

PRIMARY 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)

Mailing Address _____
(Street) (City) (State) (Zip Code) (Phone)

Office Address Department of Obstetrics and Gynecology
University of Vermont College of Medicine, Burlington
(Street) (City) (State) (Zip Code) (Phone)

Vermont 05405 (802) 656-8479
(State) (Zip Code) (Phone)

Vermont License # 042-0007101

Number of years you have been practicing Medicine: 17

HOSPITAL(S) NAME WHERE YOU HAVE PRIVILEGES:	HOSPITAL(S) LOCATION	SPECIALTY
<u>Fletcher Allen Health Care - MCHV Campus</u>	<u>111 Colchester Ave., Burlington, VT</u>	<u>OB/GYN</u>
		<u>Reproductive</u>
		<u>Endocrinology</u>

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: _____

Williston OB/GYN Group

CERTIFICATE OF SUPERVISING PHYSICIAN

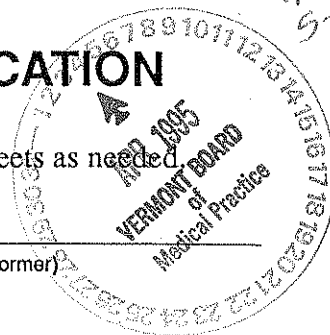
I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Cate Nicholas MS, P.A. while under my supervision. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits 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.

3/30/96
(Date)

John R. Brumsted
(Signature of Applicant)

Vermont Secretary of State's Office, Board Of Medical Practice, Pavilion Office Building
Montpelier Vermont 05602 Telephone - (802)828-2363

SECONDARY SUPERVISING PHYSICIAN APPLICATION



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

Name in full Johnson Julia Virginia
(Last) (First) (Middle) (Former)

Mailing Address _____
(Street) (City)

Office Address _____
(State) (Zip Code) (Phone)
Fletcher Allen Health Care - MCHV Campus
111 Colchester Avenue Burlington
(Street) (City)
Vermont 05401 (802) 656-4736
(State) (Zip Code) (Phone)

Vermont License # 042-0008140 Number of years you have been practicing Medicine: 11

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

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

None

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

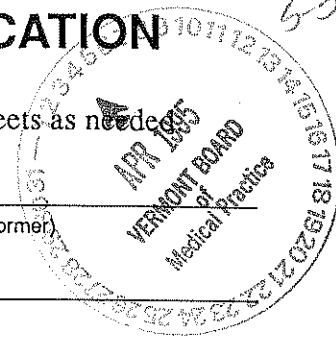
I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Cate Nicholas MS, P.A. only when the supervising physician is unavailable and only when consulted by the aforesaid Physician's Assistant. I further certify that the protocol outlining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

3/23/95
(Date)

Julia Johnson MD
(Signature of Applicant)

SECONDARY SUPERVISING PHYSICIAN APPLICATION

approved
5-3-85



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

Name in full Viselli Anne Louise
(Last) (First) (Middle) (Former)

Mailing Address _____
(Street) (City)

(State) (Zip Code) (Phone)
Office Address Williston Obstetrics and Gynecology
Two Blair Park Williston
(Street) (City)
Vermont 05495 (802) 872-1400
(State) (Zip Code) (Phone)

Vermont License # 042-0008739 Number of years you have been practicing Medicine: 7

<u>HOSPITAL(S) NAME WHERE YOU HAVE PRIVILEGES:</u>	<u>HOSPITAL(S) LOCATION</u>	<u>SPECIALTY</u>
<u>Fletcher Allen Health Care - MCHV Campus, 111 Colchester Ave., Burlington, VT</u>	<u>OB/GYN</u>	<u>Urogynecology</u>

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

None

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

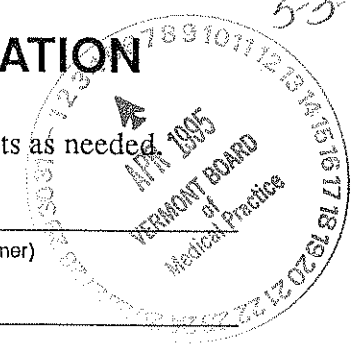
I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Cate Nicholas MS, P.A. only when the supervising physician is unavailable and only when consulted by the aforesaid Physician's Assistant. I further certify that the protocol outlining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

3/29/85
(Date)

Anne Viselli
(Signature of Applicant)

SECONDARY SUPERVISING PHYSICIAN APPLICATION

approved
5-3-95



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

Name in full McBean Judith Howard
(Last) (First) (Middle) (Former)

Mailing Address _____
(Street) (City)

Office Address Aesculapius Medical Center _____
Three Timberlane South Burlington
(Street) (City)
Vermont 05403 (802) 860-1415
(State) (Zip Code) (Phone)

Vermont License # 042-0008267 Number of years you have been practicing Medicine: 8

HOSPITAL(S) NAME WHERE YOU HAVE PRIVILEGES:	HOSPITAL(S) LOCATION	SPECIALTY
<u>Wletcher Allen Health Care - MCHV Campus, 111 Colchester Ave., Burlington, VT</u>	<u>OB/GYN</u>	<u>Reproductive</u> <u>Endocrinology</u>

LIST ALL PHYSICIAN'S ASSISTANTS NAMES AND ADDRESSES YOU CURRENTLY SUPERVISE:
None

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 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.

3/28/95 Judith H McBean MD
(Date) (Signature of Applicant)

PRIMARY SUPERVISING PHYSICIAN APPLICATION

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

Name in full Ahlborg Jean E.
(Last) (First) (Middle) (Former)

Mailing Address 297 College Street #5C Burlington
(Street) (City)

Vermont 05401 865-2627
(State) (Zip Code) (Phone)

Office Address 336 North Avenue Burlington
(Street) (City)

Vermont 05401 863-1388
(State) (Zip Code) (Phone)

Vermont License # 42-0008595 Number of years you have been practicing Medicine: _____

Completed OB/GYN residency June 1992

HOSPITAL(S) NAME WHERE YOU HAVE PRIVILEGES: HOSPITAL(S) LOCATION SPECIALTY

Medical Center Hospital of Vermont Burlington OB/GYN

Fanny Allen (pending) Colchester OB/GYN

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

Toby Heidenreich P.A. Janet Young P.A. All employed at the

Cate Nicholas P.A. Rachel Atkins P.A. Vermont Women's Health

Mary Wallmyn P.A. August Burns P.A. Center

Katra Kindar P.A.

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

Cheryl Gibson M.D. GYN

Pat Clifford M.D. OB

CERTIFICATE OF SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Cate Nicholas, P.A. while under my supervision. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice. I further certify that a notice will be posted that a physician's assistant is used, in accordance with 26 VSA, chapter 31-section 1741.

8/14/93 [Signature]
(Date) (Signature of Applicant)

Vermont Secretary of State's Office, Board Of Medical Practice, Pavilion Office Building
Montpelier Vermont 05602 Telephone - (802)828-2363

SECONDARY SUPERVISING PHYSICIAN APPLICATION

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

X Name in full Gibson Cheryl A.
(Last) (First) (Middle) (Former)

X Mailing Address RR2 Box 950 Hinesburg
(Street) (City)
VT. 05461
(State) (Zip Code) (Phone)

X Office Address 23 Mansfield Ave Burlington
(Street) (City)
VT 05401 8639001
(State) (Zip Code) (Phone)

X Vermont License # #7465 X Number of years you have been practicing Medicine: 7

HOSPITAL(S) NAME WHERE YOU HAVE PRIVILEGES:	HOSPITAL(S) LOCATION	SPECIALTY
Medical Center Hospital of Vermont	Burlington	OB gyn
Fanny Allen Hospital	Colchester	OB gyn.

X LIST ALL PHYSICIAN'S ASSISTANTS NAMES AND ADDRESSES YOU CURRENTLY SUPERVISE:
all planned Parenthood NNE PAs

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 Mary Wallen, 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.

X 8/1/92
(Date)

[Signature]
(Signature of Applicant)



VERMONT WOMEN'S HEALTH CENTER

Rachel Atkins, P.A.
Executive Director

Nancy Fisher, M.D.
OB/Gyn

Cate Nicholas, M.S., P.A.
Clinic Director

Physician Assistants

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

Vermont Secretary of State's Office
Board of Medical Practice
Pavilion Office Building
Montplier, Vermont 05602

8/5/92

re: Change of secondary supervising physician for Vermont Women's
Health Center (VWHC) Physician Assistants

We would like to submit Dr. Cheryl Gibson's name as secondary
supervising physician for the Physician Assistants at VWHC.

We would like to remove Dr. Susan Smith's name as current secondary
supervising physician. 42-5990

We have enclosed applications to cover all PA's on staff.

