

STATE OF VERMONT
BOARD OF MEDICAL PRACTICE

PROFESSIONAL CERTIFICATE

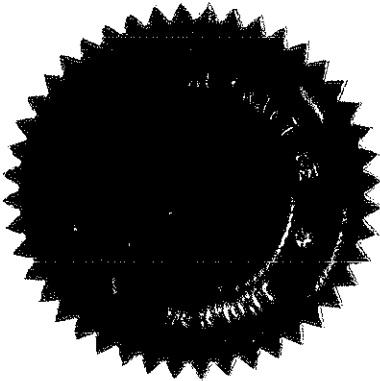
I hereby certify that the following named person is fully qualified to practice as a Physician's Assistant in the State of Vermont:

Catherine Nicholas, M.S., PA

P.A. Certification Number: 55-0030046

Valid only while working under the supervision of Ellie Wegner, M.D.; John Brumstead, M.D.; Anne Viselli, M.D.; Julia Johnson, M.D.; Marjorie Meyer, M.D.; Peter Cherouncy, M.D.; Eleanor Capeless, M.D.; Ira Bernstein, M.D. and Rebecca Walker, M.D. at Vermont Women's Health Center, 336 North Avenue, Burlington, Vermont.

Valid through January 31, 2002.

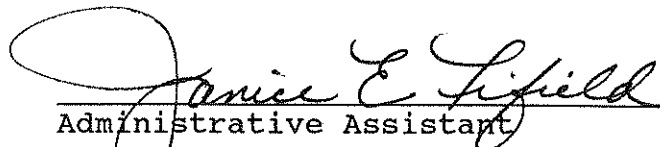


IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the

VERMONT BOARD OF MEDICAL PRACTICE

at Montpelier, in the county of Washington,
State of Vermont,

this 1st day of February , A.D., 2000


Administrative Assistant

Catherine Nicholas - 30046

PA CHECK LIST (RENEWAL) - 2000-2002

- ✓ 1. Fee 75.-
- ✓ 2. Application pages complete
- ✓ 3. Child/Tax/Unemployment
- N/A 4. Form A when applicable
- ✓ 5. NCCPA or CME proof
- ✓ 6. Signed (by both) Scope of Practice
- ✓ 7. Supervisor Statement

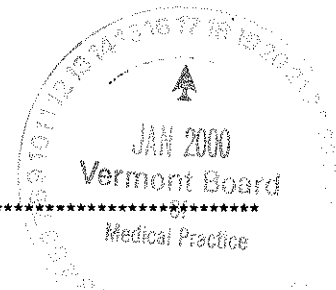
Survey - yes ✓ No -

pd 75

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE
2000-2002 PHYSICIAN'S ASSISTANT CERTIFICATION RENEWAL APPLICATION, PAGE ONE OF SIX

I hereby apply for the **RENEWAL** of my **CERTIFICATION AS A PHYSICIAN'S ASSISTANT** for the period from 02/01/00 to 01/31/02. **TWO YEAR RENEWAL FEE: \$75. with each additional renewal \$50.**
Enclose a check in the amount of \$75. made payable to the Vermont Board of Medical Practice.

055-0030046
Catherine Nicholas MS, PA
Vermont Women's Health Center
336 North Avenue
P.O. Box 29
Burlington, VT 05401



Important:

- Please print legibly or type your answers.
 - Answer all questions (front and back of each page) completely-it is not adequate to state that the Board already has the information. Use the enclosed Form A to provide explanations to "yes" answers in Section II.
 - Make a copy of this form and all attachments for your own records.
 - Do not delegate this important task to an employee, as false statements on this form are grounds for unprofessional conduct
- Note: Physician's Assistants 80 years of age or older are exempt from payment of a renewal fee; however the Physician's Assistant certification renewal application must be completed and submitted.
- Thank you for your cooperation.

SECTION I

1. Name: Catherine Nicholas 2. Vermont Certification Number: 55-0030046

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

4. Home Address:

City, State, Zip Code:

5. Office Address:

City, State, Zip Code:

Note: Circle your preferred mailing address. Please note that this address will be public and listed on the Board's website

6. Daytime Telephone Number: Area Code:

7. Date of Birth: Month:

Day:

Year:

8. Place of Birth:

9. Sex:

Male

Female

10. Certification Examination Taken - Check:

☒ NCCPA

☐ State Examination-Identify State: VT

☐ Other Examination Specify: _____

11. Basis for Vermont Certification:

☒ Apprenticeship Trained

☐ University Trained

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE
2000-2002 PHYSICIAN'S ASSISTANT CERTIFICATION RENEWAL APPLICATION, PAGE TWO OF SIX

12. Undergraduate Degree - Circle: B.A. B.S. A.B. Other: _____ Year of Graduation: 1973

Degree Granting Institution: University of Bridgeport

Location: Conn

First Institution (If transfer): _____ Location: _____

P.A. Diploma or Certificate: _____ Other: _____ Year of Graduation: _____

School: _____ Location: _____

13. Do you have hospital privileges in Vermont? _____ Yes X No

Name(s) and Location(s) of Hospital(s): _____

14. Did you practice in Vermont during the past 12 months? X Yes _____ No

15. Other states where you now hold an active certification or license to practice: _____

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

17. Specialty: OB/gyn DEA Number: NA

18. Name and office address of current employer:

Name	Address
<u>Vermont Women's Health Center</u>	<u>336 No Ave Burlington VT</u>

19. Please list (or use additional sheet if necessary) your current Primary and Secondary Supervising Physicians:

Name, specialty and office address of Supervising Physician(s):

Name	Specialty	Address
<u>9224 Ellie Wegner</u>	<u>OB/gyn</u>	<u>same</u>

20. Name, specialty and office address of the Secondary Supervising Physician(s):

Name	Specialty	Address
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<u>9890 Paige Walker</u>	<u>OB/gyn</u>	<u>same</u>
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<u>7101 John Brunstead</u>		<u>FATH</u>
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<u>8739 Anne Veselli</u>	<u>6511</u>	<u>Eleanor Capelen</u>
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<u>8140 Julia Johnson</u>	<u>7565</u>	<u>Ira Bernstein</u>
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<u>7765 Mark Meyer</u>		
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STATE OF VERMONT - BOARD OF MEDICAL PRACTICE
2000-2002 PHYSICIAN'S ASSISTANT CERTIFICATION RENEWAL APPLICATION, PAGE THREE OF SIX

21. Please attach a copy of your current NCCPA certificate.

22. Scope of Practice: The Board of Medical Practice requires that you and your primary supervising physician(s) review the most current scope of practice (see attached definition) for your practice setting, paying attention to any additions or deletions in duties and procedures.

a) Has there been a change in your scope of practice which has not been reviewed by the Board? ☐ Yes ☒ No

b) Please review, sign and date by **PA and PRIMARY SUPERVISING PHYSICIAN** your scope of practice. Please attach a copy of your signed scope of practice.

23. Documentation showing practice as a Physician's Assistant within the past twelve months: Please provide a letter from your Supervising Physician attesting to the fact that you have practiced as a Physician's Assistant within the past twelve months.

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

24. Continuing Medical Education (CME) requirements:

a. NCCPA certified Physician's Assistants: Attach proof of recertification; this will serve as adequate proof of CME completion.

b. For all others, enclosed please find an explanation of requirements and a logging form. If you have any questions, please address them in writing to Board Member Katherine A. Silta, PA-C at the Board's address.

25. All Physician's Assistants are required to have a Secondary Supervising Physician for their practice. We have enclosed a form to be returned to this office if you do not have a Secondary Supervising Physician on file with our office.

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE
2000-2002 PHYSICIAN'S ASSISTANT CERTIFICATION RENEWAL APPLICATION, PAGE FOUR OF SIX

SECTION II

SECTION II - "Yes" answers to Questions 1 - 24 require an explanation on the enclosed 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. You have a continuing obligation to update the Board during the 2000-2002 period if the answer to any of the questions on the next two pages changes from "No" to "Yes".

During the past two years:

1. Have you applied for and been denied a certification/license to practice as a PA or any healing art? ____ Yes ☒ No
2. Have you withdrawn an application for a certification/license to practice as a PA or any healing art? ____ Yes ☒ No
3. Have you voluntarily surrendered or resigned a certification/license to practice as a PA or any healing art in lieu of disciplinary action? ____ Yes ☒ No
4. Are any formal disciplinary charges pending or has any disciplinary action been taken against you by any governmental authority, by any hospital or health care facility, or by any professional PA association (international, national, state or local)? ____ Yes ☒ No
5. To your knowledge, are you the subject of an investigation by any other licensing board as of the date of this application?
[REDACTED]
6. Have you been denied the privilege of taking an examination before any State Medical Examining Board? ____ Yes ☒ No
7. Have you discontinued your education, training, or practice for a period of more than three months? ____ Yes ☒ No
8. Have you been dismissed or asked to leave a residency training program(s) before completion? ____ Yes ☒ No
9. Have you had staff privileges, employment or appointment in a hospital or other health care institution denied, reduced, suspended or revoked; resigned from a medical staff in lieu of disciplinary action; or resigned from a medical staff after a complaint or peer review action has been initiated against you? ____ Yes ☒ No
10. Have you been denied the right to participate or enroll in any system whereby a third party pays all or part of a patient's bill? ____ Yes ☒ No
11. Have you been notified as a responsible party of a confirmed quality concern (quality of hospital care provided to Medicare patients) by the Peer Review Organization (PRO) in Vermont or elsewhere? ____ Yes ☒ No
12. Has any medical malpractice claim been made against you (whether or not a lawsuit was filed in relation to the claim/complaint/demand for damages)? ____ Yes ☒ No
13. Have you been turned down for coverage by a malpractice insurance carrier? ____ Yes ☒ No
14. Has your privilege to possess, dispense or prescribe controlled substances been suspended, revoked, denied, restricted or surrendered by any jurisdiction or federal agency at any time? ____ Yes ☒ No
15. Have you been a defendant in any criminal proceeding other than minor traffic offenses (Note: DWI - Driving While Intoxicated - is NOT a minor offense)? ____ Yes ☒ No
16. To your knowledge, are you the subject of an investigation for a criminal act?
[REDACTED]

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE
2000-2002 PHYSICIAN'S ASSISTANT CERTIFICATION RENEWAL APPLICATION, PAGE FIVE OF SIX

SECTION II CONTINUED - "Yes" answers to Questions 17 - 24 require an explanation on the enclosed Form A.
For purposes of Questions 17 - 24, the following phrases or words are defined below:

"Ability to practice medicine" is to be construed to include all of the following:

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

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

"Chemical substances" 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.

"Currently", for purposes of this renewal application, does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, or within the past two (2) years.

"Illegal use of controlled substances" means the use of controlled substances obtained illegally as well as the use of controlled substances which are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

17. Do you have a medical condition which in any way impairs or limits your ability to practice as a PA with reasonable skill and safety? If "yes," please explain. [REDACTED]
18. Does your use of chemical substance(s) in any way impair or limit your ability to practice as a PA with reasonable skill and safety? If "yes," please explain. [REDACTED]
19. Are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program? If "yes," please explain. [REDACTED]
20. Are the limitations or impairments caused by your medical condition reduced or ameliorated because of the field of practice, the setting or the manner in which you have chosen to practice? If "yes," please explain. [REDACTED]
21. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, or voyeurism? If "yes," please explain. [REDACTED]
22. Are you currently engaged in the illegal use of controlled substances? [REDACTED]
23. If "yes," are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not illegally using controlled substances? If "yes," please explain. [REDACTED]
24. Have you been diagnosed with or have you been treated for bipolar disorder, schizophrenia, paranoia, or any other psychotic disorder? [REDACTED]

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE - SECTION III
2000-2002 PHYSICIAN'S ASSISTANT CERTIFICATION RENEWAL APPLICATION - PAGE SIX OF SIX
STATEMENT REGARDING CHILD SUPPORT, TAXES, UNEMPLOYMENT COMPENSATION CONTRIBUTIONS

Applicant's Statement 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 due 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".

Applicant's Statement 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:

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".

Applicant's Statement Regarding Unemployment Compensation Contributions

Title 21 § 1378 requires that: No agency of the state shall grant, issue or renewal 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 two 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.

Social Security

Date of Birth

11 / 8 / 51

* The disclosure of your social security number is mandatory, 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 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. I understand that providing false information or omission of information is unlawful and may jeopardize my license/certification/registration status.

Signature of Applicant



Date

12/27/99

**VERMONT BOARD OF MEDICAL PRACTICE
2000-2002 PHYSICIAN'S ASSISTANT CERTIFICATION RENEWAL APPLICATION
CONTINUING MEDICAL EDUCATION (CME) REQUIREMENTS FOR PHYSICIAN'S ASSISTANTS**

Certification by the NCCPA is accepted as adequate proof of CME completion. If you are NCCPA certified, send a copy of your current certification and disregard the information provided below.

A Physician's Assistant must log 100 CME hours every two years to meet certification renewal requirements. The 100 hours must include at least 40 Category I hours. The other 60 hours may be logged in Category I or in elective Category II credits. You may credit a maximum of 30 Category I hours into the next two-year period, if they have been completed in the six months prior to January 1 of the current two-year certification renewal period.

The Vermont Board of Medical Practice will recognize any CME program recognized by the American Medical Association (AMA); the American Academy of Family Physicians; the American College of Surgeons; the National Commission on Certification of Physician's Assistants; state medical associations; or any other agency approved by the Board.

INSTRUCTIONS FOR COMPLETING CME RECORD FORMS

1. Please provide all information required on the enclosed CME record.
2. You should gather all information and submit completed CME records for 100 CME hours enclosing them along with your certification renewal forms to the Board.
3. Feel free to photocopy the blank CME record form or the Board will provide you with additional blank CME record forms upon request.
4. Attach documentation to the CME record.

DEFINITIONS OF CME CATEGORIES

CATEGORY I: Programs that have been accredited by the American Academy of Physician's Assistants (AAPA) or the American Academy of Family Physicians (AAFP) or organizations accredited by the Accreditation Council on Continuing Medical Education (ACCME) to grant Category I toward the Physician's Recognition Award of which the AMA is one. The program's publicity should specify the accrediting organization and number of Category I hours.

CATEGORY II:

1. CME programs not recognized by the Vermont Board of Medical Practice; the American Medical Association; the American Academy of Family Physicians; the American College of Surgeons; the National Commission on Certification of Physician's Assistants; etc.
2. Medical teaching of personnel in the health professions.
3. Publication and Presentations made at medical meetings and at CME programs. Credit will be given for each paper or publication, or each chapter of a book authored (first publication only).
4. Non-supervised individual continuing medical education activities:
 - a. Self-directed learning through use of AV tapes; reading of medical publications; participation in a journal club; or individual participation in radio, TV or telephone networks.
 - b. Case review with a consultant; includes an organized presentation of current medical knowledge, lasting one hour or more. Descriptive information should include giving the name of the consultant, topic and date.
 - c. Patient care review through peer review; medical audits; chart audits, etc.
5. College courses on related topics.
6. Other activities that would contribute to medical education, to be approved on a case-by-case basis.

Hours for CME are calculated as one hour of CME for each hour clocked unless specified otherwise by the Board.

VERMONT BOARD OF MEDICAL PRACTICE
2000-2002 PHYSICIAN'S ASSISTANT CERTIFICATION RENEWAL APPLICATION
CONTINUING MEDICAL EDUCATION (CME) RECORD

NAME: Cate Nicholas DAYTIME PHONE: 12 / 27 / 99

HOME ADDRESS: [REDACTED]

SUPERVISING PHYSICIAN: Ellen Wagner

Complete this CME logging form; keep a copy for your personal records and return the original with your 1998-2000 Physician's Assistant certification renewal application.

You are required to log a minimum of 100 hours every two-year cycle. At least 40 hours must be in Category I. You must do this to meet requirements for certification renewal. (See enclosed instruction sheet for definitions of Category I and Category II CMEs.)

CATEGORY I:

Program Title	Date	CME Hours	Sponsor	Location
Post-graduate OB/Gyn	Fall 1998	12.5	UVM/FATE	Burlington
ASCCP home study	98-99	7 6	ASCCP	home study
Mud Season Retreat	4/99	19.5	UVM COM	Essex Jct. V.
OB/Gyn Grand Rounds		1	FATE	Burlington
TTT	1998	1.5	FATE	Burlington

CATEGORY II:

Program Title	Date	CME Hours	Sponsor	Location
VWMC Pxm meeting	1/mg.	1x24=24	VWMC	VWMC
Adolescents + STDs	1/99	4	Upjohn	Burlington
ACU annuals	Guide to Medical & Surgical			
Abortion - 10 edited + cowrote	Chapter			
		60 hours		

Total Category I Hours: 40.5 + Total Category II Hours: 88 = Total Hours: 128

Your Signature: 



VERMONT WOMEN'S HEALTH CENTER

Executive Director
Rachel Atkins, M.P.H., P.A.

