that I am NOT in good standing with respect to unemployment contributions or payments in lieu of unemployment contributions due to the Vermont Department of Employment and Training as of the date of this application and I hereby request that the licensing authority determine that requiring immediate payment of unemployment contributions or payments in lieu of unemployment contributions would impose an unreasonable hardship. Please forward an Application for Hardship.
- or
- ☐ I hereby certify that 21 V.S.A. § 1378 is not applicable to me because I am not now, nor have I ever been, an employer.

Social Security [REDACTED] Date of Birth 11/5/51

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

STATEMENT OF APPLICANT

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

Signature of Applicant [Signature]

Date 12/10/03

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

PRIMARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Gibson Cherry A  
Nicholas Cate F  
(Last) (First) (Middle)

Mailing Address Vermont Women's Choice / P.P.  
(Office Name)  
23 Mansfield Ave  
(Street)  
Burlington VT 05401 802-863-9001  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 042-0007465

Hospital(s) where you have privileges: F.A.H.C. Hospital(s) Location Burl Specialty OB-gyn

What arrangements have you made for supervision when you are not available or out of town:

2° MD supervisor, electronically  
24/7 on call service

CERTIFICATE OF SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Catherine Nicholas, 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's 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's assistants.

1/15/04 (Date)  
[Signature] (Signature of Supervising Physician)

Co-signature of PA: [Signature]

Note: A PA who prescribes controlled drugs must obtain an ID number from DEA. 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. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Boyman Kym m.  
(Last) (First) (Middle)

Mailing Address Planned Parenthood  
(Office Name)  
23 Mansfield Ave.  
(Street)  
Burlington, VT 05401 863-6326  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 042-0010597

Hospital(s) where you have privileges:	Hospital(s) Location	Specialty
<u>F.A.H.C</u>	<u>Burlington, VT.</u>	<u>OB/GYN.</u>

List all physician's assistants names and addresses you currently supervise:

Amy Borgman - P.P. BARRE Johanna Hauser - P.P. Burlington Barb Notti - P.P. Burl.  
August Burns - P.P. Hyde Park Katra Kindar - P.P. Burlington Janet Yang - P.P. Burl.  
Sue Burton - P.P. Burlington Cate Nicholas - P.P. Burlington Anne Hildreth - Springfield

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Catherine Nicholas, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician's Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician's assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician's assistants.

1/22/04  
(Date)

X [Signature]  
(Signature of Secondary Supervising Physician)

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

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Smith Susan —  
(Last) (First) (Middle)

Mailing Address Planned Parenthood  
(Office Name)  
23 Mansfield Ave.  
(Street)  
Burl, VT. 05401 803-6326  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 042-0005990

Hospital(s) where you have privileges:	Hospital(s) Location	Specialty
<u>F.A.H.C</u>	<u>Burlington, VT.</u>	<u>OB/GYN.</u>

List all physician's assistants names and addresses you currently supervise:

Amy Borman - P.P. Barre Johanna Hauser - P.P. Burlington Barb Nolfi - P.P. Burl.  
August Burns - P.P. Hyde Park Katra Kindar - P.P. Burlington Janet Young - P.P. Burl.  
Sue Burton - P.P. Burlington Cate Nicholas - P.P. Burlington Anne Hildreth - P.P. Springfield

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Catherine Nicholas, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician's Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician's assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician's assistants.

1/22/04  
(Date)

Susan Smith  
(Signature of Secondary Supervising Physician)

## **PHYSICIAN'S 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 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 gynecological 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

Catherine Nicholas

1/14/04  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Cheryl Gibson

Primary Supervising Physician

1/15/04  
\_\_\_\_\_  
Date

# Planned Parenthood of Northern New England

Standing Orders for  
Nurse Practitioners & Physician Assistants

The Family Planning Practitioner may:

- A. 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.
  - 2) 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.
  - 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.
- F.
  - 1) Fit and check diaphragms and cervical caps in accordance with the PPNNE Medical Protocol.
  - 2) Manage diaphragm and cervical cap problems.
- G.
  - 1) Order and dispense condoms and vaginal spermicides in accordance with the PPNNE Medical Protocol.
  - 2) Manage condom and spermicide problems.
- H. Counsel and 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.  
Order, administer and/or dispense medications in accordance with the PPNNE Medical Protocol and state and federal laws.
- K. Diagnose and order or dispense treatment for conditions covered in the PPNNE Medical Protocol as indicated in the protocol.
- L. 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.
- O. Perform venipuncture; start and maintain I.V.'s.
- P. 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.
- Q. 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 if the minor may suffer probable health hazards if such services are not provided.

The Family Planning Practitioner must:

- A. Adhere 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.

I agree to practice under the above standing orders

Cate N. 4622 M.S., P.A.  
Print Name  
[Signature]  
Signature  
4/14/03  
Date

[Signature]  
Collaborating Physician: Cheryl Gibson, MD, Medical Director



S E R V I N G   M A I N E ,   N E W   H A M P S H I R E   A N D   V E R M O N T

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

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,

A handwritten signature in dark ink, appearing to read 'Cheryl Gibson', written over a horizontal line.