This change will go into effect as soon as approved by the Board.

Thank you for your time.

If you have questions, please call me.

Sincerely,

Cate Nicholas, MS, PA
Director of Clinical Services.

PRIMARY SUPERVISING PHYSICIAN APPLICATION

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

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

Mailing Address PO Box 29 Burlington Vt. 05402
(Street) (City)
802-863-1386
(State) (Zip Code) (Phone)

Office Address Vermont Women's Health Center 336 North Ave
(Street) (City)
Burlington, Vt 05401 802-863-1386
(State) (Zip Code) (Phone)

Vermont License # 42-007465 Number of years you have been practicing Medicine: 34 1/2

HOSPITAL(S) NAME WHERE YOU HAVE PRIVILEGES:	HOSPITAL(S) LOCATION	SPECIALTY
Medical Center hospital of Vermont	Burlington, Vt	Ob/Gyn

LIST ALL PHYSICIAN'S ASSISTANTS NAMES AND ADDRESSES YOU CURRENTLY SUPERVISE:
Cate Nicholas, Abby Hale, Jude Sullivan, Rachel Atkins, Toby Heidenreich,
Mary Wallmyn, Janet Young, Katra Kindar

What arrangements have you made for supervision when you are not available or out of town: E. Brown MD
is secondary supervising physician and will act a back up.

CERTIFICATE OF SUPERVISING PHYSICIAN

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

10/3/89 (Date) [Signature] (Signature of Applicant)

APPLICATION TO SUPERVISE A PHYSICIAN'S ASSISTANT

THIS FORM MUST BE COMPLETED IN FULL BY EACH PHYSICIAN SUPERVISING A PHYSICIAN'S ASSISTANT AND SUBMITTED ALONG WITH THE APPLICATION FOR REGISTRATION OF YOUR P.A. ADDITIONAL COPIES OF THIS FORM ARE AVAILBALE BY CONTACTING THE BOARD OF MEDICAL PRACTICE, 109 STATE STREET, MONTPELIER, VERMONT 05602.

1. NAME Susan Fay Smith VT. LICENSE # 5990
2. OFFICE ADDRESS: 336 North Ave Buil W / 87 Main Av
3. RESIDENTIAL ADDRESS: 481 South Rd Wilton Essex
4. OFFICE PHONE: 863/1384 / 656-1400
5. NAME OF MEDICAL GROUP OR PROFESSIONAL CORPORATION AFFILIATED WITH: University Associates OB-GYN / Vermont Women's
6. HOSPITAL(S) IN WHICH YOU HAVE PRIVILEGES: Health Ctr

NAME	ADDRESS
<u>MCH</u> ✓	<u>Windsor Ave</u> <u>Buil W</u>
NAME	ADDRESS
7. YEARS IN PRACTICE OF MEDICINE SPECIALTY LOCATION
10 1/2 - including 4 residency
OB-GYN Buil. W.
8. NAME AND ADDRESS OF ALL PHYSICIAN'S ASSISTANTS WHOM YOU ARE NOW AFFILIATED WITH.
Rachel Atkins, Bob Henderson, Lucie
Silberman, Jude Sullivan, Mary Wallomyn
Janet Young, Dana Gallagher, Kate Nichols
9. ATTACH SEPARATELY A DETAILED "SCOPE OF PRACTICE" WHICH INCLUDES ALL THOSE FUNCTIONS OF MEDICAL CARE WHICH WILL BE DELEGATED TO YOUR PHYSICIAN'S ASSISTANT. PLEASE INCLUDE SUCH THINGS AS HOSPITAL ROUNDS, PRESCRIBING, RECORDS REVIEW, ETC. THIS PROTOCOL MUST DESCRIBE IN FULL YOUR EMPLOYEES DUTIES, BUT NEED NOT BE MINUTELY DETAILED.
10. 26 V.S.A. SECTION 1741 REQUIRES "NOTICE OF USE OF PHYSICIAN'S ASSISTANT" TO BE POSTED. PLEASE DESCRIBE HOW THIS WILL BE ACCOMPLISHED IN YOUR PRACTICE SETTING.
515 in waiting room
11. PLEASE INDICATE WHAT ARRANGEMENTS WILL BE MADE TO SUPERVISE YOUR PHYSICIAN'S ASSISTANT WHEN YOU ARE OUT OF TOWN, OR NOT AVAILABLE FOR BACKUP.
University Ass or OB/GYN will cover

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 as contained in this application does not exceed the normal limits of my practice. Upon entering into this supervisory agreement I am satisfied that the individual named herein as my Physician's Assistant is qualified by education, training and experience to carry out those functions assigned to him/her.

Dated this 9 day of January, 19 87

SIGNED:

Susan Smith
SUPERVISING PHYSICIAN

MAIL ALL CORRESPONDENCE TO:

BOARD OF MEDICAL PRACTICE
SECRETARY OF STATE'S OFFICE
PAVILION OFFICE BUILDING
MONTPELIER, VERMONT 05602

TELEPHONE: 802-828-2673

SECONDARY SUPERVISING PHYSICIAN APPLICATION

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

Name in full Smith Susan F.
(Last) (First) (Middle) (Former)

Mailing Address University Associates OB/GYN
(Street) (City)
15. Prospect St. Burlington VT 05401
(State) (Zip Code) (Phone)

Office Address Same
(Street) (City)
(State) (Zip Code) (Phone)

Vermont License # 5990 Number of years you have been practicing Medicine: 14

HOSPITAL(S) NAME WHERE YOU HAVE PRIVILEGES:	HOSPITAL(S) LOCATION	SPECIALTY
<u>MCHV</u>	<u>Burl. VT</u>	<u>OB/GYN</u>

LIST ALL PHYSICIAN'S ASSISTANTS NAMES AND ADDRESSES YOU CURRENTLY SUPERVISE:
Jude Sullivan PA Essex office

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 M.D. PA, 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.

1/23/92 * [Signature]
(Date) (Signature of Applicant)

SECRETARY OF STATE'S OFFICE, BOARD OF MEDICAL PRACTICE
109 STATE STREET, MONTPELIER, VERMONT 05609-1106
TELEPHONE (802) 828-2673

Toby *no longer sup*
SECONDARY SUPERVISING PHYSICIAN APPLICATION

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

Name in full Brown Carolyn V.
(Last) (First) (Middle) (Former)

Mailing Address 336 North Ave, Burlington,
(Street) (City)
Vermont 05401 802-863-1386
(State) (Zip Code) (Phone)

Office Address same
(Street) (City)
(State) (Zip Code) (Phone)

Vermont License # 42007872 Number of years you have been practicing Medicine: 26

<u>HOSPITAL(S) NAME WHERE YOU HAVE PRIVILEGES:</u>	<u>HOSPITAL(S) LOCATION</u>	<u>SPECIALTY</u>
Medical Center Hospital of Vermont	Burlington, Vt	OB/GYN

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

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 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.

62390

(Date)

Carolyn Brown

(Signature of Applicant)

APPLICATION TO SUPERVISE A PHYSICIAN'S ASSISTANT

This form must be completed in full by each physician supervising a Physician's Assistant and submitted along with the Application for Registration of your PA. Additional copies of this form are available by contacting the Board of Medical Practice, 109 State Street, Montpelier, Vermont 05602.

1. Name: Barbara W. Gibson Vt. License Number 5511
2. Office Address: 336 North Ave. Burlington Vt.
3. Residential Address: Shelburne Point Shelburne
4. Office Phone : 863-1386
5. Name of Medical Group or professional corporation affiliated with: Vermont Women's Health Center Burlington Vt.
6. Hospital(s) in which you have privileges:

<u>none</u>	
Name	Address
Name	Address
7.

Years in Practice of Medicine	Specialty	Location
<u>1972-present</u>	<u>Pediatrics and Gynecology</u>	<u>Vermont</u>
8. Name and address of all Physician's Assistants whom you now are affiliated.
Gloria Daley, Toby Heidenreich, Judith Sullivan, Janet Young, Dana Gallagher,
Rachel Atkins and Catherine Nicholas
9. Attach separately a detailed "Scope of Practice" which includes all those functions of medical care which will be delegated to your Physician's Assistant. Please include such things as hospital rounds, prescribing, records review, etc. This protocol must describe in full your employees duties, but need not be minutely detailed.
10. 26 V.S.A. Section 1741 requires "Notice of use of physician's assistant to be posted." Please describe how this will be accomplished in your practice setting.
Sign posted in waiting room, listed in brochure and informational handout;
verbally communicated when appointment is made and at time of visit.
11. Please indicate what arrangements will be made to supervise your Physician's Assistant when you are out-of-town, or not available for back-up.
Co-supervision with another physician, thus back up is always available.