Director of Medical
Services and Education
Cate Nicholas, M.S., P.A.

Medical Director
Ellie Wegner, M.D.

Physician Assistants
Katra Kindar, P.A.
Mary Wallmyn, P.A.
Janet Young, P.A.

Office Manager
Mandy McDermott

Billing Coordinator
Sally Hartford

Board of Directors
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Elaine Alfano
Cynthia Belliveau
Brenda Bisbee
Ellen Dorsch
Deborah Dalton Feldman
Diane Felicio
Julie A. Frame
Gail Guerrero
Colleen Oettinger
Mary Powell
Judy Raven
Laura Solomon
Janet Young

Vermont Women's Health Center Scope of Practice for Physician Assistants

Description of Practice Setting , Task and Duties:

Physician assistants at the Vermont Women's Health Center perform those exams, procedures, diagnostic testing, and therapeutic treatments consistent with the practice of office obstetrics and gynecology as defined by the American College of Obstetrics and Gynecology:

Obstetric Services

- prenatal care
- post partum care
- related obstetrical services
 - nutritional counseling services
 - psychosocial counseling
 - preconceptional counseling
 - antenatal screening/counseling
 - antepartum fetal surveillance
 - obstetric ultrasound examinations
 - childbirth education

Gynecologic Services

- primary and preventative care
- initial periodic evaluation and treatment of gynecological disease
- screening for gyn cancers, including breast cancer
- family planning, contraception
- evaluation and treatment of endocrine dysfunction and infertility
- abortion related services



VERMONT WOMEN'S HEALTH CENTER

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Mary Powell
Judy Raven
Laura Solomon
Janet Young

- evaluation and treatment of incontinence.

Supervision:

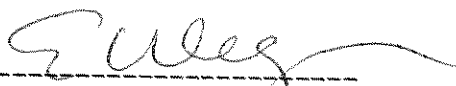
The supervising physician is available in person, by phone or beeper at all times for back up unless she signs out to a secondary supervising physician or member of the call group. The supervising physician and the practitioners meet monthly in accordance with the VWHC Quality Assurance program. At that time, the gynecology service, prenatal service, colposcopy/LEEP service and the abortion service present a review of the previous month's cases. The physician also meets with the physician assistant staff on an as need basis to review problem management. The Health Center has an evacuation plan in place in case of emergency. Supervising physicians have admitting privileges and are on staff at the Fletcher Allen Health Care Service Medical Center Hospital of Vermont Campus.

Sites of Practice

The practice is located at offices at 336 North Ave in Burlington.

Authorization to prescribe medications:

The physician assistant named in this document is authorized to prescribe medications in order to carry out protocols within the scope of practice outlined above. Physician Assistants at the Vermont Women's Health Center do not write prescriptions for controlled drugs and therefore do not have DEA numbers.



Primary supervising physician



Physician Assistant

12/27/99

Date



VERMONT WOMEN'S HEALTH CENTER

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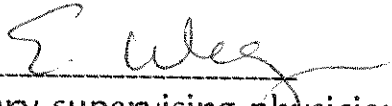
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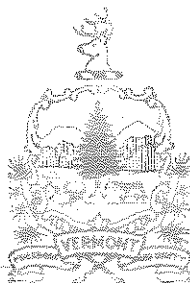
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Mary Powell
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Janet Young

Vermont Women's Health Center Certification of Practice for Physician Assistants

I certify that Cate Nicholas MS,PA has practiced as a Physician Assistant within the last 12 months.


Primary supervising physician

1/5/2000
Date



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's Assistant in the State of Vermont:

Catherine Nicholas, M.S., PA

P.A. Certification Number: 55-0030046

Valid only while working under the supervision of Ellie Wegner, M.D.; John Brumstead, M.D.; Judith McBean, M.D.; Anne Viselli, M.D. Julia Johnson, M.D.; Marjorie Meyer, M.D.; Peter Cherouny, M.D. Eleanor Capeless, M.D.; Ira Bernstein, M.D. and Rebecca Walker, M.D. at Vermont Women's Health Center, 336 North Avenue, Burlington, Vermont.

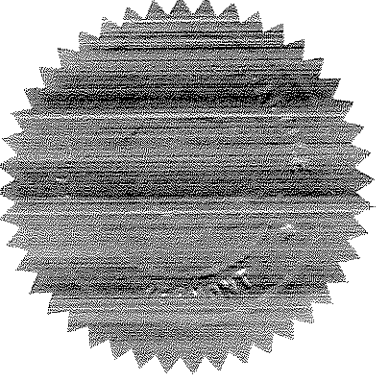
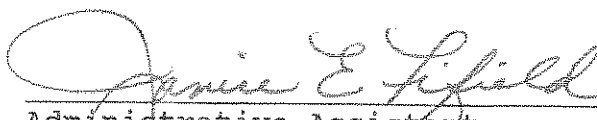
Valid through January 31, 2000.

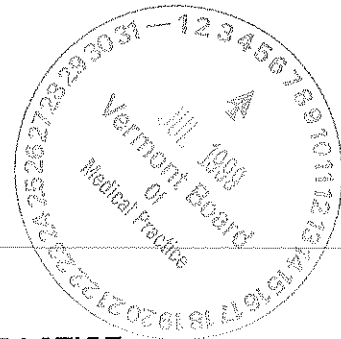
IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the

VERMONT BOARD OF MEDICAL PRACTICE

at Montpelier, in the county of Washington,
State of Vermont,

this 6th day of July , A.D., 1999



Administrative Assistant



SECONDARY SUPERVISING PHYSICIAN APPLICATION

Name in full WALKER Rebecca Paige
(Last) (First) (Middle)

Mailing Address Vermont Women's Health Center
(Office Name)

336 North Ave.
(Street)

Burlington VT 802-863-1386
(City/State) (Zip Code) (Telephone Number)

Vermont License Number: 9890 Number of years you have been practicing medicine: 3

Hospital(s) Location

Specialty

FATE

Burlington

OB/gyn

0- List all physician's assistants names and addresses you currently supervise: -as 20

Janet Young, Katra Kindor
Cate Nicholson, Mary Walernyn

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'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.

7/2/98
(Date)

(Signature of Secondary Supervising Physician)

U

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's Assistant in the State of Vermont:

Catherine Nicholas, M.S., P.A.

P.A. Certification Number: 55-0030046

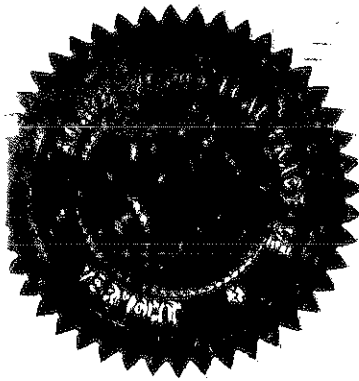
Valid only while working under the supervision of Ellie Wegner, M.D.; John Brumstead, M.D.; Judith McBean, M.D.; Anne Viselli, M.D.; Julia Johnson, M.D.; Marjorie Meyer, M.D.; Peter Cherouny, M.D.; Eleanor Capeless, M.D. and Ira Bernstein, M.D. at Vermont Women's Health Center, 336 North Avenue, Burlington, Vermont.
Valid through January 31, 2000.

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

Vermont Board of Medical Practice

at Montpelier, in the county of Washington,
State of Vermont,

this 23rd day of April, A.D., 19 98



Janice E. L. Field 5/11/98
Administrative Assistant

**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's Assistant in the State of Vermont:

Catherine Nicholas, M.S., P.A.

P.A. Certification Number: 55-0030046

Valid only while working under the supervision of Ellie Wegner, M.D.; John Brumstead, M.D.; Judith McBean, M.D.; Anne Viselli, M.D. and Julia Johnson, M.D. at Vermont Women's Health Center, 336 North Avenue, Burlington, Vermont.

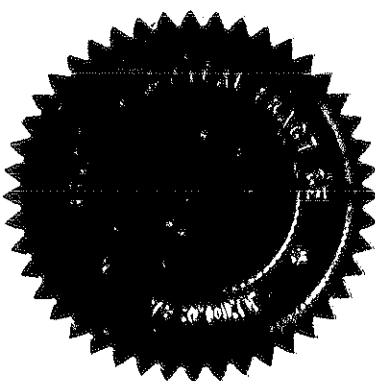
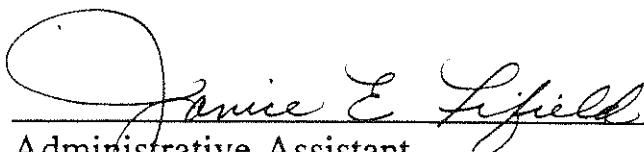
Valid through January 31, 2000.

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

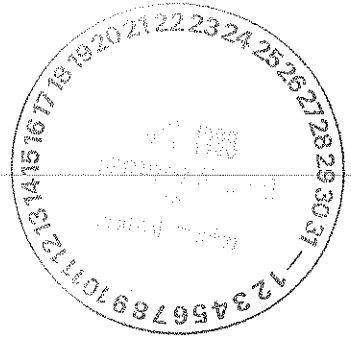
Vermont Board of Medical Practice

at Montpelier, in the county of Washington,
State of Vermont,

this 30th day of January, A.D., 1998



Administrative Assistant

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE
109 STATE STREET
MONTPELIER, VT 05609-1106
(802) 828-2673



SECONDARY SUPERVISING PHYSICIAN APPLICATION

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

Name in full Meyer Marjorie C
(Last) (First) (Middle)

Mailing Address FAHC Women's Health Service
(Office Name)

Burlington VT 05401 656-1400
(City/State) (Street) (Zip Code) (Telephone Number)

Vermont License Number: 42-7765 Number of years you have been practicing medicine: _____

Hospital(s) where you have privileges FAHC Hospital(s) Location Burlington Specialty OB/GYN

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

Primary
Secondary - Janet Young, Katrina
Kindan, Rachel Atkins, Mary Wallemyn

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

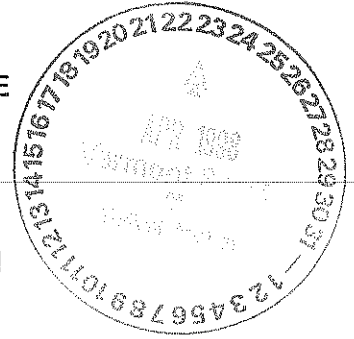
I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Cate Nicholas MS, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician's Assistant. I further certify that the protocol 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.

(Date)

[Signature]
(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE
109 STATE STREET
MONTPELIER, VT 05609-1106
(802) 828-2673



SECONDARY SUPERVISING PHYSICIAN APPLICATION

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

Name in full Cherouny Peter H.
(Last) (First) (Middle)

Mailing Address FAHC Women's Health Service
(Office Name)

Burlington VT 05401 656-1400
(City/State) (Street) (Zip Code) (Telephone Number)

Vermont License Number: 42-8556 Number of years you have been practicing medicine: _____

Hospital(s) where you have privileges FAHC Hospital(s) Location Burlington Specialty OB/GYN

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

Primary
Secondary - Janet Young, Katrina
Kendall, Rachel Atkins, Mary Wallmyn

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

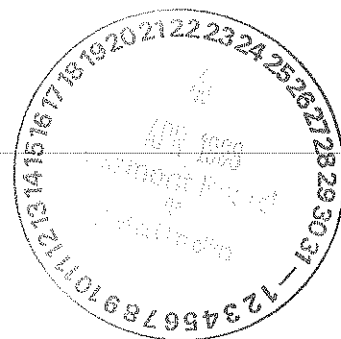
I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Cate Nicholas MS, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician's Assistant. I further certify that the protocol 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.

4/16/98
(Date)

[Signature]
(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE
109 STATE STREET
MONTPELIER, VT 05609-1106
(802) 828-2673



SECONDARY SUPERVISING PHYSICIAN APPLICATION

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

Name in full Capeless Eleanor L
(Last) (First) (Middle)

Mailing Address FAHC Women's Health Service
(Office Name)

Burlington VT 05401 656-1400
(City/State) (Street) (Zip Code) (Telephone Number)

Vermont License Number: 842-0000511 Number of years you have been practicing medicine: 18

Hospital(s) where you have privileges FAHC Hospital(s) Location Burlington Specialty OB/GYN

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

Primary
Secondary - Janet Young, Katrina
Kundak, Rachel Atkins, Mary Wallmyn

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

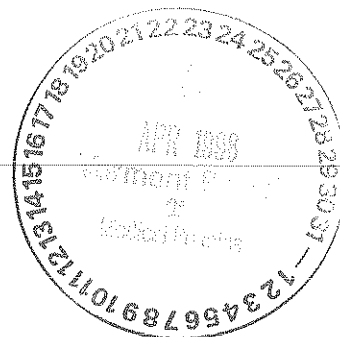
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I further certify that I have read the statutes and Board rules governing physician's assistants.

4/1/98
(Date)

[Signature]
(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE
109 STATE STREET
MONTPELIER, VT 05609-1106
(802) 828-2673



SECONDARY SUPERVISING PHYSICIAN APPLICATION

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

Name in full Bernstein IRA M
(Last) (First) (Middle)

Mailing Address FAHC Women's Health Service
(Office Name)

Burlington VT 05401 656-1400
(City/State) (Street) (Zip Code) (Telephone Number)

Vermont License Number: 42-7565 Number of years you have been practicing medicine: _____

Hospital(s) where you have privileges FAHC Hospital(s) Location Burlington Specialty OB/GYN

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

Primary
Secondary - Janet Young, Katrina
Kindan, Rachel Atkins, Mary Wallemyn

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 MS, 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.

4/3/98
(Date)

[Signature]
(Signature of Secondary Supervising Physician)

OK



VERMONT WOMEN'S HEALTH CENTER

To: Jackie Goss, PA-C

From: Cate Nicholas, MS, PA

RE: Request for further delineation of medical task performed by physician assistants at the Vermont Women's Health Center

Date: 02/03/98

Executive Director
Rachel Atkins, P.A., M.D.

Director of Medical
Services and Education
Cate Nicholas, M.S., P.A.

Medical Director
Ellie Wegner, M.D.

Physician Assistants
Katra Kindar, P.A.
Mary Wallmyn, P.A.
Janet Young, P.A.

Office Manager
Anne Barati

Patient Accounts Manager
Mary-Lynn Wätkonen

Advisory Board
Diana Carminati, M.S.
Ellen Dorsch, M.P.H.
Berta Geller, Ph.D.
Mary Kehoe, Esq.
Joy Livingston, Ph.D.
Jeanne Morrissette
Jessica Oski, Esq.
Mary Powell
Ann Pugh, M.S.W.
Betsy Rosenbluth, M.S.
Susan Shane, M.D.

Addendum to scope of practice for Vermont Women's Health Center
Cate Nicholas, MS, PA

Tasks

The following list is intended to express a sense of involvement in medical care provision, and is not intended to be all inclusive or limiting, except as specifically excluded by Board of Medical Practice, Vermont Women Health Center Policy or law. At no time will the physician assistant function in a capacity which exceeds the normal scope of practice of the supervising physician. The supervising physician may delegate to the PA any and all other tasks, that by reason of training and experience, the PA can be expected to perform:

1. elicit patient histories
2. perform physical examinations
3. order laboratory tests, radiographic, imaging and other diagnostic tests
4. write orders to be carried out by support staff
5. interpret routine studies
6. provide telephone advise
7. provide education and counseling of patients and arrange for follow-up care and referrals
8. administer local anesthesia and paracervical blocks
9. perform biopsies
10. insert intravenous lines, urinary catheters, obtain venous blood samples
11. provide prenatal and postpartum care and related obstetrical services
12. provide general nutritional counseling services
13. provide general psychosocial counseling and make appropriate referrals
14. provide preconception counseling
15. provide antenatal screening/counseling
16. provide antepartum fetal surveillance
17. perform obstetric ultrasound examinations



VERMONT WOMEN'S HEALTH CENTER

18. provide childbirth education
19. provide primary preventative care
20. perform initial periodic evaluation and treatment of gynecological disease
21. screening for gyn cancers, including breast cancer
22. provide family planning, and contraception
 - fit cervical caps and diaphragms
 - instruct on use of spermicides and condoms
 - insert and remove IUDs
 - insert and remove Norplant
 - provide Depo provera
 - prescribe and manage oral contraceptives
 - educate regarding fertility awareness for contraception and planning pregnancies
 - prescribe emergency contraception
23. evaluation and treatment of endocrine dysfunction and infertility
 - order and interpret semen analysis
 - perform and interpret endometrial biopsies
24. provide abortion and related services
25. evaluation and treatment of incontinence.
26. diagnosis and treatment of cervical dysplasia
 - perform and interpret pap smears
 - perform and interpret colposcopy
 - perform and interpret biopsy reports
 - perform LEEP and LEEP cones
27. participate as a clinical trial site for IRB approved studies
28. participate in didactic and clinical training of FAHC residents, UVM COM medical students, nursing students, PA students, NP students and practicing physicians.
29. initiate resuscitative measure for medical patients as needed.
30. provide on-call services outside office hours, triage calls to MD on call prn and referral in case of emergency.