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 Medicine April 4-6 2002	11.5
PPNNE Inservice 18-Oct-02	5.25
PPNNE Inservice 3/21/03	5.75
UVM College of Medicine April 10-12 2003	15.75
PPNNE Inservice 6/5/03	5.5
ACOG workshop 6/27/03	7
PPNNE Inservice 11/21/03	5.5
	<b>56.25</b>

**Category 2**

Journal reading, teaching, consultation	60
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**TOTAL 116.25**

**Nicholas, Cate F**

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**To:** 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	0210309	1	CFN1667
Teachers Teaching Teachers	11/17/2000	NICHOLAS	0110302	1	CFN1667
Teachers Teaching Teachers	10/20/2000	NICHOLAS	0110301	1.5	CFN1667

**QRYconference attendance**

confNumber	ParticipID	firstName	lastName	Degree	Credits
0380138 Mud Season 4/10-4/12/03	CFN1667	CATE	NICHOLAS		15.75

**QRYconference attendance**

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

NICHOLAS, CATE F

---

From: cognatehours [cognatehours@acog.org]  
Sent: 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" [REDACTED] 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 hour 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:

72 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.

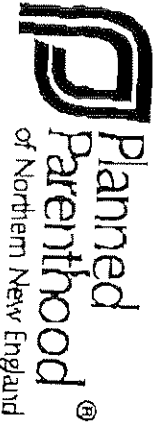
6 certified continuing education contact hours by the National Board of Certified Counselors, provider number 5561.

5.25 hour(s) of Category I credit towards the AMA Physician's 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 educational activity. This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of the University of Vermont and Planned Parenthood. The University of Vermont is accredited by the ACCME to provide continuing medical education for physicians.

5.25 certified continuing education credit hours by the National Association of Social Workers, Vermont Chapter and meets the continuing education criteria for Social Work Licensure renewal. NASW VT CED Vendor #02-012207-1018-1.

1 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.



*Janet L. Lussier*  
Janet L. Lussier

Training Coordinator  
23 Massfield Avenue, Burlington, VT 05401  
(802) 862-9638

# *Planned Parenthood of Northern New England certifies that*

has successfully completed a six hour training seminar entitled:

## **PRACTITIONER IN-SERVICE: BETHESDA SYSTEM, PROBLEM-ORIENTED MEDICAL RECORD, FORMS, HIPAA, RISK MANAGEMENT**

held at the Holiday Inn, Concord, New Hampshire on March 23, 2003.

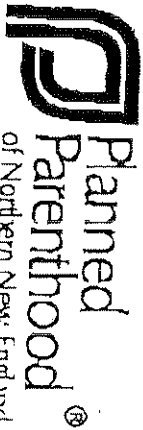
This program has been awarded:

7.2 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 certified continuing education contact hours by the National Board of Certified Counselors, provider number 5561.

5.75 hour(s) of Category I credit towards the AMA Physician's 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 educational activity. This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of the University of Vermont and Planned Parenthood. The University of Vermont is accredited by the ACCME to provide continuing medical education for physicians.

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



of Northern New England

*Leigh S. Chandler*

Program Manager, Education and Training  
23 Mansfield Avenue, Burlington, VT 05401  
(802) 862-9638

## *Planned Parenthood of Northern New England certifies that*

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

### **COLPOSCOPY IN-SERVICE**

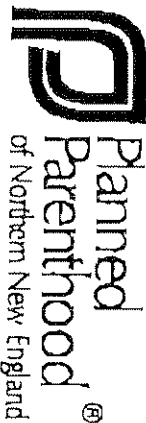
held at the Hanover Inn, Hanover, New Hampshire on November 21, 2003.

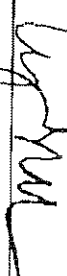
This program has been awarded:

6.6 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.

5.5 hour(s) of Category I credit towards the AMA Physician's 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 educational activity. This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of the University of Vermont and Planned Parenthood. The University of Vermont is accredited by the ACCME to provide continuing medical education for physicians.

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



  
Idgh S. Chandler  
Program Manager, Education and Training  
183 Takott 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:

**PRACTITIONER IN-SERVICE: CHALLENGING CASES**

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

This program has been awarded:

7.2

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.

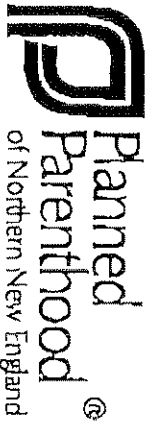
5.5

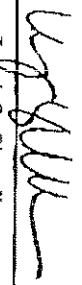
hour(s) of Category I of the Physician's Recognition Award of the American Medical Association. The University of Vermont College of Medicine is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education for physicians. Each physician should claim only those hours of credit that he/she actually spent in the educational activity.

2

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.



  
Leigh S. Chandler  
Program Manager  
23 Mansfield Avenue, Burlington, VT 05401  
(802) 862-9638