Application continued on back of page.....

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 assistant's scope of practice as contained in this application does not exceed the normal limits of my practice. Upon entering into this supervisory agreement I am satisfied that the individual named herein as my physician's assistant is qualified by education, training and experience to carry out those functions assigned to him/her.

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.

Dated this 14th day of January, 1983

Signed: Barbara W. Gibson MD
Supervising Physician

Mail all correspondence to:

Board of Medical Practice
Licensing and Registration Division
Secretary of State's Office
109 State Street
Montpelier, Vermont 05602

Telephone: 802-828-2363

PA/MD/81

RECEIVED
STATE OF VERMONT
SECRETARY OF STATE
1983 FEB 25 AM 10:15

APPLICATION TO SUPERVISE A PHYSICIAN'S ASSISTANT

This form must be completed in full by each physician supervising a Physician's Assistant and submitted along with the Application for Registration of your PA. Additional copies of this form are available by contacting the Board of Medical Practice, 109 State Street, Montpelier, Vermont 05602.

1. Name: Maja Zimmermann Vt. License Number 6426
2. Office Address: 336 North Ave. Burlington Vt.
3. Residential Address: [REDACTED]
4. Office Phone : 863-1386
5. Name of Medical Group or professional corporation affiliated with: Vermont Women's Health Center Burlington Vt.
6. Hospital(s) in which you have privileges:
- | Name | Address |
|------------------------------|--|
| <u>Porter Medical Center</u> | <u>Middlebury Vt (staff membership at</u>
<u>Porter is unrelated to The VWHC)</u> |
| <u>Name</u> | <u>Address</u> |
7. Years in Practice of Medicine Specialty Location
- | | | |
|--|---|--|
| <u>1977-80 Resident in Family Practice</u> | <u>Burlington and Milton Vt.</u> | |
| <u>1980-81 Family Practice</u> | <u>Waitsfield</u> | |
| <u>1980-present Family Practice</u> | <u>Vergennes</u> | |
| <u>1980-present Gynecology</u> | <u>Vermont Women's Health Ctr. Burlington Vt.</u> | |
8. Name and address of all Physician's Assistants whom you now are affiliated.
- Gloria Daley, Toby Heidenreich, Judith Sullivan, Janet Young, Dana Callagher,
Rachel Atkins, Catherine Nicholas
9. Attach separately a detailed "Scope of Practice" which includes all those functions of medical care which will be delegated to your Physician's Assistant. Please include such things as hospital rounds, prescribing, records review, etc. This protocol must describe in full your employees duties, but need not be minutely detailed.
10. 26 V.S.A. Section 1741 requires "Notice of use of physician's assistant to be posted." Please describe how this will be accomplished in your practice setting.
- Sign posted in waiting room of Health Center, listed in brochure, and
informational handout; verbally communicated when appointment is made and
at time of visit.
11. Please indicate what arrangements will be made to supervise your Physician's Assistant when you are out-of-town, or not available for back-up.
- Co-supervision with another physician; thus back up is always available.

Application continued on back of page.....

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 as contained in this application does not exceed the normal limits of my practice. Upon entering into this supervisory agreement I am satisfied that the individual named herein as my physician's assistant is qualified by education, training and experience to carry out those functions assigned to him/her.

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.

Dated this 13 day of January, 1983

Signed: Maja Zimmermann MD
Supervising Physician

Mail all correspondence to:

Board of Medical Practice
Licensing and Registration Division
Secretary of State's Office
109 State Street
Montpelier, Vermont 05602

Telephone: 802-828-2363

PA/MD/81

SECRETARY OF STATE
DEPUTY SECRETARY OF STATE

1983 FEB 25 AM 10:15

STATE OF VERMONT
PROBATION

PRIMARY SUPERVISING PHYSICIAN APPLICATION

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

Name in full

Fisher Nancy

(Last)

(First)

(Middle)

Mailing Address

14 Spinneraker Lane

(Street)

Shelburne VT 05482

(State)

(Zip Code)

(Former)

(City)

(Phone)

Office Address

336 North Ave. Burlington

(Street)

(City)

VT

(State)

05401

(Zip Code)

802-863-1386

(Phone)

Vermont License #

42000807

Number of years you have been practicing Medicine:

3

HOSPITAL(S) NAME WHERE YOU HAVE PRIVILEGES:

HOSPITAL(S) LOCATION

SPECIALTY

Medical Center Hospital of VT

Burl

OB/GYN

Fanny Allen

Burl

OB/GYN

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

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

Cheryl Gibson MD or other members of call group.

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 Nicklas, 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.

4/29/92

(Date)

Nancy Fisher

(Signature of Applicant)

Vermont Secretary of State's Office, Board Of Medical Practice, Pavilion Office Building
Montpelier Vermont 05602 Telephone - (802)828-2363

SCOPE OF PRACTICE SUBMITTED TO THE VERMONT BOARD OF MEDICAL PRACTICE, 1982

STANDING ORDERS FOR THE VERMONT WOMEN'S HEALTH CENTER PHYSICIAN ASSISTANT

The practitioner may perform the following tasks in accordance with the VWHC 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 life style and health
3.
 - a. fit and check diaphragms
 - b. dispense diaphragms
 - c. manage diaphragm related problems
4.
 - a. fit and check cervical cap in accordance with FDA standards
 - b. dispense cervical caps
 - c. manage cervical cap related problems
5.
 - a. choose and dispense oral contraceptives
 - b. manage pill related problems
 - c. order any relevant laboratory test
6.
 - a. insert and remove IUDs
 - b. manage IUD related problems
 - c. order any relevant laboratory/radiography/sonogram required
7.
 - a. dispense condoms and vaginal spermicides
 - b. manage condom and spermicide problems
8.
 - a. counsel and provide evaluation and support for use of symptothermal method of natural birth control
9. order or dispense treatment or refer for the following conditions:
 - a. Moniliasis
 - b. Gardnerella vaginalis vaginitis
 - c. Trichomonas vaginalis vaginitis
 - d. miscellaneous vaginitis
 - e. syphilis
 - f. gonorrhea
 - g. vulvar and perineal lesions (outlined in medical protocol)
 - h. pelvic abnormalities (outlined in medical protocol)
 - i. abnormal pap smears
 - j. management of DES exposed woman
 - k. cervicitis/cervical erosion
 - l. Actinomycetes
 - m. premenstrual syndrome
 - n. dysmenorrhea

- o. uterine bleeding
 - p. ^amenorrhea/oligomenorrhea
 - q. pelvic pain
 - r. adnexal masses
 - s. tubo-ovarian abscess
 - t. non-gynecological conditions (outlined in medical protocol)
 - 1. hypertension
 - 2. toxic shock syndrome
 - 3. breast problems
 - 4. urinary tract infections
 - 5. rubella/vaccinations
 - 6. gastrointestinal problems
 - 7. rectal bleeding
 - 8. anemia
10. perform pregnancy diagnosis, order and perform urine HCG pregnancy testing, order serum HCG and sonograms to help determine gestational sizing
11. explain and perform pregnancy terminations up to and including twelve weeks from LMP in accordance with procedures and protocols outlined in VWHC medical protocols
12. diagnose, order or dispense treatment or refer for the following conditions related to abortion and post abortion care:
- A. immediate complications
 - 1. perforation without internal bleeding
 - 2. perforation with internal bleeding
 - 3. cervical laceration
 - 4. vagal reaction
 - 5. syncope
 - 6. convulsions
 - 7. hyperventilation
 - 8. unsuccessful abortion
 - 9. post abortal pain syndrome
 - 10. uterine hemorrhage
 - 11. anaphylaxis
 - 12. shock
 - B. delayed complications
 - 1. infections
 - 2. positive pregnancy test at follow-up exam
 - 3. bleeding
 - 4. retained products of conception
13. administer IM medications in accordance with VWHC protocols, these medications include but are not limited to:
- a. atropine
 - b. methergine
 - c. penicillin
 - d. pitocin per MD order
 - e. Rh immune globulin
 - f. spectinomycin