Executive Director
Rachel Atkins, P.A., M.P.

Director of Medical
Services and Education
Cate Nicholas, M.S., P.A.

Medical Director
Ellie Wegner, M.D.

Physician Assistants
Katra Kindar, P.A.
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Office Manager
Anne Barati

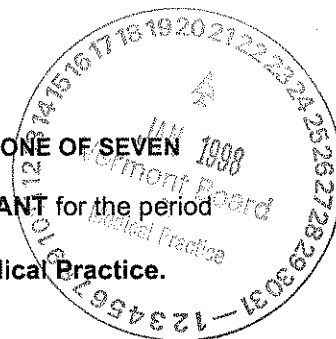
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Joy Livingston, Ph.D.
Jeanne Morrissey
Jessica Oski, Esq.
Mary Powell
Ann Pugh, M.S.W.
Betsy Rosenbluth, M.S.
Susan Shane, M.D.

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE
1998-2000 PHYSICIAN'S ASSISTANT CERTIFICATION RENEWAL APPLICATION, PAGE ONE OF SEVEN

I hereby apply for the RENEWAL of my CERTIFICATION AS A PHYSICIAN'S ASSISTANT for the period from 02/01/98 to 01/31/2000. TWO YEAR RENEWAL FEE: \$50.

Enclose a check in the amount of \$50. made payable to the Vermont Board of Medical Practice.



055-2030046

Catherine Nicholas MS, PA
Vermont Women's Health Center
335 North Avenue
P.O. Box 29
Burlington, VT 05402

Important:

- Please print legibly or type your answers.
 - Answer all questions (front and back of each page) completely-it is not adequate to state that the Board already has the information. Use the enclosed Form A to provide explanations to "yes" answers in Section II.
 - Make a copy of this form and all attachments for your own records.
 - Do not delegate this important task to an employee, as false statements on this form are grounds for unprofessional conduct
- Note: Physician's Assistants 80 years of age or older are exempt from payment of a renewal fee; however the Physician's Assistant certification renewal application must be completed and submitted.
- Thank you for your cooperation.

SECTION I

1. Name: Catherine Nicholas 2. Vermont Certification Number: 55- 0030046

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

φ

4. Home Address:

City, State, Zip Code

5. Office Address:

City, State, Zip Code:

6. Daytime Telephone Number: Area Code: (

7. Date of Birth: Month: 11 - ~~11~~

Day 5

Year 51

8. Place of Birth: NYC

9. Sex: Female

10. Certification Examination Taken - Check:

☐ NCCPA



State Examination-Identify State: VT

☐ Other Examination Specify: _____

11. Basis for Vermont Certification: ☒ Apprenticeship Trained

☐ University Trained

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE
1998-2000 PHYSICIAN'S ASSISTANT CERTIFICATION RENEWAL APPLICATION, PAGE TWO OF SEVEN

12. Undergraduate Degree - Circle: B.A. B.S. A.B. Other: MS Year of Graduation: 1981

Degree Granting Institution: University of Vermont

Location: Burlington

First Institution (If transfer): _____ Location: _____

P.A. Diploma or Certificate: _____ Other: _____ Year of Graduation: _____

School: _____ Location: _____

13. Do you have hospital privileges in Vermont? _____ Yes X No

Name(s) and Location(s) of Hospital(s): _____

14. Did you practice in Vermont during the past 12 months? X Yes _____ No

15. Other states where you now hold an active certification or license to practice: 0

16. States where you previously were certified or licensed to practice: 0

17. Specialty: OB/GYN DEA Number: NA

18. Name and office address of current employer:

Name	Address
<u>Vermont Women's Health Center</u>	

19. Please review the attached list of current Primary and Secondary Supervising Physicians. Is the information correct? _____ Yes _____ No If no, contact the Board. If no list is attached, please fill out the information below:

Name, specialty and office address of Supervising Physician(s):

Name	Specialty	Address
<u>Ellie Wegner</u>	<u>OB/GYN</u>	<u>VWTR</u> <u>336 North Ave</u> <u>Burlington VT</u> <u>05401</u>

20. Name, specialty and office address of the Secondary Supervising Physician(s):

Name	Specialty	Address
<u>See attached list</u>		

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE
1998-2000 PHYSICIAN'S ASSISTANT CERTIFICATION RENEWAL APPLICATION, PAGE THREE OF SEVEN

21. Please attach a copy of your current NCCPA certificate. *NA*

22. Scope of Practice: The Board of Medical Practice requires that you and your primary supervising physician(s) review the most current scope of practice (see attached definition) for your practice setting, paying attention to any additions or deletions in duties and procedures. *See attached*

a) Has there been a change in your scope of practice which has not been reviewed by the Board? ☐ Yes ☒ No

b) Please review, sign and date by **PA and PRIMARY SUPERVISING PHYSICIAN** your scope of practice. Please attach a copy of your signed scope of practice.

23. Documentation showing practice as a Physician's Assistant within the past twelve months: Please provide a letter from your Supervising Physician attesting to the fact that you have practiced as a Physician's Assistant within the past twelve months.

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

24. Continuing Medical Education (CME) requirements:

a. NCCPA certified Physician's Assistants: Attach proof of recertification; this will serve as adequate proof of CME completion.

b. For all others, enclosed please find an explanation of requirements and a logging form. If you have any questions, please address them in writing to Board Member Jacqueline R. Goss, PA-C at the Board's address.

25. All Physician's Assistants are required to have a Secondary Supervising Physician for their practice. We have enclosed a form to be returned to this office if you do not have a Secondary Supervising Physician on file with our office.

**STATE OF VERMONT - BOARD OF MEDICAL PRACTICE
1998-2000 PHYSICIAN'S ASSISTANT CERTIFICATION RENEWAL APPLICATION, PAGE FOUR OF SEVEN**

**SECTION II: PLEASE CHECK YES OR NO.
A "YES" ANSWER REQUIRES AN EXPLANATION ON THE ENCLOSED FORM A.**



Important note regarding the following questions: "Yes" answers on past certification renewals must be updated on Form A. For example, if a previously reported malpractice action has been dismissed, please indicate that on Form A. You have a continuing obligation to update the Board during the 1998-2000 period if the answer to any of the questions on the next two pages changes from "No" to "Yes".

(Section II is for the reporting of information which is retained solely by the Board of Medical Practice and is not part of the data base maintained by the Department of Health.)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE
1998-2000 PHYSICIAN'S ASSISTANT CERTIFICATION RENEWAL APPLICATION, PAGE FIVE OF SEVEN

SECTION II

SECTION II - "Yes" answers to Questions 1 - 24 requires an explanation on the enclosed Form A. During the past two years:

1. Have you ever applied for and been denied a certification/license to practice as a PA or any healing art? ___ Yes X No
2. Have you ever withdrawn an application for a certification/license to practice as a PA or any healing art? ___ Yes X No
3. Have you ever voluntarily surrendered or resigned a certification/license to practice as a PA or any healing art in lieu of disciplinary action? ___ Yes X No
4. 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 PA association (international, national, state or local)? ___ Yes X No
5. To your knowledge, are you the subject of an investigation by any **other** licensing board as of the date of this application? 
6. Have you ever been denied the privilege of taking an examination before any State Medical Examining Board? ___ Yes X No
7. Have you ever discontinued your education, training, or practice for a period of more than three months? ___ Yes X No
8. Have you ever been dismissed or asked to leave a residency training program(s) before completion? ___ Yes X No
9. Have you ever had staff privileges, employment or appointment in a hospital or other health care institution denied, reduced, suspended or revoked; resigned from a medical staff in lieu of disciplinary action; or resigned from a medical staff after a complaint or peer review action has been initiated against you? ___ Yes X No
10. Have you ever been denied the right to participate or enroll in any system whereby a third party pays all or part of a patient's bill? ___ Yes X No
11. Have you ever been notified as a responsible party of a confirmed quality concern (quality of hospital care provided to Medicare patients) by the Peer Review Organization (PRO) in Vermont or elsewhere? ___ Yes X No
12. Has any medical malpractice claim been made against you in the last ten years (whether or not a lawsuit was filed in relation to the claim/complaint/demand for damages)? ___ Yes X No
13. Have you ever been turned down for coverage by a malpractice insurance carrier? ___ Yes X No
14. Has your privilege to possess, dispense or prescribe controlled substances ever been suspended, revoked, denied, restricted or surrendered by any jurisdiction or federal agency at any time? ___ Yes X No
15. Have you, at any time, been a defendant in any criminal proceeding other than minor traffic offenses (Note: DWI - Driving While Intoxicated - is NOT a minor offense)? ___ Yes X No
16. To your knowledge, are you the subject of an investigation for a criminal act? 

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE
1998-2000 PHYSICIAN'S ASSISTANT CERTIFICATION RENEWAL APPLICATION, PAGE SIX OF SEVEN

SECTION II CONTINUED - "Yes" answers to Questions 17 - 24 requires an explanation on the enclosed Form A.
For purposes of Questions 17 - 24, the following phrases or words are defined below:

"Ability to practice medicine" is to be construed to include all of the following:

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

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

"Chemical substances" 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.

"Currently", for purposes of this renewal application, does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, or within the past two (2) years.

"Illegal use of controlled substances" means the use of controlled substances obtained illegally as well as the use of controlled substances which are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

17. Do you have a medical condition which in any way impairs or limits your ability to practice as a PA with reasonable skill and safety? If "yes," please explain. [REDACTED]
18. Does your use of chemical substance(s) in any way impair or limit your ability to practice as a PA with reasonable skill and safety? If "yes," please explain. [REDACTED]
19. Are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program? If "yes," please explain. [REDACTED]
20. Are the limitations or impairments caused by your medical condition reduced or ameliorated because of the field of practice, the setting or the manner in which you have chosen to practice? If "yes," please explain. [REDACTED]
21. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, or voyeurism? If "yes," please explain. [REDACTED]
22. Are you currently engaged in the illegal use of controlled substances? [REDACTED]
23. If "yes," are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not illegally using controlled substances? If "yes," please explain. [REDACTED]
24. Have you been diagnosed with or have you been treated for bipolar disorder, schizophrenia, paranoia, or any other psychotic disorder? [REDACTED]

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE - PAGE SEVEN OF SEVEN
SECTION III

STATEMENT REGARDING CHILD SUPPORT, TAXES, UNEMPLOYMENT COMPENSATION CONTRIBUTIONS

Applicant's Statement 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:

a 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 due 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".

Applicant's Statement 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:

✓ 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".

Applicant's Statement Regarding Unemployment Compensation Contributions

Title 21 § 1378 requires that: No agency of the state shall grant, issue or renewal 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 two 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.

Social Security

Date of Birth

11 / 5 / 51

* The disclosure of your social security number is mandatory, 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 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. I understand that providing false information or omission of information is unlawful and may jeopardize my license/certification/registration status.

Signature of Applicant

Date

12-16-97

**VERMONT BOARD OF MEDICAL PRACTICE
1998-2000 PHYSICIAN'S ASSISTANT CERTIFICATION RENEWAL APPLICATION
CONTINUING MEDICAL EDUCATION (CME) RECORD**

NAME: Cate Nicholas DAYTIME PHONE: 805-3255

HOME ADDRESS: [REDACTED]

SUPERVISING PHYSICIAN: Ellie Wegner, MD

Complete this CME logging form; keep a copy for your personal records and return the original with your 1998-2000 Physician's Assistant certification renewal application.

You are required to log a minimum of 100 hours every two-year cycle. At least 40 hours must be in Category I. You must do this to meet requirements for certification renewal. (See enclosed instruction sheet for definitions of Category I and Category II CMEs.)

CATEGORY I:

Program Title	Date	CME Hours	Sponsor	Location
Colpo Home Study	9 quarters	8	ASCCP	Burl.
OB/gyn Postgraduate	9/96	12.5	FATC	Burl.
OB-gyn grand rounds	9 month	10	FATC	Burl.
NAF med AB	9/96	15	NAF	New Mexico
CDC STD	11/97	1.5	FATC	Burl.
NAF provider sym		8	NAF	D.C.

CATEGORY II:

Program Title	Date	CME Hours	Sponsor	Location
PA meetings	1 yr	24	VWAC	VWAC
Journal reading	1 hr 9 m	24	VWAC	VWAC
Writing projects	NAF book meta Booklet	3	VWAC	VWAC
Teaching	1 hr 9 m	~40	VWAC	VWAC
	x 10m.			

Total Category I Hours: 54 + Total Category II Hours: 91 = Total Hours: 145

Your Signature: [Signature]

VERMONT DEPARTMENT OF HEALTH SURVEY

SECTION IV

(Section IV is especially for the needs of health care access planning/physician recruitment and retention efforts in Vermont)

1. (a) Check all of the activities that describe your current status as a physician:

- ☒ Active in clinical practice in Vermont
- ☐ Active in clinical practice outside Vermont
- ☒ Administration
- ☒ Teaching
- ☐ Research
- ☐ Retired
- ☐ Other

(b) How many hours per week do you spend on administration, teaching and research? 16 hours

2. Postgraduate training in Vermont:

(a) Are you currently in a postgraduate training program in Vermont as a resident or clinical fellow?

☐ Yes ☒ No Note: If you answered YES, please answer questions (b) and (c)

(b) Are you a ☐ Resident ☐ Clinical Fellow ☐ Research Fellow?

(c) What is the medical school that you are affiliated with for this training?

☐ University of Vermont ☐ Dartmouth ☐ Other (Please specify) _____

*** Note: If you are providing patient care in Vermont, CONTINUE.

Otherwise, STOP and return this survey with your relicensing application.

3. What is the date you started practicing medicine (excluding residency or fellowship training)?

(Month/Year) 5/81

4. What is the date you started practicing medicine in Vermont (excluding residency or fellowship training)?

(Month/Year) 5/81

5. Do you plan to retire or reduce your patient care hours in the next 12 months? ☐ Yes ☒ No

SECTION IV CONTINUED

Instructions for completing this portion:

- * Estimate if exact figures are not available.
- * Please complete a WORK SITE section for each location where you provide patient care.
- * Do not include, as a separate site, hospitals and nursing homes where you provide care to patients normally seen in an outpatient/office setting.
- * Be as detailed as possible.
- * Use the enclosed yellow sheet to make selections for the Specialty Code and Specialty Name columns.
- * Do not remove any pages from this document.

6(a). WORK SITE: NUMBER ONE

Town: Burlington County: Chittenden VT
 (*Note: Enter the town and county in which the site is located, not a mailing address or Post Office box.)

Check the ONE practice setting from the selections below that most accurately reflects your practice at this site:

PRACTICE SETTINGS

- ☒ Solo Practice
- ☒ Group Practice
- ☐ Community Health Center or Clinic (Non-Hospital)
- ☐ Hospital Outpatient Clinic
- ☐ School or College Health Center
- ☐ Business or Work Site

- ☐ Hospital Emergency Room
- ☐ Hospital Inpatient
- ☐ Extended Care Facility / Nursing Home
- ☐ Other: Specify

Women's Health Center

Average hours per week that you spend at this site providing DIRECT PATIENT CARE. Include both AMBULATORY CARE and HOSPITAL CARE of patients who originate from this site. Please exclude on-call hours.

Please complete one full line for each SPECIALTY that YOU practice at this site:

	Specialty Code	Specialty Name	Hours Per Week
Primary Specialty at this Site	<u>4011</u>	<u>GYN</u>	<u>30</u>
Secondary Specialty at this Site			
Other Specialty at this Site			

Do you plan to continue practice at this site for the next 12 months? X Yes No

Will you accept new patients at this site? X Yes No

Will you accept new Medicaid patients at this site? X Yes No

Will you accept new Medicare patients at this site? X Yes No

Are you working with physician's assistants and/or nurse practitioners at this site? X Yes No

If yes, enter the number of: Physician's Assistants 4 Nurse Practitioners 0

For FAMILY and GENERAL PRACTITIONERS, PEDIATRICIANS and INTERNISTS (primary care): Do you provide primary care services to adolescents (ages 10-20) at this site? Yes No NA

For FAMILY and GENERAL PRACTITIONERS: Which of the following obstetrical services do you provide to patients from this site? Prenatal care and delivery Prenatal care only No obstetrical services provided NA



VERMONT WOMEN'S HEALTH CENTER

Executive Director
Rachel Atkins, P.A., M.P.H.

Director of Medical Services and Education Vermont Women's Health Center Certification of Practice
for Physician Assistants
Cate Nicholas, M.S., P.A.

Medical Director
Ellie Wegner, M.D.

Physician Assistants
Katra Kindar, P.A.
Mary Wallmyn, P.A.
Janet Young, P.A.

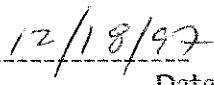
I certify that Cate Nicholas MS,PA has practiced as a Physician Assistant within the last 12 months.

Office Manager
Anne Boratti

Patient Accounts Manager
Mary-Lynn Walkonen

Advisory Board
Diana Carminati, M.S.
Ellen Dorsch, M.P.H.
Berta Geller, Ph.D.
Mary Kehoe, Esq.
Joy Livingston, Ph.D.
Jeanne Morrissey
Jessica Oski, Esq.
Mary Powell
Ann Pugh, M.S.W.
Betsy Rosenbluth, M.S.
Susan Shane, M.D.


Primary supervising physician


Date



VERMONT WOMEN'S HEALTH CENTER

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Director of Medical
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Betsy Rosenbluth, M.S.
Susan Shane, M.D.

Vermont Women's Health Center Scope of Practice for Physician Assistants Description of Practice Setting, Task and Duties:

Physician assistants at the Vermont Women's Health Center, under the supervision of a obstetrician/gynecologist, perform those exams, procedures, diagnostic testing, and therapeutic treatments consistent with the practice of ambulatory obstetrics and gynecology as defined by the American College of Obstetrics and Gynecology:

Obstetric Services

- prenatal care
- post partum care
- related obstetrical services
 - nutritional counseling services
 - psychosocial counseling
 - preconception counseling
 - antenatal screening/counseling
 - antepartum fetal surveillance
 - obstetric ultrasound examinations
 - childbirth education

Gynecological Services

- primary and preventative care
- initial periodic evaluation and treatment of gynecological disease
- screening for gyn cancers, including breast cancer
- family planning, contraception
- evaluation and treatment of endocrine dysfunction and infertility
- abortion and related services
- evaluation and treatment of incontinence.
- diagnosis and treatment of cervical dysplasia



VERMONT WOMEN'S HEALTH CENTER

Executive Director
Rachel Atkins, P.A., M.P.S.

Supervision:

Director of Medical
Services and Education
Cate Nicholas, M.S., P.A.

Medical Director
Ellie Wegner, M.D.

Physician Assistants
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Mary Wallmyn, P.A.
Janet Young, P.A.

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Jeanne Morrisey
Jessica Oski, Esq.
Mary Powell
Ann Pugh, M.S.W.
Betsy Rosenbluth, M.S.
Susan Shane, M.D.

Dr. Wegner is available in person, by phone or beeper at all times for back up unless she signs out to a secondary supervising physician or member of the call group. The members of the call group consist of Dr. Wegner's partners at the Fletcher Allen Health Care Women Health Services and the Vermont Perinatal Group. Dr. Wegner and the practitioners meet monthly in accordance with the VWHC Quality Assurance program. At that time, the gynecology service, prenatal service, colposcopy/LEEP service and the abortion service present a review of the previous month's cases. The physician also meets with the physician assistant staff on an as need basis to review problem management. Dr. Wegner is consulted on complex cases and patients are referred in house to Dr. Wegner for complex medical or surgical treatments.

The Health Center has an evacuation plan in place in case of emergency utilizing the Burlington Fire Department which is located 2 blocks from the office. Fletcher Allen Health Care ER is ~ 10 minutes away. Support staff and PA are certified in CPR yearly.

Dr. Wegner and secondary supervising physicians have admitting privileges and are on staff at the Fletcher Allen Health Care Service Medical Center Hospital of Vermont Campus. When Dr. Wegner is on vacation or at a conference, a secondary supervising MD will often cover at the office and the day call MDs are available for consultation and to see patients as needed.

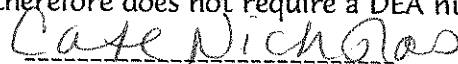
Sites of Practice

The practice is located at offices at 336 North Ave in Burlington. We are a non profit ambulatory care women's health center.

Authorization to prescribe medications:

The physician assistant named in this document is authorized to prescribe medications in accordance with the scope of practice submitted to and approved by the Vermont Board of Medical Practice. The physician assistant named in this document does not independently prescribe or dispense controlled substances and therefore does not require a DEA number.


Primary supervising physician


Physician Assistant

MS, PA



VERMONT WOMEN'S HEALTH CENTER

To: Jackie Goss, PA-C

From: Cate Nicholas, MS, PA

Executive Director
Rachel Atkins, P.A., M.D.

Director of Medical
Services and Education
Cate Nicholas, M.S., P.A.

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Jessica Oski, Esq.
Mary Powell
Ann Fugh, M.S.W.
Betsy Rosenbluth, M.S.
Susan Shane, M.D.

RE: Request for further delineation of medical task performed by physician assistants at the Vermont Women's Health Center
Date: 02/03/98

Addendum to scope of practice for Vermont Women's Health Center Cate Nicholas, MS, PA

Tasks

The following list is intended to express a sense of involvement in medical care provision, and is not intended to be all inclusive or limiting, except as specifically excluded by Board of Medical Practice, Vermont Women Health Center Policy or law. At no time will the physician assistant function in a capacity which exceeds the normal scope of practice of the supervising physician. The supervising physician may delegate to the PA any and all other tasks, that by reason of training and experience, the PA can be expected to perform:

1. elicit patient histories
2. perform physical examinations
3. order laboratory tests, radiographic, imaging and other diagnostic tests
4. write orders to be carried out by support staff
5. interpret routine studies
6. provide telephone advise
7. provide education and counseling of patients and arrange for follow-up care and referrals
8. administer local anesthesia and paracervical blocks
9. perform biopsies
10. insert intravenous lines, urinary catheters, obtain venous blood samples
11. provide prenatal and postpartum care and related obstetrical services
12. provide general nutritional counseling services
13. provide general psychosocial counseling and make appropriate referrals
14. provide preconception counseling
15. provide antenatal screening/counseling
16. provide antepartum fetal surveillance
17. perform obstetric ultrasound examinations



VERMONT WOMEN'S HEALTH CENTER

18. provide childbirth education
19. provide primary preventative care
20. perform initial periodic evaluation and treatment of gynecological disease
21. screening for gyn cancers, including breast cancer
22. provide family planning, and contraception
 - fit cervical caps and diaphragms
 - instruct on use of spermicides and condoms
 - insert and remove IUDs
 - insert and remove Norplant
 - provide Depo provera
 - prescribe and manage oral contraceptives
 - educate regarding fertility awareness for contraception and planning pregnancies
 - prescribe emergency contraception
23. evaluation and treatment of endocrine dysfunction and infertility
 - order and interpret semen analysis
 - perform and interpret endometrial biopsies
24. provide abortion and related services
25. evaluation and treatment of incontinence.
26. diagnosis and treatment of cervical dysplasia
 - perform and interpret pap smears
 - perform and interpret colposcopy
 - perform and interpret biopsy reports
 - perform LEEP and LEEP cones
27. participate as a clinical trial site for IRB approved studies
28. participate in didactic and clinical training of FAHC residents, UVM COM medical students, nursing students, PA students, NP students and practicing physicians.
29. initiate resuscitative measure for medical patients as needed.
30. provide on-call services outside office hours, triage calls to MD on call prn and referral in case of emergency.

Executive Director
Rachel Atkins, P.A., M.D.

Director of Medical Services and Education
Cate Nicholas, M.S., P.A.

Medical Director
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VERMONT WOMEN'S HEALTH CENTER

Jackie Goss, PA-C
Physician Assistant Member
Board of Medical Practice

Executive Director
Rachel Atkins, P.A., M.D.

Director of Medical
Services and Education
Cate Nicholas, M.S., P.A.

109 State St.
Montpelier, VT -5609-1106

Medical Director
Ellie Wegner, M.D.

01/16/98

Physician Assistants
Katra Kindar, P.A.
Mary Wallmyn, P.A.
Janet Young, P.A.

Dear Jackie:

Office Manager
Anne Barati

I have enclosed applications for five physician assistants at the VWHC. Beside Dr. E. Wegner as our primary MD we have Drs. McBean, Johnson, Brumsted, and Viselli on file as secondary supervising MDs.

Patient Accounts Manager
Mary-Lynn Walkonen

Advisory Board
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Ellen Dorsch, M.P.H.
Berta Geller, Ph.D.
Mary Kehoe, Esq.
Joy Livingston, Ph.D.
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Mary Powell
Ann Fugh, M.S.W.
Betsy Rosenbluth, M.S.
Susan Shane, M.D.

We will be adding Drs. Meyers, Cherouny, Capeless and Bernstein as as well as any current fellows as additional secondary supervising MDs in the near future.

Let me know if there is you need any additional materials.
Hope your recovery is a speedy one.

Sincerely,


Cate Nicholas, MS,PA
Director of Medical Services and Education.

**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's Assistant in the State of Vermont:

Catherine Nicholas, M.S., P.A.

P.A. Certification Number: 55-0030046

Valid only while working under the supervision of Ellie Wegner, M.D.; John Brumstead, M.D.; Judith McBean, M.D.; Anne Viselli, M.D.; and Julia Johnson, M.D. at Vermont Women's Health Center, 336 North Avenue, Burlington, Vermont.

Under the Scope of Practice approved by the Vermont Board of Medical Practice.

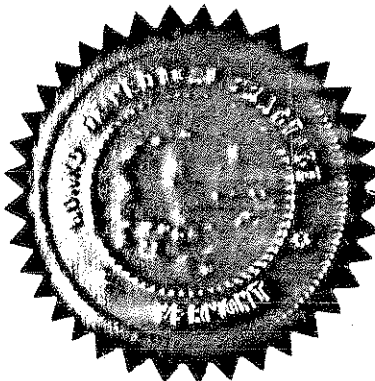
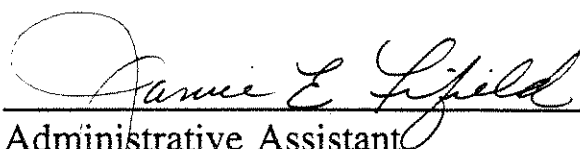
Valid through January 31, 1998.

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

Vermont Board of Medical Practice

at Montpelier, in the county of Washington,
State of Vermont,

this 21st day of June, A.D., 19 96



Administrative Assistant



VERMONT WOMEN'S HEALTH CENTER

Medical Directors
John Brumsted, M.D.
Ellie Wegner, M.D.

Executive Director
Rachel Atkins, P.A., M.P.H.

Director of Medical
Services and Education
Cate Nicholas, M.S., P.A.

Manager of
Administrative Services
Anne Barati

Physician Assistants
Toby Heidenreich, P.A.
Katra Kindar, P.A.
Mary Wallmyn, P.A.
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Mary Powell
Ann Pugh, MSW
Betsy Rosenbluth
Susan Shane, M.D.

Jack Cassidy, PA-C
Vermont Board of Medical Practice
109 State ST.
Montpelier, VT 05609-1106

re: Change of Primary Supervising Physician for PAs at VWHC

06/17/96

Dear Jack;

I have enclosed copies of change in Primary supervising MD and an additional secondary supervising MD. I have also included new signed VWHC Scope of Practice for PAs.

Dr. John Brumsted has been the primary MD since April of last year. Beginning in August 1996, Dr. Ellie Wegner will become our new primary MD and Dr. Brumsted will be added to our secondary MD list.

Dr. Wegner has been working at our practice for last year as she completed her chief resident year. We have already established a close working relationship. She will become an attending with Fletcher Allen Health Care Women's Health Care Services. She will enter a call group of 5 MDs. They will be available for coverage as outlined in standing orders.

Dr. Wegner is available here on Friday June 21 from 1-5 pm at 863-1388. After that date, you can reach her at home at 434-6028.

Please call with questions.
Hope all is going well with you.

Sincerely,


Cate Nicholas, MS, PA
Director of Medical Services and Education





VERMONT WOMEN'S HEALTH CENTER



Medical Directors
John Brumsted, M.D.
Ellie Wegner, M.D.

Executive Director
Rachel Atkins, P.A., M.P.T.

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Manager of
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Anne Barati

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Vermont Women's Health Center Scope of Practice for Physician Assistants

Description of Practice Setting, Task and Duties:

Physician assistants at the Vermont Women's Health Center perform those exams, procedures, diagnostic testing, and therapeutic treatments consistent with the practice of office obstetrics and gynecology as defined by the American College of Obstetrics and Gynecology:

Obstetric Services

- prenatal care
- post partum care
- related obstetrical services
 - nutritional counseling services
 - psychosocial counseling
 - preconceptional counseling
 - antenatal screening/counseling
 - antepartum fetal surveillance
 - obstetric ultrasound examinations
 - childbirth education

Gynecologic Services

- primary and preventative care
- initial periodic evaluation and treatment of gynecological disease
- screening for gyn cancers, including breast cancer
- family planning, contraception
- evaluation and treatment of endocrine dysfunction and infertility
- abortion related services
- evaluation and treatment of incontinence.

Supervision:

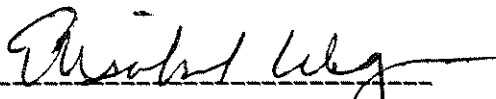
The supervising physician is available in person, by phone or beeper at all times for back up unless she signs out to a secondary supervising physician or member of the call group. The supervising physician and the practitioners meet monthly in accordance with the VWHC Quality Assurance program. At that time, the gynecology service, prenatal service, colposcopy/LEEP service and the abortion service present a review of the previous month's cases. The physician also meets with the physician assistant staff on an as need basis to review problem management. The Health Center has an evacuation plan in place in case of emergency. Supervising physicians have admitting privileges and are on staff at the Fletcher Allen Health Care Service Medical Center Hospital of Vermont Campus.

Sites of Practice

The practice is located at offices at 336 North Ave in Burlington.

Authorization to prescribe medications:

The physician assistant named in this document is authorized to prescribe medications in order to carry out protocols within the scope of practice outlined above.



Primary supervising physician



Physician Assistant

6/14/96
Date



VERMONT WOMEN'S HEALTH CENTER



Medical Directors
John Brumsted, M.D.
Ellie Wegner, M.D.

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 - nutritional counseling services
 - psychosocial counseling
 - preconceptional counseling
 - antenatal screening/counseling
 - antepartum fetal surveillance
 - obstetric ultrasound examinations
 - childbirth education

Gynecologic Services

- primary and preventative care
- initial periodic evaluation and treatment of gynecological disease
- screening for gyn cancers, including breast cancer
- family planning, contraception
- evaluation and treatment of endocrine dysfunction and infertility
- abortion related services
- evaluation and treatment of incontinence.

Supervision:

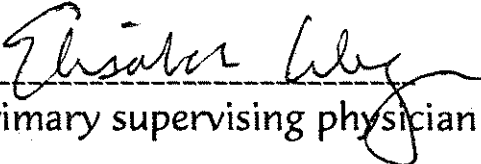
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Sites of Practice

The practice is located at offices at 336 North Ave in Burlington.

Authorization to prescribe medications:

The physician assistant named in this document is authorized to prescribe medications in order to carry out protocols within the scope of practice outlined above.



Primary supervising physician

6/14/96

Date



Physician Assistant



VERMONT WOMEN'S HEALTH CENTER



Medical Directors
John Brumsted, M.D.
Ellie Wegner, M.D.

Executive Director
Rachel Atkins, P.A., M.P.H.

Director of Medical
Services and Education
Cate Nicholas, M.S., P.A.

Manager of
Administrative Services
Anne Barati

Physician Assistants
Toby Heidenreich, P.A.
Katra Kindar, P.A.
Mary Wallmyn, P.A.
Janet Young, P.A.

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Joy Livingston, Ph.D.
Jeanne Morrissey
Jessica Oski, Esq.
Mary Powell
Ann Pugh, MSW
Betsy Rosenbluth
Susan Shane, M.D.