14. administer subcutaneous medication in accordance with VWHC protocols
these medications include but are not limited to:
 - a. epinephrine
 - b. rubella vaccine
15. order and dispense the following medications in accordance with
VWHC protocols; these medications include but are not limited to:
 - A. analgesics/antiprostaglandins
 1. aspirin
 2. acetaminophen (Tylenol)
 3. propionic acid derivatives
 - a. ibuprofen (Motrin)
 - b. naproxen (Naprosyn)
 - c. fenoprofen calcium (Nalfon)
 4. mefenamic acid (Ponstel)
 - B. antianxiety drugs
 1. diazepam (Valium) per MD order
 - C. antifungal/antiparasitic drugs/antitrichomonal
 1. non-systemic antifungal
 - a. miconazole nitrate (Monistat 7)
 - b. clotrimazole (Gyne-Lotrimin) (Mycelex, Mycelex G)
 - c. tolnaftate (Tinactin)
 2. systemic antifungal
 - a. nystatin (Mycostatin, Nilstat)
 3. antiparasitic drugs
 - a. ectoparasiticides
 1. lindane or gamma benzene hexachloride (Kwell)
 2. benzyl benzoate
 - b. endoparasiticides
 1. Vermox (mebendazole)
 2. Povan (pyrvinium pamoate)
 3. Antepar (piperazine citrate)
 4. antitrichomonal
 - a. metronidazole (Flagyl)
 - b. Vagisec plus (9-aminoacridine hydrochloride, polyxyethylene nonyl phenol, sodium edetate and sodium dioctyl sulfosuccinate)
 - D. anti-infectives
 1. systemic
 - a. penicillins
 1. penicillin (-G, -V)
 2. ampicillin (Amcill, Polycillin, SK-ampicillin)
 3. amoxicillin (Amoxil, Larotid)
 4. carbanicillin indanyl (Geocillin)

- b. tetracyclines
 - 1. tetracycline hydrochloride (Achromycin V, etc, Sumycin)
 - 2. oxytetracycline (Terramycin)
- c. erythromycin
 - 1. erythromycin (E-Mycin)
 - 2. erythromycin stearate (same)
- d. sulfonamides
 - 1. sulfisoxazole (Gantrisin)
 - 2. sulfamethoxazole (Gantanol)
- e. trimethoprim-sulfamethoxazole (Septra, Septra DS, Bactrim, Bactrim DS)
- f. urinary tract antiseptics
 - 1. methenamine
 - a. methenamine mendelate (Mandelamine)
 - b. methenamine hippurate (Hiprex, Urex)
 - 2. nalidixic acid (NegGram)
 - 3. nitrofurantoin (Furdantin, Macrochantin)
 - 4. urinary analgesic--phenazopyridine (Pyridium)
- 2. topical application
 - a. AVC cream
 - b. sultrin
- E. anti-nauseants
 - a. Bendectin (doxylamine succinate and pyridoxine hydrochloride)
 - b. Tigan suppositories (trimethobenzamide hydrochloride)
- F. iron supplements
 - 1. ferrous sulfate
 - 2. ferrous fumarate
 - 3. ferrous gluconate
- G. drugs acting at synaptic and neuroeffector junctional sites
 - 1. atropine sulfate
 - 2. epinephrine
- H. drugs acting on the central nervous system
 - 1. local anesthetic
 - a. lidocaine
 - 2. therapeutic gases
 - a. oxygen
- I. drugs affecting uterine motility
 - 1. oxytocin (Pitocin)
 - 2. ergot alkaloids (Methergine)
- J. antiseptics and disinfectants
 - 1. povidone iodine (Betadine)

K. hormones

1. oral contraceptives
 - a. combination pill
 - b. progesterone only
2. estrogens (Premarin)
3. progestins (Provera)

L. miscellaneous

1. podophyllin
2. ammonia inhalant
3. boric acid-topical

16. perform venipuncture
17. manage and follow up routine and problem visits for women in accordance with VWHC protocol
18. order and follow up on outside laboratory and radiological tests
19. dispense treatment for those conditions not specifically listed in the VWHC medical protocol under the guidance of a VWHC physician
20. the VWHC practitioner will:
 - A. consult with VWHC MD or consulting MD in all nonroutine medical matters
 - B. adhere to the VWHC medical protocol
 - C. follow up on all complications and referrals

ADDITIONS TO SCOPE OF PRACTICE SUBMITTED TO THE VERMONT BOARD OF MEDICAL PRACTICE
STANDING ORDERS FOR THE VERMONT WOMEN'S HEALTH CENTER PHYSICIAN ASSISTANT

11. explain and perform pregnancy terminations up to and including twelve weeks gestation in accordance with procedures and protocols outlined in VWHC medical protocols

15. B. Librium per MD order

K. Hormones and synthetic substitutes

1. Combined and progestin only contraceptive pills
2. Synthetic estrogens
3. Synthetic progesterone
4. Natural progesterone

30046

ADDITION TO THE SCOPE OF PRACTICE INVOLVING THE PRESCRIBING
OF LEGEND DRUGS BY PHYSICIAN'S ASSISTANTS AND NURSE PRACTITIONERS

I authorize Catherine Nicholas Physician's Assistant
to prescribe medication in the
categories below. PLEASE FILL EACH LINE WITH EITHER YES, NO OR RESTRICTED,
LEAVE NO BLANK SPACES. IF RESTRICTED, PLEASE STATE RESTRICTIONS BELOW.

A. Antihistamine Drugs	<u>Yes</u>	N. Anti-Infective Agents	<u>Yes</u>
B. Antineoplastic Agents	<u>No</u>	O. Autonomic Drugs	<u>No</u>
C. Blood Derivatives	<u>Yes</u>	P. Blood Formation	<u>Yes</u>
D. Coagulation Agents	<u>No</u>	Q. Cardiovascular Drugs	<u>Yes</u>
E. Central Nervous System Agents	<u>Yes</u>	R. Diagnostic Agents	<u>Yes</u>
F. Agents for Electrolytic Caloric and Water Balance	<u>Yes</u>	S. Enzymes	<u>No</u>
G. Expectorants and Cough Preparations	<u>Yes</u>	T. Drugs for Eye, Ear, Nose and Throat	<u>Yes</u>
H. Gastrointestinal Drugs	<u>Yes</u>	U. Gold Compounds	<u>No</u>
I. Heavy Metal Antagonists	<u>No</u>	V. Hormones and Synthetic Substitutes	<u>Yes</u>
J. Local Anesthetics	<u>Yes</u>	W. Birth Control Drugs & Devices	<u>Yes</u>
K. Radioactive Agents	<u>No</u>	X. Oxytocics	<u>Yes</u>
L. Spasmolytics	<u>No</u>	Y. Serums, Toxoids, Vaccines	<u>Yes</u>
M. Vitamins	<u>Yes</u>		

RESTRICTIONS:

(OVER)

The Physician's Assistant Catherine Nicholas named in this document
will/will not be authorized to prescribe controlled drugs in the above
categories checked. IF THE ABOVE PERSON IS AUTHORIZED, HE/SHE MUST BE
REGISTERED WITH THE DEA.

I further certify that all information is current and this information is
on file with the Office of the Secretary of State and I assume all
responsibility for actions taken by the within named person.

THIS FORM MUST BE UPDATED UNDER THE CONDITIONS ESTABLISHED BY THE
APPROPRIATE LICENSING BOARDS.

Barbara W. Gibson MD AG 7939335
Supervising Physician DEA #

Physician's name printed for clarity

1-20-84

Date

Catherine Nicholas

Physician's Assistant

Catherine Nicholas

Physician's Assistant,
name printed for clarity

Physician's Assistant DEA # ONLY
(To be filled in only if registered with DEA)

DEA in Vermont is located in Essex Junction, Vermont. Telephone: 951-6777

RECEIVED

JAN 23 1984

SECRETARY OF STATE

SCOPE OF PRACTICE SUBMITTED TO THE VERMONT BOARD OF MEDICAL PRACTICE, UPDATE, 10/89

Standing orders for the Vermont Women's Health Center Physician Assistant

The Practitioner may perform the following tasks in accordance with the VWHC 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 life style and health
3.
 - a. fit and check diaphragms
 - b. dispense diaphragms
 - c. manage diaphragm related problems
4.
 - a. fit and check cervical cap in accordance with FDA standards
 - b. dispense cervical caps
 - c. manage cervical cap related problems
5.
 - a. choose and dispense oral contraceptives
 - b. manage pill related problems
 - c. order any relevant laboratory test
6.
 - a. dispense morning after OC's
 - b. manage post coital pill problems
 - c. order any relevant laboratory
7.
 - a. dispense condoms and vaginal spermicides
 - b. manage condom and spermicide problems
8. counsel and provide evaluation and support for use of symptothermal method of natural birth control
9. order or dispense treatment or refer for the following conditions:
 - a. Moniliasis
 - b. Gardnerella vaginalis vaginitis
 - c. Trichomonas vaginalis vaginitis
 - d. miscellaneous vaginitis
 - e. syphilis
 - f. gonorrhea
 - g. vulvar and perineal lesions (outlined in medical protocol)
 - h. pelvic abnormalities (outlined in medical protocol)
 - i. abnormal pap smears/colposcopy/biopsy/cryosurgery
 - j. management of DES exposed woman
 - k. cervicitis/cervical erosion
 - l. Actinomyces
 - m. premenstrual syndrome
 - n. dysmenorrhea