Vermont Women's Health Center Scope of Practice for Physician Assistants

Description of Practice Setting, Task and Duties:

Physician assistants at the Vermont Women's Health Center perform those exams, procedures, diagnostic testing, and therapeutic treatments consistent with the practice of office obstetrics and gynecology as defined by the American College of Obstetrics and Gynecology:

Obstetric Services

- prenatal care
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Elisabeth Weg
Primary supervising physician

Mary W. Dean PA
Physician Assistant

6/14/96
Date



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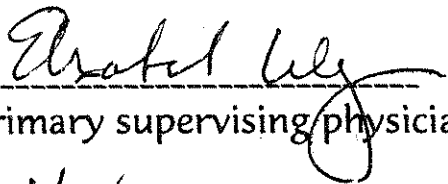
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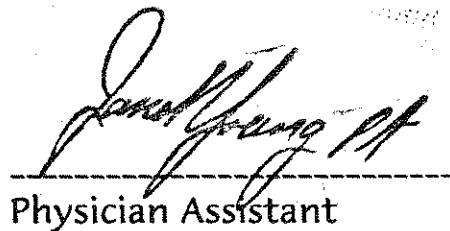
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Primary supervising physician

6/14/96
Date



Physician Assistant



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Therese Lyle
Primary supervising physician

Rachel Atkins
Physician Assistant

6/14/86
Date

Supervision:

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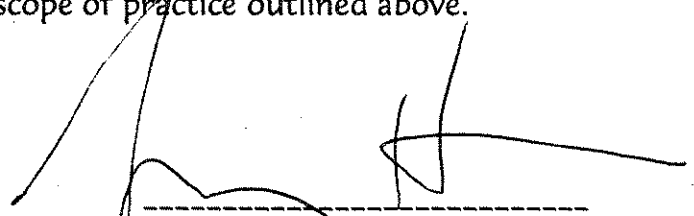
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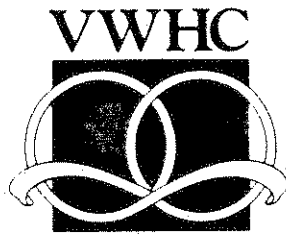


Primary supervising physician



Physician Assistant

6/14/96
Date



VERMONT WOMEN'S HEALTH CENTER



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Vermont Women's Health Center Scope of Practice for Physician Assistants

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- abortion related services
- evaluation and treatment of incontinence.

PRIMARY SUPERVISING PHYSICIAN APPLICATION

Submit in typewritten form. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Wegner, Elisabeth K.
(Last) (First) (Middle) (Former)

Mailing Address PO Box 29 Burlington
(Street) (City)
VT 05402 (802) 863-1388
(State) (Zip Code) (Phone)

Office Address 336 North Avenue Burlington
(Street) (City)
VT 05401 (802) 863-1388
(State) (Zip Code) (Phone)

Vermont License # 042-0009221 Number of years you have been practicing Medicine: 4

HOSPITAL(S) NAME WHERE YOU HAVE PRIVILEGES:	HOSPITAL(S) LOCATION	SPECIALTY
Fletcher Allen Health Care - MCHV Campus	111 Colchester Ave, Burlington	OB/Gyn

LIST ALL PHYSICIAN'S ASSISTANTS NAMES AND ADDRESSES YOU CURRENTLY SUPERVISE:

None

What arrangements have you made for supervision when you are not available or out of town:
Fletcher Allen Health Center - Women's Health Services, Williston Group will cover.

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, MS, 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 a notice will be posted that a physician's assistant is used, in accordance with 26 VSA, chapter 31 section 1741.

6/14/96
(Date)

Elisabeth Wegner
(Signature of Applicant)

Vermont Secret

VT Board of Medical Practice
109 State Street
Montpelier VT 05609-1106

Office, Pavilion Office Building
(802) 828-2363

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Submit in typewritten form. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Brumsted, John Robert
(Last) (First) (Middle) (Former)

Mailing Address PO Box 29 Burlington
(Street) (City)
VT 05402 (802) 863-1388
(State) (Zip Code) (Phone)

Office Address 336 North Avenue Burlington
(Street) (City)
VT 05401 (802) 863-1388
(State) (Zip Code) (Phone)

Vermont License # 042-0007101 Number of years you have been practicing Medicine: 18

HOSPITAL(S) NAME WHERE YOU HAVE PRIVILEGES: HOSPITAL(S) LOCATION SPECIALTY
Fletcher Allen Health Center - MCHV Campus 111 Colchester Ave, Burlington, VT
OB/Gyn Reproductive Endocrinology

LIST ALL PHYSICIAN'S ASSISTANTS NAMES AND ADDRESSES YOU CURRENTLY SUPERVISE:

Rachel Atkins, PA PO Box 29 Burlington, VT 05402

Catherine Nicholas, MS, PA PO Box 29 Burlington, VT 05402

Mary Wallmyn, PA PO Box 29 Burlington, VT 05402

Toby Heidenreich, PA PO Box 29 Burlington, VT 05402

Janet Young, PA PO Box 29 Burlington, VT 05402

Katra Kindar, PA PO Box 29 Burlington, VT 05402

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, MS, P.A. only when the 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.

6/5/96

(Date)

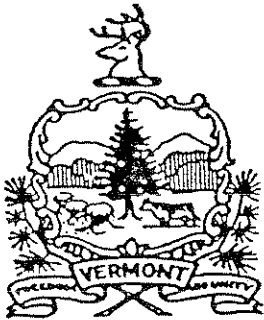
[Signature]

(Signature of Applicant)

Vermont Sec

VT Board of Medical Practice
109 State Street
Montpelier VT 05609-1106

Practice, Pavilion Office Building
(802)828-2363



State of Vermont
Office of the Secretary of State

Professional Certificate

I hereby certify that the following named persons are fully qualified to practice
as a Physician's Assistantin the State of Vermont.

Catherine Nicholas, M.S., P.A.

P.A. Certification Number: 55-0030046

Valid only while working under the supervision of John Brumstead, M.D.; Judith McBean, M.D.; Anne Viselli, M.D.; and Julia Johnson, M.D. at Vermont Women's Health Center, 336 North Avenue, Burlington, Vermont.

Under the Scope of Practice approved by the Vermont Board of Medical Practice.

Valid through January 31, 1998.



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

Vermont Board of Medical Practice

(Regulating Board or Court)

at Montpelier, in the county of Washington, State of Vermont,

this 26th day of December, A.D., 19 95

Kathleen Morehouse
(Signature and Title)

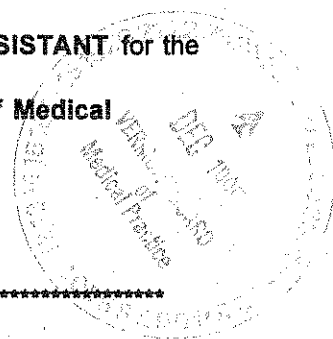
STATE OF VERMONT - BOARD OF MEDICAL PRACTICE
1996-1998 PHYSICIAN'S ASSISTANT CERTIFICATION RENEWAL APPLICATION, PAGE ONE OF FOUR

I hereby apply for the RENEWAL of my CERTIFICATION AS A PHYSICIAN'S ASSISTANT for the period from 02/01/96 to 01/31/98. TWO YEAR RENEWAL FEE: \$55.

Enclose a check in the amount of \$55. made payable to the Vermont Board of Medical Practice.

055-0030046

Catherine Nicholas MS, PA
Vermont Women's Health Center
336 North Avenue
Burlington, VT 05401



Important:

- Please print legibly or type your answers.
- Answer all questions (front and back of each page) completely-it is not adequate to state that the Board already has the information. Use the enclosed Form A to provide explanations to "yes" answers in Section II.
- Make a copy of this form and all attachments for your own records.
- Do not delegate this important task to an employee, as false statements on this form are grounds for unprofessional conduct.
- Thank you for your cooperation.

SECTION I

1. Name: Catherine Nicholas 2. Vermont Certification Number: 55- 0030046

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

5. Office Address: 336 North Ave

City, State, Zip Code: Burlington VT 05401

6. Daytime Telephone Number: Area Code: (802) 863-1386

7. Date of Birth: Month: 11 Day: 5 Year: 51

8. Place of Birth: NYC 9. Sex: Male ☒ Female

10. Certification Examination Taken - Check: ☐ NCCPA ☒ State Examination-Identify State: VT
Other Examination Specify:

11. Basis for Vermont Certification: ☒ Apprenticeship Trained
☐ University Trained

12. Undergraduate Degree - Circle: B.A. ☒ B.S. A.B. Other: Year of Graduation: 1973

Degree Granting Institution: U of Bridgeport

Location: Conn First Institution (If transfer): Location:

P.A. Diploma or Certificate: Other: Year of Graduation: 1981

School: Location:

VWITC Apprenticeship Program

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE
1996-1998 PHYSICIAN'S ASSISTANT CERTIFICATION RENEWAL APPLICATION, PAGE TWO OF FOUR

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

Name(s) and Location(s) of Hospital(s): _____

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

15. Other states where you now hold an active certification or license to practice: NA

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

17. Specialty: gyn DEA Number: _____

18. Name and office address of current employer:

Name

Address

Vermont Women's Health Center 336 North Main
Burlington VT

19. Please review the attached list of current Primary and Secondary Supervising Physicians. Is the information correct? ☐ Yes ☒ No If no, contact the Board. If no list is attached, please fill out the information below:

Name, specialty and office address of Supervising Physician(s):

Name

Specialty

Address

20. Name, specialty and office address of the Secondary Supervising Physician(s):

Name

Specialty

Address

21. Please attach a copy of your NCCPA certificate. NA

22. Scope of Practice: The Board of Medical Practice requires that you and your primary supervising physician(s) review the most current scope of practice (see attached definition) for your practice setting, paying attention to any additions or deletions in duties and procedures. a) Has there been a change in your scope of practice which has not been reviewed by the Board ☐ Yes ☒ No b) Please review, sign and date by PA and PRIMARY SUPERVISING PHYSICIAN your scope of practice. Please attach a copy of your signed scope of practice.

23. Documentation showing practice as a Physician's Assistant within the past twelve months: Please provide a letter from your Supervising Physician attesting to the fact that you have practiced as a Physician's Assistant within the past twelve months.

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

24. Continuing Medical Education (CME) requirements:

a. NCCPA certified Physician's Assistants: Attach proof of recertification; this will serve as adequate proof of CME completion.

b. For all others, enclosed please find an explanation of requirements and a logging form. If you have any questions, please address them in writing to Board Member Jack Cassidy, P.A. at the Board's address.

25. All Physician's Assistants are required to have a Secondary Supervising Physician for their practice. We have enclosed a form to be returned to this office if you do not have a Secondary Supervising Physician on file with our office.

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE
1996-1998 PHYSICIAN'S ASSISTANT CERTIFICATION RENEWAL APPLICATION, PAGE THREE OF FOUR

SECTION II: PLEASE CHECK YES OR NO.

A "YES" ANSWER REQUIRES AN EXPLANATION ON THE ENCLOSED FORM A.

Important note regarding the following questions: Except for questions 1 and 4, "Yes" answers on past certification renewals must be updated on Form A. For example, if a previously reported malpractice action has been dismissed, please indicate that on Form A. You have a continuing obligation to update the Board during the 1996-1998 period if the answer to any of the questions below changes from "No" to "Yes".

(Section II is for the reporting of information which is retained solely by the Board of Medical Practice and is not part of the data base maintained by the Department of Health.)

During the past TWO YEARS:

1. Have you had any organic illness, emotional disturbance or mental illness which has impaired your ability to practice as a physician's assistant or to function as a physician's assistant student, resident or apprentice?
[REDACTED]

2. Have you been a defendant in any criminal proceeding other than minor traffic offenses? ☐ YES ☒ NO

3. Are you currently under investigation for a criminal act?
[REDACTED]

4. Have you been dependent upon alcohol or drugs?
[REDACTED]

5. 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 physician's assistant association (international, national, state or local)? ☐ YES ☒ NO

6. Has any medical malpractice claim been made against you (whether or not a lawsuit was filed in relation to the claim/complaint/demand for damages)?
[REDACTED]

7. Have you had staff privileges, employment or appointment in a hospital or other health care institution denied, reduced, suspended or revoked, resigned from a medical staff in lieu of disciplinary action or resigned from a medical staff after a complaint or peer review action has been initiated against you? ☐ YES ☒ NO

8. Have you voluntarily surrendered or resigned a license or certification to practice as a physician's assistant or any healing art in lieu of disciplinary action? ☐ YES ☒ NO

9. Has your privilege to possess, dispense or prescribe controlled substances been suspended, revoked, denied, restricted or surrendered by any jurisdiction or federal agency at any time? ☐ YES ☒ NO

10. Have you been denied the right to participate or enroll in any system whereby a third party pays all or part of a patient's bill? ☐ YES ☒ NO

11. Have you withdrawn an application for physician's assistant certification or license, or been denied a physician's assistant certification or license for any reason? ☐ YES ☒ NO

12. Have you been turned down for coverage by a malpractice insurance carrier? ☐ YES ☒ NO

13. Have you been notified as a responsible party of a confirmed quality concern (quality of hospital care provided to Medicare patients) by the Peer Review Organization (PRO) in Vermont or elsewhere? ☐ YES ☒ NO

14. Have you been the subject of an investigation by any other licensing board?
[REDACTED]

15. Have you been dismissed or asked to leave a residency training program(s) before completion? ☐ YES ☒ NO

SECTION III: STATE OF VERMONT - BOARD OF MEDICAL PRACTICE
1996-1998 PHYSICIAN'S ASSISTANT CERTIFICATION RENEWAL APPLICATION, PAGE FOUR OF FOUR

Applicant's Statement Regarding Child Support

Title 15 § 795 requires that the following statement be completed by anyone applying for a license, certification or registration to practice a profession in the state of Vermont.

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)

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

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

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" to the address below.

Applicant's Statement Regarding Taxes

Title 32 § 3113 requires that this form must be completed by anyone applying for a license, certification or registration to practice a profession in the state of Vermont.

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)

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" to the address below.

Social Security

* 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. § 403 (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 further certify that all the information contained in this renewal application (including all pages and attachments) is true and accurate to the best of my knowledge. Failure to provide truthful and accurate information may constitute grounds for denial of license renewal or disciplinary action.

Signature of Applicant



Date

11/27/95

Return the completed form and fee to:
(Return envelope enclosed)

Vermont Board of Medical Practice
109 State Street
Montpelier, Vermont 05609-1106

Questions?: (802) 828-2673

Important: Please be sure to write your certification number on your check. Check for the correct spelling of your name and proper address on the page one label. Print any changes in the adjoining space. Sign and date the application. Enclose the correct fee of \$55* in check or money order payable to the Vermont Board of Medical Practice. (Medical Board Renewal Fee \$50 + Office of Professional Regulation (OPR) Fee: \$5.00 = \$55. OPR's \$5.00 of the renewal fee represents an assessment for the Fee Limiting Subfund.)

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

VERMONT DEPARTMENT OF HEALTH SURVEY

SECTION IV

To be completed only by physician's assistants practicing in Vermont.

The combined PA certification renewal application and survey form in your hands represents a collaborative effort between the Vermont Board of Medical Practice and the Vermont Department of Health to address the data/information needs of both (and others) in as efficient way as possible.

The Vermont Department of Health is seeking certain information from this survey to assess the distribution of provider resources in order to identify shortage areas. The data will also be used in developing the primary care section of the Health Resources Management Plan promulgated by the Vermont Health Care Authority. Input to Section IV has been solicited and obtained from the Vermont Health Care Authority, the Vermont Medical Society, the Vermont Hospital Association and the Primary Care Access Committee, among others. A Provider Registry, built from Sections I and IV is maintained in the Center for Public Health Statistics, Vermont Department of Health, with financial support from the Primary Care Cooperative Agreement and the Rural Health Programs, Vermont Department of Health. For additional information on survey uses call 1-802-863-7300.

Please try to fill in the survey as best as possible.

Thank you for your careful cooperation in this important effort.

VERMONT DEPARTMENT OF HEALTH SURVEY

SECTION IV

(Section IV is especially for the needs of health care access planning/physician recruitment and retention efforts in Vermont.)
*Note: If you are retired or are not practicing in Vermont, do not complete Section IV.

Instructions for completing this portion: Please complete a WORK SITE section for each practice and location where you provide patient care. For example, if your patient care is distributed in the following manner, you would complete four WORK SITE sections, one for each combination of practice and site:

Practice	Site	WORK SITE Section in this form
Mountain Pediatrics	126 Cherry St., Burlington	NUMBER ONE
City Hospital	Pine St., Burlington	NUMBER TWO
Mountain Pediatrics	Route 116, Hinesburg	NUMBER THREE
Lakeview Pediatrics	Route 7, Vergennes	NUMBER FOUR

Be as detailed as possible. Estimate if exact figures are not available.

Be sure to include the patient care that you provide in an inpatient setting.

The codes to be used for the SPECIALTY column are enclosed on separate sheets.

VERMONT DEPARTMENT OF HEALTH SURVEY

SECTION IV CONTINUED

(a). WORK SITE: NUMBER ONE

Name of Practice(s): Vermont Women's Health Center
 Street Address: 336 North Main
 Town: Burlington Zip Code: 05401

Is your practice at this site affiliated with an IPA HMO? ☒ Yes ☒ No
 Is your practice at this site affiliated with a Group/Staff HMO? ☒ Yes ☒ No
 Do you engage in teaching at this site? ☒ Yes ☐ No
 Do you engage in research at this site? ☒ Yes ☐ No

Is your personal income from this practice site based on (check as many as apply):
☒ Salary ☐ Fee for service ☐ Capitation ☐ Cost based ☐ Other (please specify) _____

The codes to be used for the PRACTICE SETTING column are as follows:

1 Solo Practice	7 Hospital Owned/Operated Office Practice
2 Group Practice: Single Specialty	8 Hospital Emergency Room
3 Group Practice: Multi-Specialty	9 Hospital Outpatient Clinic
4 FQHC/RHC Community Health Center	10 Hospital Inpatient
5 School or College Health Center	11 Extended Care Facility
6 Business or Worksite	12 Other: Specify _____

Please complete one full line for each SPECIALTY that YOU practice at this site.

SPECIALTY(IES) AT THIS SITE (Please use code(s) from the list of specialty codes.)	Average hours per week engaged in DIRECT PATIENT CARE	Practice Setting (use codes provided above on this page)	Do you plan to continue the practice of this specialty for the next 12 months? YES or NO	Will you accept new patients in this specialty? YES or NO	Will you accept new Medicaid patients in this specialty? YES or NO	Will you accept new Medicare patients in this specialty? YES or NO
1101	20	3	yes	yes	yes	yes

Check the types of primary care services that you perform at this site, and the average hours per week of patient care, even if the service is not practiced as a specialty:

	Service	Hours
	General pediatric medical care	
	General adolescent medical Care	
	General adult medical care	
	General geriatric medical care	
✓	General gynecological medical care	20
	General obstetric medical care	

VERMONT DEPARTMENT OF HEALTH SURVEY

SECTION IV CONTINUED

7(b). WORK SITE: NUMBER TWO

Name of Practice(s): PPNNE
 Street Address: Talbot Road
 Town: Barre Wilmington VT Zip Code: _____

Is your practice at this site affiliated with an IPA HMO? Yes ☒ No
 Is your practice at this site affiliated with a Group/Staff HMO? Yes ☒ No
 Do you engage in teaching at this site? ☒ Yes ☐ No
 Do you engage in research at this site? Yes ☒ No

Is your personal income from this practice site based on (check as many as apply):
☒ Salary ☐ Fee for service ☐ Capitation ☐ Cost based ☐ Other (please specify) _____

The codes to be used for the PRACTICE SETTING column are as follows:

1 Solo Practice	7 Hospital Owned/Operated Office Practice
2 Group Practice: Single Specialty	8 Hospital Emergency Room
3 Group Practice: Multi-Specialty	9 Hospital Outpatient Clinic
4 FQHC/RHC Community Health Center	10 Hospital Inpatient
5 School or College Health Center	11 Extended Care Facility
6 Business or Worksite	12 Other: Specify _____

Please complete one full line for each SPECIALTY that YOU practice at this site.

SPECIALTY(IES) AT THIS SITE (Please use code(s) from the list of specialty codes.)	Average hours per week engaged in DIRECT PATIENT CARE	Practice Setting (use codes provided above on this page)	Do you plan to continue the practice of this specialty for the next 12 months? YES or NO	Will you accept new patients in this specialty? YES or NO	Will you accept new Medicaid patients in this specialty? YES or NO	Will you accept new Medicare patients in this specialty? YES or NO
<u>1101</u>	<u>per diem</u>	<u>2</u>	<u>yes</u>	<u>yes</u>	<u>yes</u>	<u>yes</u>

Check the types of primary care services that you perform at this site, and the average hours per week of patient care, even if the service is not practiced as a specialty:

Service	Hours
General pediatric medical care	
General adolescent medical Care	
General adult medical care	
General geriatric medical care	
<input checked="" type="checkbox"/> General gynecological medical care	<u>per diem</u>
General obstetric medical care	

**VERMONT BOARD OF MEDICAL PRACTICE
PHYSICIAN'S ASSISTANT SCOPE OF PRACTICE**

"Scope of practice" means a written document detailing those areas of medical practice including duties and medical acts, delegated to the physician's assistant by the supervising physician for which the licensee is qualified by education, training and experience. At no time shall the scope of practice of the physician's assistant exceed the normal scope of either the primary or secondary supervising physician(s)' practice.

Physician's assistants practice medicine with physician supervision. Physician's assistants may perform those duties and responsibilities, including the prescribing and dispensing of drugs and medical devices, that are delegated by their supervising physician(s).

Physician's assistants shall be considered the agents of their supervising physicians in the performance of all practice-related activities, including but not limited to, the ordering of diagnostic, therapeutic and other medical services.

It is the obligation of each team of physician(s) and the physician's assistant(s) to insure that the written scope of practice submitted to the Board for approval clearly delineates the role of the physician's assistant in the medical practice of the supervising physician. This should cover at least the following categories:

✓ a) Narrative: A brief description of the practice setting, the types of patients and patient encounters common to this practice and a general overview of the role of the physician's assistant in that practice.

✓ b) Supervision: A detailed explanation of the mechanisms for on-site and off-site physician supervision and communication, back-up and secondary supervising physician utilization. Included here should be a description of the method of transport and back-up procedures for immediate care and transport of patients who are in need of emergency care when the supervising physician is not on premises. This explanation should include issues such as, ongoing review of the physician's assistant's activities, retrospective chart review, co-signing of patient charts, and utilization of the services of non-supervising physicians and consultants.

✓ c) Sites of Practice: A description of any and all practice sites (i.e. office, clinic, hospital outpatient, hospital inpatient, industrial sites, schools, etc.). For each site, a description of the PA's activities.

✓ d) Tasks/Duties: A list of the PA's tasks and duties in the supervising physician's scope of practice.

This list should express a sense of involvement in the level of medical care in that practice. The supervising physician may only delegate those tasks for which the physician's assistant is qualified by education, training and experience to perform. Notwithstanding the above, the physician's assistant should initiate emergency care when required while accessing back-up assistance. At no time should a particular task assigned to the PA fall outside of the scope of practice of the supervising physician.

✓ e) An authorization to prescribe medications which includes the following statements:

1) The physician's assistant named in this document will be authorized to prescribe medications in accordance with the scope of practice submitted to and approved by the Vermont Board of Medical Practice.

2) The physician's assistant named in this document will be authorized to prescribe controlled drugs in accordance with the scope of practice submitted to and approved by the Vermont Board of Medical Practice. A physician's assistant who prescribes controlled drugs must obtain an identification number from the federal Drug Enforcement Agency (DEA). The physician's assistant DEA number is (insert DEA number).

**VERMONT BOARD OF MEDICAL PRACTICE
CONTINUING MEDICAL EDUCATION REQUIREMENTS
FOR PHYSICIAN'S ASSISTANTS**

Certification by the NCCPA is accepted as adequate proof of CME completion. If NCCPA certified, send copy of current certification and disregard below.

A Physician's Assistant must log 100 CME hours every two years to meet recertification requirements for the State of Vermont. The 100 hours must include at least 40 Category I hours. The other 60 hours may be logged in Category I or in elective Category II credits. You may credit a maximum of 30 Category I hours into the next two-year period, if they have been completed in the six months prior to January 1 of the current two-year registration period.

INSTRUCTIONS FOR COMPLETING FORMS

1. Please provide all information required on the form.
2. You should gather all information and submit completed forms for 100 hours with the re-registration forms to the Board.
3. The Board will provide you with additional blank forms upon request.
4. Attach documentation to form.

DEFINITION OF CME CATEGORIES

CATEGORY I: Programs that have been accredited by the American Academy of Physician's Assistants (AAPA) or American Academy of Family Physicians (AAFP) or organizations accredited by the Accreditation Council on Continuing Medical Education (ACCME) to grant Category I toward the Physician's Recognition Award - of which AMA is one. The program's publicity should specify the accrediting organization and number of Category I hours.

If you have any questions about approval, please contact this office.

CATEGORY II:

1. CME programs not recognized by the Vermont Board of Medical Practice, the American Medical Association, the American Academy of Family Physicians, the American

CME Requirements

Page 2

College of Surgeons, the National Commission on Certification of Physician's Assistants, etc.

2. Medical teaching of personnel in the health professions.
3. Publication and presentation made at medical meetings and at CME programs. Credit will be given for each paper or publication, or each chapter of a book authored (first publication only).
4. Non-supervised individual continuing medical education activities:
 - a. self-directed learning through use of AV tapes, reading of medical publications, participation in a journal club, individual participation in radio, TV or telephone networks.
 - b. case review with a consultant; includes an organized presentation of current medical knowledge, last one hour or more. Descriptive information should include giving the name of the consultant, topic and date.
 - c. patient care review through peer review, medical audits, chart audits, etc.
5. College courses on related topics.
6. Other activities that would contribute to medical education, to be approved on a case-by-case basis.

Hours for CME are calculated as one hour of CME for each hour clocked unless specified otherwise by the Board.

CONTINUING MEDICAL EDUCATION RECORD

NAME: Cate Nicholas DAYTIME PHONE: 863-1386
 HOME ADDRESS: [REDACTED]
 SUPERVISING PHYSICIAN: Dr. Brunster

Complete this CME logging form, keep a copy for your personal records, and return the original with your recertification application.

You are required to log a minimum of 100 hours every two-year cycle. At least 40 hours must be in Category I. You must do this to meet requirements for recertification by the State of Vermont. (See enclosure for definition of Category I and Category II CMEs.)

CATEGORY I:

Program Title	Date	CME Hours	Sponsor	Location
Postgraduate OB/gyn	10/94	12	UVM	Burl
Postgraduate OB/gyn	10/95	4	UVM	Burl
OB/gyn Grand Rounds	1994-1995	10	F.A.H.C.	Burl
Comp gyn	1994	14	AGOG	NYC
Comp Colpo	11/95	10	ASCP	Canam

50 TOTAL CATEGORY I Hours

CATEGORY II:

Program Title	Date	CME Hours	Sponsor	Location
Teaching	1994-1995	100	VWTC	Burl
Q.A. reviews	19m.	12	VWTC	Burl
Presentation	1994-1995	4	PPNNE	NH

116 TOTAL CATEGORY II HOURS

TOTAL CMEs

Signature: 



VERMONT WOMEN'S HEALTH CENTER

Medical Director
Jean Ahlborg, M.D.

Executive Director
Rachel Atkins, P.A.

Director of Medical
Services and Education
Cate Nicholas, M.S., P.A.

Manager of
Administrative Services
Anne Barati

Physician Assistants
Toby Heidenreich, P.A.
Katra Kindar, P.A.
Mary Wallmyr, P.A.
Janet Young, P.A.

Advisory Board
Diana Carminati
Ellen Dorsch, MPH
Berta Geller, Ph.D.
Mary Kehoe, Esq.
Joy Livingston, Ph.D.
Jeanne Morrissey
Jessica Oski, Esq.
Mary Powell
Ann Pugh, MSW
Betsy Rosenbluth
Susan Shane, M.D.
Pat Torpie

Vermont Women's Health Center Scope of Practice for Physician Assistants

Description of Practice Setting, Task and Duties:

Physician assistants at the Vermont Women's Health Center perform those exams, procedures, diagnostic testing, and therapeutic treatments consistent with the practice of office obstetrics and gynecology as defined by the American College of Obstetrics and Gynecology:

Obstetric Services

- prenatal care
- post partum care
- related obstetrical services
 - nutritional counseling services
 - psychosocial counseling
 - preconceptional counseling
 - antenatal screening/counseling
 - antepartum fetal surveillance
 - obstetric ultrasound examinations
 - childbirth education

Gynecologic Services

- primary and preventative care
- initial periodic evaluation and treatment of gynecological disease
- screening for gyn cancers, including breast cancer
- family planning, contraception
- evaluation and treatment of endocrine dysfunction and infertility
- abortion related services
- evaluation and treatment of incontinence.



VERMONT WOMEN'S HEALTH CENTER

Medical Director
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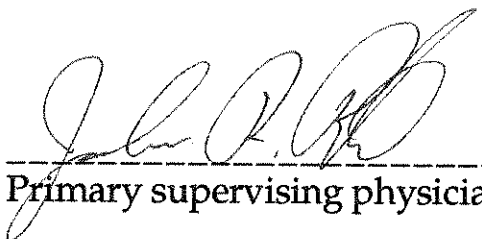
Manager of
Administrative Services
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Pat Torpie

Vermont Women's Health Center Certification of Practice for Physician Assistants

I certify that Cate Nicholas MS,PA has practiced as a Physician Assistant
within the last 12 months.



Primary supervising physician

12/20/95

Date

Cate Nicholas

VERMONT DEPARTMENT OF HEALTH SURVEY

SECTION IV

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Please try to fill in the survey as best as possible.

Thank you for your careful cooperation in this important effort.

VERMONT DEPARTMENT OF HEALTH SURVEY

SECTION IV

(Section IV is especially for the needs of health care access planning/physician recruitment and retention efforts in Vermont.)

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City Hospital	Pine St., Burlington	NUMBER TWO
Mountain Pediatrics	Route 116, Hinesburg	NUMBER THREE
Lakeview Pediatrics	Route 7, Vergennes	NUMBER FOUR

Be as detailed as possible. Estimate if exact figures are not available.

Be sure to include the patient care that you provide in an inpatient setting.

The codes to be used for the SPECIALTY column are enclosed on separate sheets.

VERMONT DEPARTMENT OF HEALTH SURVEY

SECTION IV CONTINUED

(a). WORK SITE: NUMBER ONE

Name of Practice(s): VWITZ
 Street Address: 336 North Ave
 Town: Burlington Zip Code: 05401

Is your practice at this site affiliated with an IPA HMO? ☒ Yes ☐ No
 Is your practice at this site affiliated with a Group/Staff HMO? ☒ Yes ☐ No
 Do you engage in teaching at this site? ☒ Yes ☐ No
 Do you engage in research at this site? ☒ Yes ☐ No

Is your personal income from this practice site based on (check as many as apply):
☒ Salary ☐ Fee for service ☐ Capitation ☐ Cost based ☐ Other (please specify) _____

The codes to be used for the PRACTICE SETTING column are as follows:

1 Solo Practice	7 Hospital Owned/Operated Office Practice
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3 Group Practice: Multi-Specialty	9 Hospital Outpatient Clinic
4 FQHC/RHC Community Health Center	10 Hospital Inpatient
5 School or College Health Center	11 Extended Care Facility
6 Business or Worksite	12 Other: Specify _____

Please complete one full line for each SPECIALTY that YOU practice at this site.

SPECIALTY(IES) AT THIS SITE (Please use code(s) from the list of specialty codes.)	Average hours per week engaged in DIRECT PATIENT CARE	Practice Setting (use codes provided above on this page)	Do you plan to continue the practice of this specialty for the next 12 months? YES or NO	Will you accept new patients in this specialty? YES or NO	Will you accept new <u>Medical</u> patients in this specialty? YES or NO	Will you accept new <u>Medicare</u> patients in this specialty? YES or NO
<u>110.1</u>	<u>20</u>	<u>3</u>	<u>yes</u>	<u>yes</u>	<u>yes</u>	<u>yes</u>

Check the types of primary care services that you perform at this site, and the average hours per week of patient care, even if the service is not practiced as a specialty:

Service	Hours
General pediatric medical care	
General adolescent medical care	
General adult medical care	
General geriatric medical care	
<input checked="" type="checkbox"/> General gynecological medical care	<u>20</u>
General obstetric medical care	

VERMONT DEPARTMENT OF HEALTH SURVEY

SECTION IV CONTINUED

7(b). WORK SITE: NUMBER TWO

Name of Practice(s): PPNNE
 Street Address: Falout Road
 Town: Wilmington Zip Code: _____

Is your practice at this site affiliated with an IPA HMO? ☒ Yes ☒ No
 Is your practice at this site affiliated with a Group/Staff HMO? ☒ Yes ☒ No
 Do you engage in teaching at this site? ☒ Yes ☐ No
 Do you engage in research at this site? ☒ Yes ☐ No

Is your personal income from this practice site based on (check as many as apply):
 _____ Salary _____ Fee for service _____ Capitation _____ Cost based _____ Other (please specify) _____

The codes to be used for the PRACTICE SETTING column are as follows:

1 Solo Practice	7 Hospital Owned/Operated Office Practice
2 Group Practice: Single Specialty	8 Hospital Emergency Room
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4 FQHC/RHC Community Health Center	10 Hospital Inpatient
5 School or College Health Center	11 Extended Care Facility
6 Business or Worksite	12 Other: Specify

Please complete one full line for each SPECIALTY that YOU practice at this site.