^ D M C

- o. uterine bleeding/endometrial biopsy
- p. amenorrhea/oligomenorrhea
- q. pelvic pain
- r. adnexal masses
- s. tubo-ovarian abscess
- t. non-gynecological conditions (outlined in medical protocol)
 - 1. hypertension
 - 2. toxic shock syndrome
 - 3. breast problems
 - 4. urinary tract infections
 - 5. rubella/vaccinations
 - 6. gastrointestinal problems
 - 7. rectal bleeding
 - 8. anemia
- 10. perform pregnancy diagnosis, order and perform urine HCG pregnancy testing, order serum HCG and perform sonograms to help determine gestational sizing
- 11. pre-natal and post partum care
- 12. explain and perform pregnancy terminations in accordance with procedures and protocols outlined in VWHC medical protocols
- 13. diagnose, order or dispense treatment or refer for the following conditions related to abortion and post abortion care:
 - A. immediate complications
 - 1. perforations without internal bleeding
 - 2. perforation with internal bleeding
 - 3. cervical laceration
 - 4. vagal reaction
 - 5. syncope
 - 6. convulsions
 - 7. hyperventilation
 - 8. unsuccessful abortion
 - 9. post abortal pain syndrome
 - 10. uterine hemorrhage
 - 11. anaphylaxis
 - 12. shock
 - B. delayed complications
 - 1. infections
 - 2. positive pregnancy test at follow-up exam
 - 3. bleeding
 - 4. retained products of conception
- 14. administer IM medications according to board approved drug list
- 15. perform venipuncture
- 16. manage & follow up routine & problem visits for women in accordance with VWHC protocol
- 17. order and follow up on outside laboratory and radiological tests

18. dispense treatment for those conditions not specifically listed in the VWHC medical protocol under the guidance of a VWHC physician

19. the VWHC practitioner will:

- a. consult with VWHC MD or consulting MD in all nonroutine medical matters
- b. adhere to the VWHC medical protocol
- c. follow up on all complications and referrals

Office of the Secretary of State
Redstone Building, 26 Terrace Street
Mail: 109 State Street
Montpelier, VT 05609-1101

Corporations Division
Heritage Building, 81 River Street
Montpelier, VT 05602



James F. Milne
Secretary of State

John Howland Jr.
Deputy

VERMONT BOARD OF MEDICAL PRACTICE
(802) 828-2673

April 5, 1995

DUPLICATE

John R. Brumstead, M.D.
UVM College of Medicine
Department of Obstetrics & Gynecology
Burlington, Vermont 05405

RE: Vermont Women's Health Center's Physicians Assistants

Dear Doctor Brumstead:

We have received an application for you to be a Primary Supervisor for the Physician's Assistants at the Vermont Women's Health Center. Enclosed you will find the statutes and Rules of the Board of Medical Practice regarding Physician's Assistants. Please review this information as Jack Cassidy, P.A. Board member will be contacting you to discuss supervising a Physician's Assistant.

If you have any questions, please feel free to contact me at (802) 828-2422.

Sincerely,

Debbie Morehouse
Administrative Assistant
VT Board of Medical Practice

/dm

Enclosures

Corporations Division
Heritage Building, 81 River Street
Mail: 109 State Street
Montpelier, VT 05602

Tel: (802) 828-2386
Fax: (802) 828-2853



James F. Mline
Secretary of State

John Howland Jr.
Deputy

VERMONT BOARD OF MEDICAL PRACTICE
(802) 828-2673

April 5, 1995

Judith H. McBean, M.D.
Aesculapius Medical Center
Three Timberlane
South Burlington, Vermont 05403

RE: Vermont Women's Health Center's Physician's Assistants

Dear Doctor McBean:

We have received an application for you to be a Secondary Supervisor for the Physician's Assistants at the Vermont Women's Health Center. Enclosed you will find the statutes and Rules of the Board of Medical Practice regarding Physician's Assistants. Please review this information as Jack Cassidy, P.A. Board member will be contacting you to discuss supervising a Physician's Assistant.

If you have any questions, please feel free to contact me at (802) 828-2422.

Sincerely,

Debbie Morehouse
Administrative Assistant
VT Board of Medical Practice

/dm

Enclosures

Corporations Division
Heritage Building, 81 River Street
Mail: 109 State Street
Montpelier, VT 05602

Tel: (802) 828-2386
Fax: (802) 828-2853



James F. Milne
Secretary of State

John Howland Jr.
Deputy

VERMONT BOARD OF MEDICAL PRACTICE
(802) 828-2673

April 5, 1995

Anne L. Viselli, M.D.
Williston Obstetrics & Gynecology
Two Blair Park
Williston, Vermont 05495

RE: Vermont Women's Health Center's Physician's Assistants

Dear Doctor Viselli:

We have received an application for you to be a Secondary Supervisor for the Physician's Assistants at the Vermont Women's Health Center. Enclosed you will find the statutes and Rules of the Board of Medical Practice regarding Physician's Assistants. Please review this information as Jack Cassidy, P.A. Board member will be contacting you to discuss supervising a Physician's Assistant.

If you have any questions, please feel free to contact me at (802) 828-2422.

Sincerely,

Debbie Morehouse
Administrative Assistant
VT Board of Medical Practice

/dm

Enclosures

Corporations Division
Heritage Building, 81 River Street
Mail: 109 State Street
Montpelier, VT 05602

Tel: (802) 828-2386
Fax: (802) 828-2853



James F. Milne
Secretary of State

John Howland Jr.
Deputy

VERMONT BOARD OF MEDICAL PRACTICE
(802) 828-2673

April 5, 1995

Julia V. Johnson, M.D.
Fletcher Allen Health Care
MCHV Campus
Burlington, Vermont 05401

RE: Vermont Women's Health Center's Physician's Assistants

Dear Doctor Johnson:

We have received an application for you to be a Secondary Supervisor for the Physician's Assistants at the Vermont Women's Health Center. Enclosed you will find the statutes and Rules of the Board of Medical Practice regarding Physician's Assistants. Please review this information as Jack Cassidy, P.A. Board member will be contacting you to discuss supervising a Physician's Assistant.

If you have any questions, please feel free to contact me at (802) 828-2422.

Sincerely,

Debbie Morehouse
Administrative Assistant
VT Board of Medical Practice

/dm

Enclosures



VERMONT WOMEN'S HEALTH CENTER

04/03/95

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, Esq.
Mary Powell
Ann Pugh, MSW
Betsy Rosenbluth
Susan Shane, M.D.
Pat Torpie

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

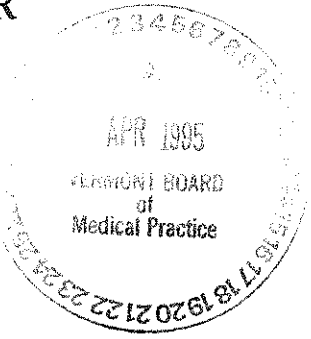
Dear Jack:

I have enclosed new primary and secondary supervising Physician applications for coverage of the 6 Physician Assistants at the Vermont Women's Health Center (VWHC). In this case, the employer (Vermont Women's Health Center) remains the same and the Physician Assistants (Rachel Atkins, Toby Heidenreich, Katra Kindar, Cate Nicholas, Janet Young and Mary Wallmyn) remain the same while the primary and secondary supervising Physicians change.

As of midnight April 9th, 1995, Dr. Jean Ahlborg will be ending her responsibilities as our Medical Director and primary supervising Physician. She is leaving to do international work. As of midnight April 9th, 1995, Dr. Cheryl Gibson and Dr. Susan Smith, will no longer be secondary supervising Physicians although they will continue to act as consultants.

We have entered into an agreement with Women's Health Services of Fletcher Allen Health Care (FAHC). We will be sharing a full time OB./GYN. The Physician will be split her time 50% at VWHC and 50% FAHC. As we are currently in the search and interview process for the best candidate, we have an interim arrangement for MD coverage. Dr. John Brumsted will be primary supervising Physician and Drs. Judith McBean, Anne Viselli and Julia Johnson will be secondary supervising Physicians. They are all part of the Williston OB./GYN group, a satellite of FAHC.

They will begin their coverage April 10th, 1995 at 12:01am. I am sorry for the short notice, but we just worked out all the details. I have taken this opportunity to include information regarding our practice, based on the proposed rules and regulations. Hopefully this format, will give you the information you need to process this application.