SPECIALTY(IES) AT THIS SITE (Please use code(s) from the list of specialty codes.)	Average hours per week engaged in DIRECT PATIENT CARE	Practice Setting (use codes provided above on this page)	Do you plan to continue the practice of this specialty for the next 12 months? YES or NO	Will you accept new patients in this specialty? YES or NO	Will you accept new Medicaid patients in this specialty? YES or NO	Will you accept new Medicare patients in this specialty? YES or NO
1101	per diem 2		yes	yes	yes	yes

Check the types of primary care services that you perform at this site, and the average hours per week of patient care, even if the service is not practiced as a specialty:

Service	Hours
General pediatric medical care	
General adolescent medical Care	
General adult medical care	
General geriatric medical care	
<input checked="" type="checkbox"/> General gynecological medical care	per diem
General obstetric medical care	

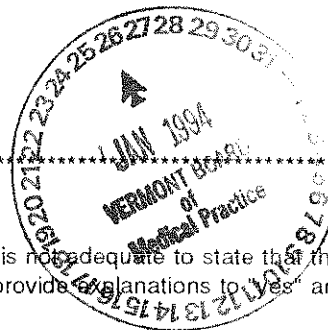
license sent 2/1/94

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE
1994-1996 PHYSICIAN'S ASSISTANT CERTIFICATION RENEWAL APPLICATION, PAGE ONE OF FIVE

I hereby apply for the renewal of my CERTIFICATION AS A PHYSICIAN'S ASSISTANT for the period from 02/01/94 to 01/31/96. TWO YEAR RENEWAL FEE \$55.
Enclose a check in the amount of \$55. made payable to the Vermont Board of Medical Practice.

55-0030046 R

Catherine Nicholas MS, PA
Vermont Women's Health Center
336 North Avenue
Burlington VT 05402



Important:

- Please print legibly or type your answers.
- Answer all questions (front and back of each page) completely-it is not adequate to state that the Board already has the information. Use the enclosed Form A to provide explanations to yes answers in Section II.
- Make a copy of this form and all attachments for your own records.
- Do not delegate this important task to an employee, as false statements on this form are grounds for unprofessional conduct.
- Thank you for your cooperation.

SECTION I

1. Name: Catherine Nicholas 2. Vermont Certification Number: 55- 0030046A

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

4. Home Address: [REDACTED]

City, State, Zip Code: [REDACTED]

5. Office Address: Vermont Women's Health Center

City, State, Zip Code: 336 North Ave Burlington VT 05401

6. Daytime Telephone Number: Area Code: (802) 263-1386

7. Date of Birth: Month: 11 Day: 5 Year: 51

8. Place of Birth: NYC 9. Sex: Male ☒ Male ☐ Female

10. Certification Examination Taken - Check: ☐ NCCPA ☐ State Examination-Identify State: VT
Other Examination Specify: _____

11. Basis for Vermont Certification: ☒ Apprenticeship Trained
☐ University Trained

12. Undergraduate Degree - Circle: B.A. ☒ B.S. A.B. Other: _____ Year of Graduation: 1973

Degree Granting Institution: University Bridgeport Location: Conn
First Institution (If transfer): _____ Location: _____

P.A. Diploma or Certificate: NA Other: _____ Year of Graduation: _____

School: _____ Location: _____

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE
1994-1996 PHYSICIAN'S ASSISTANT CERTIFICATION RENEWAL APPLICATION, PAGE TWO OF FIVE

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

Name(s) and Location(s) of Hospital(s): _____

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

15. Other states where you now hold an active certification or license to practice: B 4

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

17. Specialty: OB/gyn DEA Number: _____

18. Name and office address of current employer:

Name Address

Vermont Women's Health Center 336 North Main

19. Name, specialty and office address of Supervising Physician(s):

Name Specialty Address

Jean Anlborg OB/gyn same Burlington VT 05401

20. Name, specialty and office address of the Secondary Supervising Physician(s):

Name Specialty Address

Cheryl Gibson gyn 23 Mansfield Ave

21. Please attach a copy of your NCCPA certificate. NA

22. 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. a) Has your scope of practice changed? Yes No b) Please review, sign and date (include all parties) your scope of practice. c) Please attach a copy of your signed scope of practice.

23. Documentation showing practice as a Physician's Assistant within the past twelve months: Please provide a letter from your Supervising Physician attesting to the fact that you have practiced as a Physician's Assistant within the past twelve months.

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

24. Continuing Medical Education (CME) requirements:

a. NCCPA certified Physician's Assistants: Attach proof of recertification; this will serve as adequate proof of CME completion.

b. For all others, enclosed please find an explanation of requirements and a logging form. If you have any questions, please address them in writing to Board Member Jack Cassidy, P.A. at the Board's address.

25. All Physician's Assistants are required to have a Secondary Supervising Physician for their practice. We have enclosed a form to be returned to this office if you do not have a Secondary Supervising Physician on file with our office.

SECTION IV: STATE OF VERMONT - BOARD OF MEDICAL PRACTICE
1994-1996 PHYSICIAN'S ASSISTANT CERTIFICATION RENEWAL APPLICATION, PAGE FIVE OF FIVE

A professional license or other authority to conduct a trade or business may not be renewed unless the licensee 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).

A professional license or other authority to conduct a trade or business may not be renewed unless the licensee 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). The maximum penalty for perjury is fifteen years in prison, a \$10,000 fine, or both.

APPLICANT'S STATEMENT REGARDING CHILD SUPPORT

CAL I hereby certify that I am not subject to any support order or I am subject to a support order and am in good standing with respect to or in full compliance with a plan to pay any and all child support due as of the date of this application.

OR

_____ I hereby certify that I am NOT in good standing with respect to child support due 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" to the address below.

APPLICANT'S STATEMENT REGARDING TAXES

CAL 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 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" to the address below.

STATEMENT OF APPLICANT

I further certify that all information contained in this renewal application (including all pages and attachments) is true and accurate to the best of my knowledge. *Failure to provide truthful and accurate information may constitute grounds for denial of license renewal or disciplinary action.*

Social Security Number: _____

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

Date: 12/29/93 Signature: 

Return the completed form and fee to:
(Return envelope enclosed)

Vermont Board of Medical Practice
109 State Street
Montpelier, Vermont 05609-1106

QUESTIONS?: (802) 828-2673 - Toll Free (Within Vermont) 1-800-439-8683 (Ask for the Medical Board)

IMPORTANT: Please be sure to write your certification number on your check. Check for the correct spelling of your name and proper address on the page one label. Print any changes in the adjoining space. Sign and date the application. Enclose the correct fee of \$55.* in check or money order payable to the Vermont Board of Medical Practice.
(Medical Board Renewal Fee: \$50. + Office of Professional Regulation (OPR) Fee: \$5.00 = \$55. OPR's \$5.00 of the renewal fee represents an assessment for the Fee Limiting Subfund.)

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

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE
1994-1996 PHYSICIAN'S ASSISTANT CERTIFICATION RENEWAL APPLICATION, PAGE FOUR OF FIVE

SECTION III

1. What is the date you started practicing as a physician's assistant (excluding residency training)?

(Month/Year) 1/1987

2. What is the date you started practicing as a physician's assistant in Vermont (excluding residency training)?

(Month/Year) 1/1987

Instructions for completing the next portion: Please complete one "site" section for each location where you practice. Be as detailed as possible. Estimate if exact figures are not available.

The codes to be used for the Employment Setting column are as follows (If applicable, list multiple codes at one practice site):

- | | | |
|------------------------------|---|-------------------------|
| 1 Solo Practice | 6 HMO (Health Maintenance Organization) | 11 Teaching |
| 2 Group Practice | 7 Extended Care Facility | 12 Other Specify: _____ |
| 3 Community Health Center | 8 School/College Health | |
| 4 Hospital Outpatient Clinic | 9 Occupational Health | |
| 5 Hospital Inpatient | 10 Emergency Room | |

4. Practice Site Number One

Street Address: 336 North Ave
 Town: Burlington VT Zip: 05401

Specialty	Hours per week engaged in direct patient care	Employment Setting (See codes on Page 4.)	Will the practice of this specialty be discontinued within the next 12 months? (Yes or No)	Will you accept new patients in this specialty? (Yes or No)	What percent of the patients in this specialty are funded by Medicaid? (Estimate if necessary.)	Will you accept new Medicaid patients in this specialty?	What percent of the patients in this specialty are funded by Medicare? (Estimate if necessary.)	Will you accept new Medicare patients in this specialty?
OB-GYN	25	2	NO	yes	13%	yes	less than 1%	yes

Check the financial organization which best describes this site: ☐ For-profit ☒ Nonprofit

5. Practice Site Number Two

Street Address: _____ Town: _____ Zip: _____

Specialty	Hours per week engaged in direct patient care	Employment Setting (See codes on Page 4.)	Will the practice of this specialty be discontinued within the next 12 months? (Yes or No)	Will you accept new patients in this specialty? (Yes or No)	What percent of the patients in this specialty are funded by Medicaid? (Estimate if necessary.)	Will you accept new Medicaid patients in this specialty?	What percent of the patients in this specialty are funded by Medicare? (Estimate if necessary.)	Will you accept new Medicare patients in this specialty?

Check the financial organization which best describes this site: ☐ For-profit ☐ Nonprofit

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE
1994-1996 PHYSICIAN'S ASSISTANT CERTIFICATION RENEWAL APPLICATION, PAGE THREE OF FIVE

SECTION II: PLEASE CHECK YES OR NO.

A "YES" ANSWER REQUIRES AN EXPLANATION ON THE ENCLOSED FORM A.

1. Have you ever had any organic illness, emotional disturbance or mental illness which has impaired your ability to practice as a physician's assistant or to function as a physician's assistant student, resident or apprentice?

[REDACTED]

2. Have you, at any time, been a defendant in any criminal proceeding other than minor traffic offenses?

YES ☒ NO

[REDACTED]

3. Are you currently under investigation for a criminal act?

[REDACTED]

4. Are you now, or have you been in the past, dependent upon alcohol or drugs?

5. 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 physician's assistant association (international, national, state or local)?

YES ☒ NO

6. Has any medical malpractice claim been made against you in the last ten years (whether or not a lawsuit was filed in relation to the claim/complaint/demand for damages)?

[REDACTED]

7. Have you ever had staff privileges, employment or appointment in a hospital or other health care institution denied, reduced, suspended or revoked, resigned from a medical staff in lieu of disciplinary action or resigned from a medical staff after a complaint or peer review action has been initiated against you?

YES ☒ NO

8. Have you ever voluntarily surrendered or resigned a license to practice as a physician's assistant or any healing art?

YES ☒ NO

9. Has your privilege to possess, dispense or prescribe controlled substances ever been suspended, revoked, denied, restricted or surrendered by any jurisdiction or federal agency at any time?

YES ☒ NO

10. Have you ever been denied the right to participate or enroll in any system whereby a third party pays all or part of a patient's bill?

YES ☒ NO

11. Have you ever withdrawn an application for physician's assistant certification or license, or been denied a physician's assistant certification or license for any reason?

YES ☒ NO

12. Have you ever been turned down for coverage by a malpractice insurance carrier?

YES ☒ NO

13. Have you ever been notified as a responsible party of a Severity Level III quality problem (quality of hospital care provided to Medicare patients) by the Peer Review Organization (PRO) in Vermont or elsewhere?

YES ☒ NO

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

[REDACTED]

15. Have you ever been dismissed or asked to leave from a residency training program(s) before completion?

YES ☒ NO



VERMONT WOMEN'S HEALTH CENTER
Vermont Women's Health Center Scope of Practice for
Physician Assistants

Medical Director
Jean Ahlborg, M.D.

Executive Director
Rachel Atkins, P.A.

Director of Clinical Services
Anne Barati

Director of Medical Services
Cate Nicholas, M.S., P.A.

Physician Assistants
Toby Heidenreich, P.A.
Katra Kindar, P.A.
Mary Wallmyn, P.A.
Janet Young, P.A.

Advisory Board
Diana Carminati
Ellen Dorsch, MPH
Berta Geller, Ph.D.
Mary Kehoe, Esq.
Joy Livingston, Ph.D.
Jeanne Morrissey
Jessica Oski
Mary Powell
Ann Pugh, MSW
Fetsy Rosenbluth
Susan Shane, M.D.
Pat Torpie

Physician assistants at the Vermont Women's Health Center perform those exams, procedures, diagnostic testing, and therapeutic treatments consistent with the practice of office obstetrics and gynecology.


This includes but is not limited to:

- health maintenance exams
- contraceptive services
- problem gynecology
- prenatal care
- abortion and related services
- colposcopy and related services.

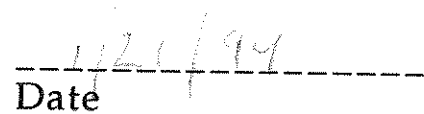
The supervising physician is available in person, by phone or beeper at all times for back up unless she signs out to a secondary supervising physician or member of the call group.

The supervising physician reviews a sample of routine patient records and meets with the physician assistant staff on an as need basis to review problem management.


The Health Center has an evacuation plan in place in case of emergency. Supervising physicians have admitting privileges and are on staff at the Medical Center Hospital of Vermont.



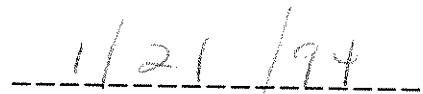
Primary supervising physician



Date 1/21/94



Physician Assistant



Date 1/21/94



VERMONT WOMEN'S HEALTH CENTER

Medical Director
Jean Ahlborg, M.D.

Executive Director
Rachel Atkins, P.A.

**Director of Clinical
Services**
Anne Barati

**Director of Medical
Services**
Cate Nicholas, M.S., P.A.

Physician Assistants
Toby Heidenreich, P.A.
Katra Kindar, P.A.
Mary Wallmyn, P.A.
Janet Young, P.A.

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Berta Geller, Ph.D.
Mary Kehoe, Esq.
Joy Livingston, Ph.D.
Jeanne Morrissey
Jessica Oski
Mary Powell
Ann Pugh, MSW
Betsy Rosenbluth
Susan Shane, M.D.
Pat Torpie

This is to certify that Cate Nicholas, MS, PA
has practiced as a Physician Assistant
for the last twelve months under
my supervision.



Jean Ahlborg, MD
VWHC Medical Director



Date

CONTINUING MEDICAL EDUCATION RECORD

NAME: Cate Nicholas DAYTIME PHONE: 863-1386

HOME ADDRESS: [REDACTED]

SUPERVISING PHYSICIAN: John Amborg

Complete this CME logging form, keep a copy for your personal records, and return the original with your recertification application.

You are required to log a minimum of 100 hours every two-year cycle. At least 40 hours must be in Category I. You must do this to meet requirements for recertification by the State of Vermont. (See enclosure for definition of Category I and Category II CMEs.)

CATEGORY I:

Program Title	Date	CME Hours	Sponsor	Location
Vulvar Disease	11/92	1.5	ASCCP	Scottsdale, Ariz.
Colposcopy	3/93	1.5	ASCCP	Chicago
Postgraduate	9/92	12.5	UVM	Burl
Postgraduate	9/93	12.5	UVM	Stowe

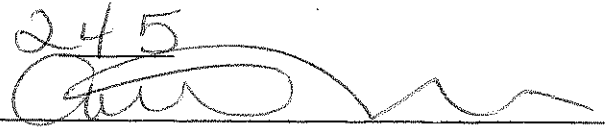
55 TOTAL CATEGORY I Hours

CATEGORY II:

Program Title	Date	CME Hours	Sponsor	Location
Grand Rounds ^{OB/GYN}	q. mon	20	UVM	Burl
Proctology Mtg		70	VWHTC	Burl
Colposcopy Mtg	q. wk	100	UHC	Burl

190 TOTAL CATEGORY II HOURS

TOTAL CMEs

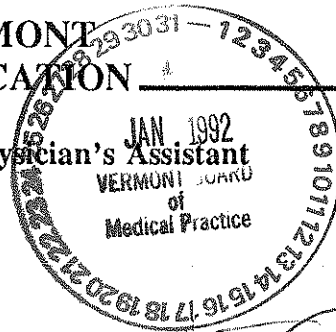
Signature: 

STATE OF VERMONT
RENEWAL APPLICATION

I hereby apply for the renewal of my: **Certification as a Physician's Assistant**

55-0030046 A

CATHERINE NICHOLAS
VT WOMENS HEALTH CENTER
33 NORTH AVE - BOX 29
BURLINGTON VT 05402



01/31/92

02/01/92 TO 01/31/94

\$ 50.00

Renewals postmarked after the expiration date must include a late fee of \$25.00

INFORMATION NEEDED

PLEASE CIRCLE YES OR NO. A "YES" ANSWER REQUIRES AN EXPLANATION.