Nicholas
approved
5-3-95



VERMONT WOMEN'S HEALTH CENTER

Narrative:

The Vermont Women's Health Center provides obstetrical and gynecological care to women of Vermont and Northern New York. We have 6 PAs on staff ; all apprenticeship trained:

Rachel Atkins in practice since 1981	(16 years).
Toby Heidenreich in practice since 1973	(22 years).
Katra Kindar in practice since 1985	(10 years).
Cate Nicholas in practice since 1981	(16 years).
Janet Young in practice since 1973	(22 years).
Mary Wallmyn in practice since 1983	(12 years).

The 6 PA's work an equivalent of 3 full time positions. The PA's provide ambulatory OB./Gyn care including but not limited to the following:

- routine health maintenance exams
- contraceptive care
- abortion and related services
- general gynecology services:
 - infections of the lower genital tract
 - infections of the upper genital tract
 - pelvic pain
 - benign gynecologic lesions
- basic endocrinology:
 - dysmenorrhea
 - premenstrual syndrome
 - abnormal uterine bleeding
 - amenorrhea
 - menopausal issues
- basic gynecologic oncology
 - intraepithelial lesions of the vulva, vagina and cervix
 - colposcopy and related services
- prenatal care

The age of the patients range from early adolescents to women in their 60-70's. We offer ~ 60 hours of office time a week including evening hours and Saturday morning. The PA works in a private practice setting. Most visits to the health center are to the PA staff. The majority of the PA patient visits are for well woman care, contraceptive needs, STD screens, colposcopy, prenatal visits and abortion services. The PAs work within a scope of practice and practice guidelines that clearly indicate when MD consult or referral is indicated. These guidelines are currently being reviewed and updated.



VERMONT WOMEN'S HEALTH CENTER

When those guidelines indicate or when MD consultation indicates, an internal referral is made to the primary supervising MD who will see the patient at VWHC. At that point the patient is:

- managed by the MD for that particular problem and then returned to the PA for general management or
- the MD may take that patient on as a private patient or
- the PA and the MD co-manage the patient.

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, Esq.
Mary Powell
Ann Pugh, MSW
Betsy Rosenbluth
Susan Shane, M.D.
Pat Torpie

The Prenatal Program is staffed by a PA and the MD. The first visit is provided by PA and the second visit by the MD. After review of each individual patient's needs and problems, a pattern of visits is established and shared by the 2 clinicians. At any time it is indicated, that pattern of visits, may be altered. The MD provides the delivery services at the Fletcher Allen Health Services, MCHV campus.

B) Supervision:

On-site:

The MD is present during those session when abortion services are offered. While the PAs provide this service, the MD is seeing her own patients. The MD is available for immediate back up and emergency services.

Off-site:

The MD is available by beeper and phone. When the primary is not available, one of the secondary MDs will be available by beeper and phone. The emergency transportation system in the form of the Burlington Fire Department EMT services is 2 blocks down from the Health Center. The hospital emergency room is 5-7 minutes away by ambulance. The staff is certified in CPR.

On-going review of PA activities:

1. During office hours, the MD is available for consultation for the more complex cases. Also there is 2 hours of dedicated phone time assigned to the MD when they are off site, for case review.
2. The notes regarding those problems that are identified within the practice guidelines as requiring consultation with or referral to MD, will be co-signed by the MD.
3. Practitioner meeting are held once a week and inservices offered once a month. PAs also attend the appropriate OB./GYN and Family Practice grand rounds offered at FAHC/ MCHV campus.



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
Care 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, Esq.
Mary Powell
Ann Pugh, MSW
Betsy Rosenbluth
Susan Shane, M.D.
Pat Torpie

4. Consultation may occur between a PA and another non-supervising MD if that MD's area of expertise is required for patient management. PA notes will indicate the nature of the consultation and review the plan (if any with the supervising MD).

C) Practice site:

The VWHC is an office located on North Ave in Burlington, VT.
The VWHC has occupied this space since 1977.

D) Tasks/Duties:

The PA is responsible for overseeing and providing care for their patients. They are also responsible for providing information for patients calling on the phone with questions and concerns. Those tasks that are required to manage problems within the scope of practice of ambulatory OB./GYN are provided by the PA. They include but are not limited to:

- venipuncture
- finger stick
- lab tests in compliance with waiver tests from CLIA 88
 - HGB
 - wet smears
 - UA dipstick
 - urine pregnancy tests
- collection of pap smears, GC and CT tests and other appropriate cultures (Herpes etc.)
- transabdominal ultrasound for gestational sizing
- endometrial biopsy
- office D&C
- pregnancy termination to 15 weeks LMP
- vulvar, vaginal and cervical biopsies
- endocervical curettage
- cryosurgery
- Loop electroexcisional procedure
- physical exam skills
- contraceptive method/ device provision
 - diaphragm fits
 - cervical cap fits
 - Norplant insertions and removals
 - Depo-provera
 - oral contraceptive (combined and progestin only)



VERMONT WOMEN'S HEALTH CENTER

- instruction in Fertility Awareness
- Doptone for Fetal Heart sounds.

The PAs also take call so patients can consult with a practitioner 24 hours a day, 7 days a week. The MD on call is consulted for all patients that may require emergency care at the MCHV ER.

E) Prescriptive practice:

The PA are authorized to prescribe medications commonly used in ambulatory OB./GYN. PAs at the VWHC do not have DEA numbers. Any controlled substance prescription is written by the MD after consultation with the PA regarding indication for use by a particular patient.

Dr. Brumsted, et al. are expecting a call from you. Thank you for your attention to this matter. I am always available if you have questions at 802-863-1388 or at home 802-862-8772,

Sincerely,

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

Medical Director
Jean Ahlborg, M.D.

Executive Director
Rachel Atkins, P.A.

Director of Clinical Services
Anne Barati

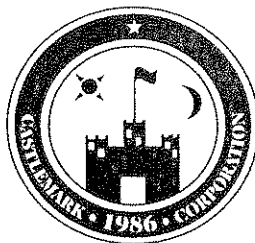
Director of Medical Services
Cate Nicholas, M.S., P.A.

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
Berra 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

Medilert-IRIS™

Division of The Castlemark Corp.
P.O. Box 14050
Scottsdale, AZ 85267-4050



PH. 800-846-1351
FAX 800-765-4814

fd
m20

VT-250

July 24, 1995

Vermont Board of Medical Practice
109 State St
Montpelier VT 05609-1106
ATTN: License Verification

RE: **Nicholas, Cate F., PA**
LICENSE #: 55-0030093

Dear Sir/Madam:

The above named individual has submitted an application to MEDILERT-IRIS for processing. As part of the credentialing process, we are requesting verification of this individual's claimed licensing. We have enclosed appropriate data regarding this individual as well as a photocopy of a signed release.

A self-addressed stamped envelope has been enclosed for your convenience.

Sincerely,

Jennifer Douglas

Jennifer Douglas, VT-250
Administrative Assistant

VERIFICATION:

- | | | |
|--|-----------------------|------------------|
| 1. Provider's License Number: | 55-30046 | 55-30093 |
| 2. Issuance date: | March 1, 1983 | Aug 13, 1986 |
| 3. Expiration Date: | January 31, 1996 | January 31, 1996 |
| 4. Is there a record of any license suspension, restriction or revocation regarding this provider? | Yes _____ No <u>X</u> | |

If yes, please explain: _____

Hebbie Morehouse 8/8/95
Signature / Title Date
Administrative Assistant



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 Assistant
.....in the State of Vermont.

Catherine Nicholas, PA
P.A. Certification Number: 55-0030046
Valid only while working under the supervision of Jean
Ahlborg, M.D. and Cheryl Gibson, 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, 1996.

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

Vermont Board of Medical Practice
.....

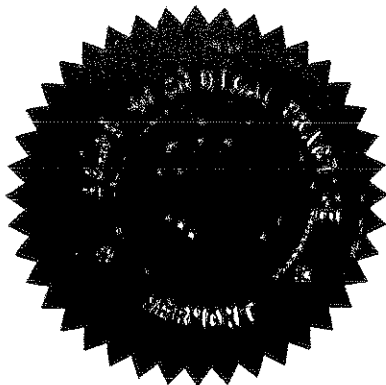
(Regulating Board or Court)

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

this 27 day of January, A.D., 19 94

Debbie Morehouse
.....
(Signature and Title)

Debbie Morehouse, Staff Assistant





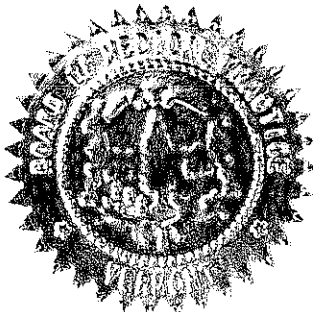
State of Vermont
Office of the Secretary of State

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, P.A.
P.A. Certification Number: 55-0030046.
Valid only while working under the direct supervision
of Cheryl Gibson, M.D. and Susan Smith, M.D. at the
Vermont Women's Health Center, Burlington, Vermont.
Under the Scope of Practice approved by the Vermont
Board of Medical Practice.
Valid through January 31, 1994.

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 31 day of January, A.D., 19 92.

Debbie Morehouse

(Signature and Title)

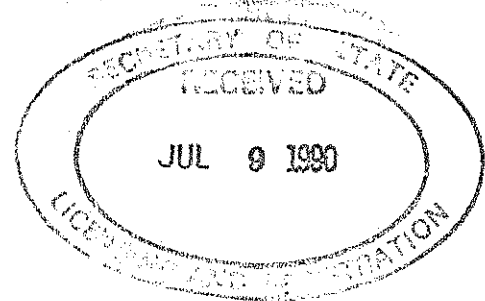
Debbie Morehouse, Staff Assistant



VERMONT WOMEN'S HEALTH CENTER

July 5, 1990

State of Vermont
Board of Medical Practice
Pavilion Building
Montpelier, VT 05602-2198



Dear Ms. Jones:

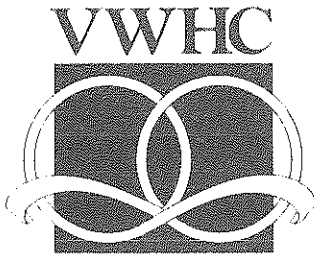
Cheryl Gibson, M.D., supervises the following Physician's Assistants at the Vermont Women's Health Center:

August Burns, P.A.	Vt. Lic. #55-0030142	Exp. 1/31/92
Rachel Atkins, P.A.	Vt. Lic. #55-0030045	Exp. 1/31/92
Toby Heidenreich, P.A.	Vt. Lic. #55-0030019	Exp. 1/31/92
Katra Kindar, P.A.	Vt. Lic. #55-0030137	Exp. 1/31/92
Cate Nicholas, P.A.	Vt. Lic. #55-0030046	Exp. 1/31/92
Jude Sullivan, P.A.	Vt. Lic. #55-0030022	Exp. 1/31/92
Mary Wallmyn, P.A.	Vt. Lic. #55-0030078	Exp. 1/31/92
Janet Young, P.A.	Vt. Lic. #55-0030020	Exp. 1/31/92

If you need any further information, or have any questions please call me at the Health Center.

Sincerely,

Cate Nicholas, P.A.
cn/jeh



VERMONT WOMEN'S HEALTH CENTER

10/11/89

Board of Medical Practice
Pavilion Office Building
Montpelier, Vt 05602

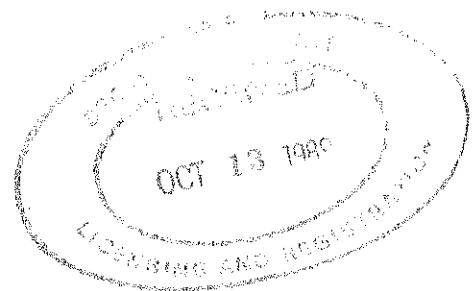
Dear Vera,

This is to inform you that we have hired Cheryl Gibson MD as our new medical director. She will be taking over those duties, plus supervision of our Physician Assistants. I have enclosed revised standing orders and her application to supervise PAs. C. Brown MD will remain as our secondary supervising MD.

If you have any questions, please call. Susan will remain acting Medical Director until Cheryl's application has been processed thru your office.

Thank you,

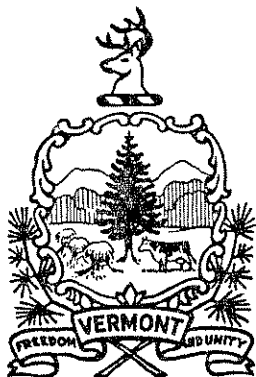
Cate Nicholas, PA
Medical Coordinator



ATTACHMENT A

Vermont Women's Health Center
336 North Avenue
P.O. Box 29
Burlington, Vermont 05402

August Burns
Rachel Atkins
Toby Heidenreich
Katra Kindar
Cate Nicholas
Jude Sullivan
Mary Wallmyn
Janet Young



State of Vermont

Office of Secretary of State

PROFESSIONAL CERTIFICATE

I hereby certify that the following named persons are fully qualified to practice

as a Physician's Assistant as follows

in the State of Vermont.

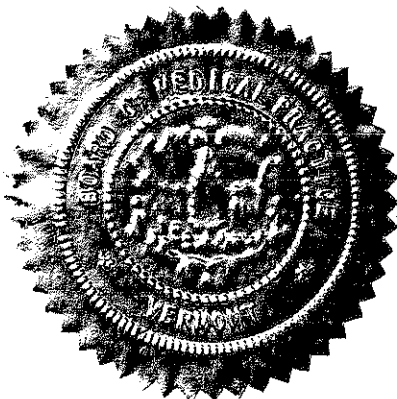
(Profession)

Catherine Nicholas of Burlington, Vermont

P.A. Certification # 30046

Valid only while working under the supervision
of Barbara W. Gibson, M.D., of the Vermont
Women's Health Center, Burlington, Vermont,
under the Scope of Practice approved by the
Board of Medical Practice.

Valid through January 1986.



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 24th day of

January, A.D., 19 84

Carol Henry
(Signature and Title)

James H. Douglas
Secretary of State

Paul S. Gillies
Deputy Secretary of State



Main Office: (802) 828-2363
Corporations & Records: (802) 828-2386
Professional Licensing & Registration: (802) 828-2363
State Papers: (802) 828-2363

STATE OF VERMONT
OFFICE OF THE SECRETARY OF STATE
109 State Street
Montpelier, Vermont 05602

BOARD OF MEDICAL PRACTICE

January 24, 1984

Catherine Nicholas, P.A.
Vermont Women's Health Center
336 North Avenue, P.O. Box 29
Burlington, VT 05402

Dear Ms. Nicholas:

Enclosed is your "Professional Certificate" as evidence of your certification being properly renewed as a Physician's Assistant.

As specified in 26 VSA, Chapter 31, this certification is valid only while working in the exact practice setting which was outlined in your Scope of Practice approved by the Board of Medical Practice.

Should you have any questions or concerns, please feel free to contact me at 828-2363 or toll free 1-800-642-5155.

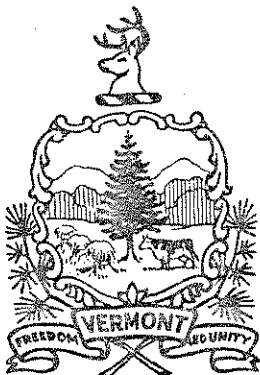
Sincerely,

A handwritten signature in cursive script that reads "Carol Fleury".

Carol Fleury
Licensing and Registration

/crf

Enclosure



State of Vermont

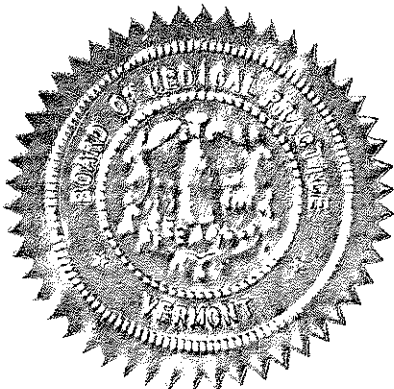
Office of Secretary of State

PROFESSIONAL CERTIFICATE

I hereby certify that the following named persons are fully qualified to practice

as an Physician's Assistant in the State of Vermont.
(Profession)

Catherine Nicholas of Burlington, Vermont
PA Certification # 30046
Valid only while working under the supervision
of Barbara Gibson, M.D. and Maja Zimmermann,
M.D. of the VT Women's Health Care Center, Burlington,
Vermont, under the Scope of Practice approved by the
Board of Medical Practice.
Valid through January 1984.



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 15th day of

March, A.D., 19 83.

Carol Fleury
(Signature and Title)

James H. Douglas
Secretary of State

Paul S. Gillies
Deputy Secretary of State



Main Office: (802) 828-2363
Corporations & Records: (802) 828-2386
Professional Licensing & Registration: (802) 828-2363
State Papers: (802) 828-2363

STATE OF VERMONT
OFFICE OF THE SECRETARY OF STATE
109 State Street
Montpelier, Vermont 05602

BOARD OF MEDICAL PRACTICE

December 27, 1982

Catherine Nicholas
VT Women's Health Center
P.O. Box 29
Burlington, VT 05402

Dear Ms. Nicholas:

Congratulations! You have successfully passed the Physician's Assistant Examination given on November 29, 1982.