Have you ever had any emotional disturbance or mental illness which has impaired your ability to practice as a physician's assistant or to function as a physician's assistant student or apprentice? ☐ YES ☒ NO

Have you ever had an organic illness which has impaired your ability to practice as a physician's assistant or to function as a physician's assistant student or apprentice? ☐ YES ☒ NO

Have you, at any time, been a defendant in any criminal proceeding other than minor traffic offenses? YES ☒ NO

Are you now, or have you been in the past, dependent upon alcohol or drugs? ☐ YES ☒ NO

Are any formal disciplinary charges pending or has any disciplinary action been taken against you in the last ten years by any governmental authority, by any hospital or health care facility, or by any professional physician's assistant association (international, national, state or local)? YES ☒ NO

Has any medical malpractice claim been made against you in the last ten years (whether or not a lawsuit was filed in relation to the claim)? YES ☒ NO

Have you ever had staff privileges, employment or appointment in a hospital or other health care institution denied, suspended or revoked, or resigned from a medical staff in lieu of disciplinary action? YES ☒ NO

Have you ever voluntarily surrendered certification or license to practice as a physician's assistant or any healing art? YES ☒ NO

Has your privilege to possess, dispense or prescribe controlled substances ever been suspended, revoked, denied, restricted or surrendered, or have you been called before or warned by this state or any other jurisdiction including a federal agency at any time? YES ☒ NO

Have you ever been denied the right to participate or enroll in any system whereby a third party pays all or part of a patient's bill? YES ☒ NO

Have you withdrawn an application for physician's assistant certification or license or been denied physician's assistant's certification or license for any reason? YES ☒ NO

Have you ever been turned down for coverage by a malpractice insurance carrier? YES ☒ NO

Other states where you are now certified or licensed to practice: _____

Telephone Number: 862-8772 (home) 863-1380 (office) Date of Birth: 11/5/57

Home Address: _____

Physician's Assistant School or Apprenticeship, City, State: VT Yr. of Graduation: 1981

Please attach a copy of your NCCPA certificate. DEA #: _____

Primary Supervisor: Gibson Secondary Supervisor: Smith

You must sign the reverse side or your license will not be renewed

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). The maximum penalty for perjury is fifteen years in prison, a \$10,000 fine, or both.

STATEMENT OF APPLICANT

I hereby certify that I am not subject to any support order or I am subject to a support order and am in good standing with respect to or in full compliance with a plan to pay any and all child support due the State of Vermont as of the date of this application.

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.

I further certify that all information contained in this renewal application is true and accurate to the best of my knowledge.

Social Security [REDACTED] (This information must be furnished to the Commissioner of Taxes under 32 V.S.A. § 3113 (c)).

Date

11/21/92

Signature

Print Name

Cate Nicholas
Cate Nicholas

IMPORTANT: Please be sure to write your license number on your check. Check for correct spelling of name and proper address. Print any changes in the adjoining space. Sign and date the application. Enclose the correct fee in check or money order payable to the Secretary of State.

FOR OFFICE USE ONLY:

Renewal:	Complete:	_____	Sent to Board for Review:	_____
	Posted:	_____	Returned from Board for posting:	____/____
	License Printed:	_____		date initials

Vermont Board of Medical Practice
109 State Street
Montpelier, Vermont 05609-1106
(802) 828-2673

CONTINUING MEDICAL EDUCATION RECORD

NAME: Cate Nicholas MSPA DAYTIME PHONE: 862-8772

HOME ADDRESS: [REDACTED]

SUPERVISING PHYSICIAN: 05401

Complete this CME logging form, keep a copy for your personal records, and return the original with your recertification application.

You are required to log a minimum of 100 hours every two-year cycle. At least 40 hours must be in Category I. You must do this to meet requirements for recertification by the State of Vermont. (See enclosure for definition of Category I and Category II CMEs.)

CATEGORY I:

Program Title	Date	CME Hours	Sponsor	Location
Postgraduate Course	10/1990	7.5	UHC	Burl
Gastroscopy	4/1991	17	Harvard	Boston
VWHC CME Comm	1990-1991	22	VWHC	Burl
STD Conference	1990	12.25	State Health	Burl

58.75 TOTAL CATEGORY I Hours

CATEGORY II:

Program Title	Date	CME Hours	Sponsor	Location
VWHC weekly Rx meetings				
g. Monday				
from 2:30-3:15				

60 TOTAL CATEGORY II HOURS

TOTAL CMEs

Signature: Cate Nicholas

118.75



VERMONT WOMEN'S HEALTH CENTER

STANDING ORDERS

The practitioner may perform the following tasks in accordance with the Vermont Women's Health Center approved medical protocols:

1. Evaluate medical history of woman and family, evaluate laboratory data and perform elementary physical examination and pelvic exam.
2. Provide information to woman to aid in the assessment of contraceptive method in relationship to lifestyle and health
3. Fit and check diaphragms, dispense and manage related problems
4. Fit and check cervical caps, dispense and manage related problems
5. Choose and dispense oral contraceptives, manage pill related problems, order relevant laboratory tests
6. Manage IUD related problems, remove IUD's, order any relevant laboratory or radiological exam required
7. Dispense condoms and vaginal spermicides, manage associated problems
8. Counsel and provide evaluation and support for the use of symptothermal method of natural birth control
9. Diagnose and treat the following:
 - Moniliasis
 - Gardnerella vaginalis vaginitis
 - Trichomonas vaginalis vaginitis
 - Non specific vaginitis
 - All sexually transmitted infections (i.e, syphilis, gonorrhea, condylomata acuminata, chlamydia trachomatis)
 - Vulvar and perineal lesions
 - Pelvic abnormalities
 - Abnormal pap smears
 - Management of DES exposed women
 - Cervicitis
 - Actinomyces

Premenstrual syndrome
Conditions related to menopause including HRT
Dysmenorrhea
Anomalies of the menstrual cycle
Pelvic pain and masses
Non gynecological conditions: hypertension, TSS, breast problems, UTI, rubella vaccinations, GI problems, rectal bleeding, anemia, constipation, etc.

10. Perform colposcopy and manage any related problems
11. Perform cryosurgery and manage any related problems
12. Perform pregnancy diagnosis and sizing, order and perform urine HCG, order serum HCG
13. Perform sonogram for gestational sizing
14. Provide antepartum and postpartum care
15. Explain and perform pregnancy terminations up to and including 15 weeks from LMP
16. Diagnose, order, dispense treatment or refer for care for the following conditions related to abortion and post abortion care:
 - Perforation
 - Cervical laceration
 - Vagal reaction
 - Syncope
 - Convulsions
 - Hyperventilation
 - Unsuccessful abortion
 - Post abortal pain syndrome
 - Uterine hemorrhage
 - Anaphylaxis
 - Shock
 - Post abortion infection
 - Continued pregnancy
 - Post abortion bleeding
17. Administer subcutaneous medication
 - Epinephrine
 - Rubella vaccine

18. Administer IM medications in accordance with VWHC protocols.
These medications include but are not limited to:

Atropine sulfate
Methergine
Penicillin
Pitocin
Rh immune globulin
Spectinomycin
Ceftriaxone

19. Order and dispense from the following groups:

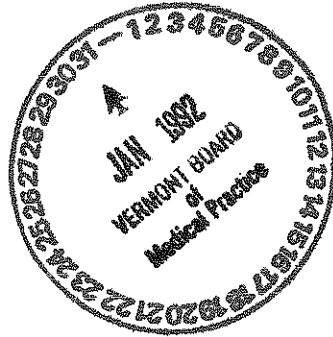
Analgesics, antiprostiglandins, antifungal, antiparasitic
antitrichomonal, systemic antifungal, anti-infectives (topicals
and systemic), anti-nauseants, iron supplements, drugs acting
at synaptic and neuroeffector junctional sites, CNS drugs,
uterine motility drugs, antiseptics and disinfectants, hormones
and drugs used in treatment of C.acuminata

20. Perform venipuncture
21. Manage and follow up on routine and problem visits
22. Order and follow up on laboratory and radiological tests
23. Dispense treatment for those conditions not specifically
listed in the VWHC protocols under the guidance of the
supervising M.D.
24. Consult with the M.D. in all non routine medical matters
Adhere to VWHC medical protocols
Follow up on all complications and referrals



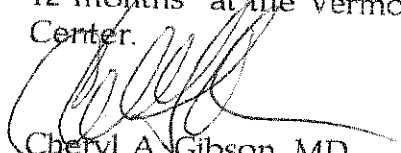
VERMONT WOMEN'S HEALTH CENTER

Board of Medical Practice
Secretary of State
109 State St.
Montpelier, Vt 05609-1106



To whom it may concern:

This is to certify that Cate Nicholas MS, PA has been practicing as a Physician Assistant for the last 12 months at the Vermont Women's Health Center.


Cheryl A. Gibson, MD
Medical Director

336 North Avenue Burlington, Vermont 05401 (802) 863-1386
Mailing Address: P.O. Box 29 Burlington, Vermont 05402

RENEWAL OF CERTIFICATION AS A PHYSICIAN'S ASSISTANT

PART II

1. Name and office address of current employer:

Vermont Women's Health Center
336 North Ave
Burlington VT 05401

2. Name and office address of the Supervising Physician:

C. Gibson MD
same

3. Enclose a copy of your current Scope of Practice.

4. Documentation showing practice as a Physician's Assistant within the past twelve months. Please provide a letter from your Supervising Physician attesting to the fact that you have practiced as a Physician's Assistant within the past twelve months.

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

PART III

1. Continuing medical education (CME) requirements:

- a. For those NCCPA certified Physician's Assistants, you need only to send in proof of recertification as adequate proof of CME completion.
- b. For all others, enclosed please find an explanation of requirements and a logging form. If you have any questions, please address them to Cate Nicholas, P.A. at the Board's address.

2. All Physician's Assistants are required to have a Secondary Supervising Physician for their practice. We have enclosed a form to be returned to this office if you do not have a Secondary Supervising Physician on file with our office.

RENEWAL APPLICATION

I hereby apply for the renewal of my Physician's Assistant Certification for the period covering 02/01/1990 to 01/31/92, under the provisions of Title 26, Chapter 31 VSA.

Renewal Fee \$15.00

YOU MUST SIGN THE REVERSE SIDE OR YOUR LICENSE WILL NOT BE RENEWED

55-0030046

NICHOLAS CATHERINE
VT WOMENS HEALTH CENTER
226 NORTH AVE - BOX 29
BURLINGTON VT 05402

SPECIAL INSTRUCTIONS

The "Renewal Application" must be complete. The "Affidavit of Supervising Physician" must be completed and signed by the physician who will be supervising your work at the location indicated in the Renewal Application. At this time, or at any time a change occurs with the Scope of Practice, it is the responsibility of the Supervising Physician to notify the Board Office of such changes immediately.

AFFIDAVIT OF SUPERVISION PHYSICIAN

In accordance with 26 V.S.A. Chapter 31, I hereby certify that I shall be deemed legally liable for all medical activities of Catherine Nicholas, P.A. while under my supervision. I further certify that the Physician's Assistants Scope of Practice is the same as the one currently on file and approved by the Board of Medical Practice.

I have read the law governing the supervisory responsibilities of this arrangement and understand that should I knowingly violate any provision thereof I can be charged with unprofessional conduct as defined in 26 V.S.A., Chapter 23.

11/5/90
Date

Cheryl Gibson MD
Physician's Name, (Please Print)

Vermont License # 42-

0007465

[Signature]
Supervising Physician's Signature

A new law provides that a professional license may not be renewed unless the licensee 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 the 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).

The maximum penalty for perjury is fifteen years in prison, a \$10,000 fine, or both.

Remember, if you don't sign this certificate, your license will not be renewed.

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 the State of Vermont as of the date of this application.

I further certify, that all information contained in this renewal application is true and accurate to the best of my knowledge and that my Scope of Practice is the same as the one currently on file and approved by the Board of Medical Practice.

Date 1/12/90

Physician's Assistant Signature 

IMPORTANT: Check for correct spelling of name and proper address. Print any changes in the adjoining space. Sign and date the application. Enclose the correct fee in a check or money order payable to the Secretary of State.

RENEWAL APPLICATION FOR CONTINUING PRACTICE AS A PHYSICIAN'S ASSISTANT

PLEASE ENCLOSE RENEWAL FEE OF \$15.00

I hereby apply for the renewal of my Physician's Assistant Certification for the period of 02/01/1988 through 01/31/1990 under the provisions of Title 26, Chapter 31.

TO:

55-0030046

pd

NICHOLAS CATHERINE
VT WOMENS HEALTH CENTER
226 NORTH AVE - BOX 29
BURLINGTON

VT 05402

PHONE NUMBER (REQUIRED)



863-1386(w)

AFFIDAVIT OF PHYSICIAN'S ASSISTANT

In accordance with 26 V.S.A. Chapter 31, I hereby apply for renewal of my certification as a Physician's Assistant and I certify that my Scope of Practice is the same as the one currently on file and approved by the Vermont Board of Medical Practice.

Catherine Nicholas

PHYSICIAN'S ASSISTANT SIGNATURE

AFFIDAVIT OF SUPERVISING PHYSICIAN

In accordance with 26 V.S.A. Chapter 31, I hereby certify that I shall be deemed legally liable for all medical activities of Catherine Nicholas P.A. while under my supervision. I further certify that the Physician's Assistants Scope of Practice is the same as the one currently on file and approved by the Vermont Board of Medical Practice.

I have read the law governing the supervisory responsibilities of this arrangement and understand that should I knowingly violate any provision thereof I can be charged with unprofessional conduct as defined in 26 V.S.A., Chapter 23.

1/8/88
DATE

Susan Smith
Physicians Name (Please Print)

Susan Smith

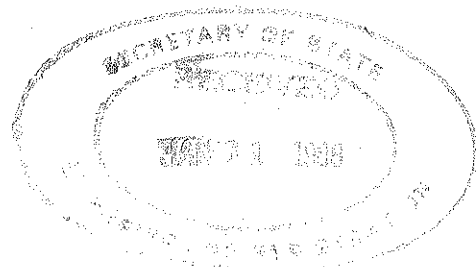
SUPERVISING PHYSICIAN'S SIGNATURE

VERMONT LICENSE #42-000

5990

INSTRUCTIONS

The "Renewal Application" must be complete. The "Affidavit of Supervising Physician" must be completed and signed by the physician who will be supervising your work at the location indicated in the Renewal Application. AT THIS TIME, OR AT ANY TIME A CHANGE OCCURS WITH THE SCOPE OF PRACTICE, IT IS THE RESPONSIBILITY OF THE SUPERVISING PHYSICIAN TO NOTIFY THE BOARD OFFICE OF SUCH CHANGES IMMEDIATELY.



No fee required

RENEWAL APPLICATION FOR CONTINUING PRACTICE AS A PHYSICIAN'S ASSISTANT

I hereby apply for the renewal of my Physician's Assistant Certification for the period 01/31/84 to 01/31/86 under the provisions of Title 26, Chapter 31.

CERTIFICATION # 300 46

TYPE OR PRINT ONLY

NAME Catherine Nicholas

EMPLOYMENT ADDRESS Vt. Women's Health Ctr

330 North Ave Burlington
(802) 863-0540

PHONE NUMBER (REQUIRED) 802-863-1386

DATE 1/18/84 SIGNATURE Catherine Nicholas

AFFIDAVIT OF SUPERVISING PHYSICIAN

In accordance with 26 V.S.A. Chapter 31, I hereby certify that I shall be deemed legally liable for all medical activities of Catherine Nicholas PA while under my supervision. I further certify that the physician's assistants scope of practice is the same as the one currently on file and approved by the Board of Medical Practice.

I have read the law governing the supervisory responsibilities of this arrangement and understand that should I knowingly violate any provision thereof I can be charged with unprofessional conduct as defined in 26 VSA Chapter 23.

Dated this 20 day of January, 1984.

Signed: Barbara W. Gibson MD
SUPERVISING PHYSICIAN

VERMONT LICENSE # 42-000 5511

INSTRUCTIONS

"Renewal Application" must be complete. Be sure to date and sign this section. "Affidavit of Supervising Physician" must be completed by and signed by the individual who will be supervising your work at the location indicated in the Renewal Application.

Enclosed is a copy of the Scope of Practice on file with the Board of Medical Practice. This Scope of Practice represent the nature and extent of practice under which the PA functions under physician supervision. AT THIS TIME, OR AT ANY TIME THAT A CHANGE OCCURS WITH THE SCOPE OF PRACTICE, IT IS THE RESPONSIBILITY OF THE SUPERVISING PHYSICIAN TO NOTIFY THE BOARD OF SUCH CHANGE IMMEDIATELY.