The next step in certification process is to submit an application for Physician's Assistant certification. Applications are enclosed for your convenience.

If you have any questions, please feel free to contact this office.

Sincerely,

A handwritten signature in cursive script that reads "Carol Fleury".

Carol Fleury
Licensing and Registration

CRF/me

James H. Douglas
Secretary of State

Main Office: (802) 828-2363
Corporations & Records: (802) 828-2386
Professional Licensing & Registration: (802) 828-2363
State Papers: (802) 828-2363

Paul S. Gillies
Deputy Secretary of State



STATE OF VERMONT
OFFICE OF THE SECRETARY OF STATE
109 State Street
Montpelier, Vermont 05602

BOARD OF MEDICAL PRACTICE

November 16, 1982

Catherine Nicholas
VT Women's Health Center
P.O. Box 29
Burlington, VT 05402

Dear Ms. Nicholas:

Please be advised that the Physician's Assistant exam to be given by the Board of Medical Practice is scheduled for November 29, 1982 at the Living and Learning Center, Burlington, Vermont from 9:00 AM to 4:00 PM. The written part of the exam will be from 9:00 to 11:00 in Room E-166. The oral part of the exam will be given in Rooms E-166 and B-102 from 12:30 to 4:00. Please bring pens.

The fee for this exam will be \$25.00, payable on the day of the exam. Applicants must bring the fee and some identification with them to the exam.

If you have any questions, please contact me, at 828-2363, before November 24, 1982.

Sincerely,

A handwritten signature in cursive script that reads "Carol Fleury".

Carol Fleury
Licensing and Registration

CRF/me

James H. Douglas
Secretary of State

Paul S. Gillies
Deputy Secretary of State



Main Office: (802) 828-2363
Corporations & Records: (802) 828-2336
Professional Licensing & Registration: (802) 828-2363
State Papers: (802) 828-2363

STATE OF VERMONT
OFFICE OF THE SECRETARY OF STATE
109 State Street
Montpelier, Vermont 05602

BOARD OF MEDICAL PRACTICE

October 15, 1982

Catherine Nicholas
78 East Allen Street
Winooski, VT 05404

Dear Ms. Nicholas:

An examination designed to test the knowledge and skills appropriate for a physician assistant in the practice setting of office gynecology will be administered by the Board of Medical Practice.

The exam consists of two parts: a 2 hour written exam in the morning and a 45 minute oral exam scheduled for the afternoon.

The exam will be administered Monday, November 29, 1982 in Burlington. You will be notified of time and exact location at a later date.

Please understand that successful completion of this exam will be only one part of the process for certification as a PA. Other aspects of the certification process include Board review approval of training as well as Board approval of the PA's scope of practice and the relationship to the supervising physician. Please refer to 26 VSA, Chapter 31 of the statute governing physician's assistants.

Please inform the Board if you continue to be interested in participating in this exam.

Sincerely,

Judy Wechsler
Judy Wechsler
PA Board Member

JW/cf

cc: Gleb Glinka

APPLICATION FOR CERTIFICATION AS A PHYSICIAN'S ASSISTANT

6153

25.00

30046

This form must be completed in full by all individuals wishing to become certified as a Physician's Assistant in the State of Vermont under the provisions of 26 V.S.A. Chapter 31. Supporting documents and application fee of \$25.00 must be submitted at least 30 days prior to your initial date of employment.

Name Catherine Nicholas Age 31 Date of Birth 11/5/51
 Place of Birth Brooklyn NY Social Security [REDACTED]
 Height 5'10" Weight 170 Hair Color brown Eye Color brown
 Present Residential Address [REDACTED]
 Intended Residential Address same
 Proposed Office Address Vermont Women's Health Center 336 North Ave. Burl. Vt

Name and Specialty of Supervising Physician(s):

Barbara W. Gibson

Pediatrics and Gynecology

Name

Specialty

Maja Zimmermann

Family Practice and Gynecology

Name

Specialty

EDUCATION: List name, location, dates of attendance and diploma or certificate received. Begin with high school.

School	Location	Dates	Degree
<u>Sachem High School</u>	<u>Lake Ronkonkoma NY</u>	<u>1966-1969</u>	<u>NY Regents</u>
<u>University of Bridgeport</u>	<u>Bridgeport Conn</u>	<u>1969-1973</u>	<u>BS, MT(ASCP)</u>
<u>University of Vermont</u>	<u>Burlington Vt</u>	<u>1976-1981</u>	<u>MS MT</u>

Graduate of AMA accredited program: no Specialty program no

Attach a copy of any certificates directly related to PA training.

NCCPA Certified? no Certificate # Date expires

Have you attended any formal postgraduate medical training programs such as residencies? (If so list institution, dates, location and certificate received)

List all other significant training affecting your work as a PA (Courses for preparation in such areas as laboratory or x-ray tech, physical therapist, EMT, etc.)

see above training in Medical Technology

*List all Physician Assistant (and related) jobs. Include exact dates, location, name of supervising physician(s), and a general description of your duties.

Vermont Women's Health Center- training program

Have you ever been convicted of a felony? no

Have you ever been brought before a civil or criminal authority on a charge concerning professional liability or malpractice? no

Have you ever voluntarily or otherwise been a patient in an institution or treated in any way for mental or emotional illness, drug or alcohol addiction or abuse? [REDACTED]

A photocopy of your birth certificate must accompany this application.

Two (2) letters of recommendation must accompany this application from physicians with whom you have worked most recently or with physicians who are familiar with your training as a Physician's Assistant.

All applicants who are not graduated from an accredited program must furnish the Board with a sworn affidavit indicating in detail the training program completed, certified by the individual responsible for the training.

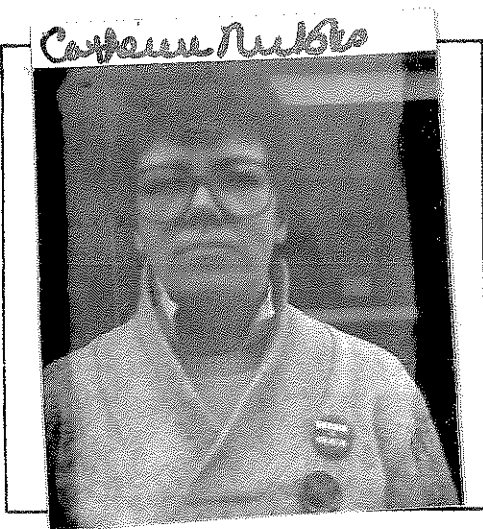
All applicants who are graduated from an accredited program must furnish the Board with a certification bearing the seal of the institution indicating the dates attended and certificate awarded.

All applicants must furnish the Board with a copy of their Employment Contract. A form is included in this application package which may be used if a formal contract is not available.

An application must be submitted by each physician who will be supervising your work under the terms of this Certification before your credentials are presented for Board approval.

Mail all correspondence to:

Board of Medical Practice
Licensing and Registration Division
Secretary of State's Office
109 State Street
Montpelier, Vermont 05602
Telephone: 802-828-2363
Toll Free: 1-800-642-5155



NOTE: Applicant will sign this statement in presence of a Notary Public.

AFFIDAVID OF APPLICANT

I, Catherine F. Nicholas P.A., being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents and that the attached photograph is a true likeness of myself.

I have carefully read the questions in the foregoing application and have answered them completely without reservations of any kind and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct.

Should I furnish any false information on this application I hereby agree that such act shall constitute cause for denial of my application for certification as a Physician's Assistant.

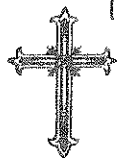
I have read 26 V.S.A Chapter 31 and hereby agree to abide by the provisions of law. I realize that my authority to practice as a physician's assistant shall terminate immediately upon dissolution of my employment contract and shall not resume until I have provided and had approved proof of another employment contract and protocol.

Dated this 23 day of 2, 1983.

Catherine Nicholas
Signature of Applicant

Notary Public Charles L. [Signature]

Certificate of Baptism



Church of

Our Lady of Lourdes
Brooklyn, New York

— This is to Certify —

That Catherine Frances Nicholas
Child of Robert W. Nicholas
and Frances Jones
born in Brooklyn, New York
(CITY) (STATE)
on the 5th day of November 19 51

was **Baptized**
on the 18th day of November 19 51

According to the Rite of the Roman Catholic Church
by the Rev. Donald J. Morrison, S.P.M.

the Sponsors being { Charles McTenna
Madeline McTenna

as appears from the Baptismal Register of this Church.

Dated April 9, 1959

Vincent M. Cassidy, S.P.M.

Pastor

In accordance with 26 V.S.A., Section 1732 (2), this document is submitted as part of my application for Certification as a Physician's Assistant.

TERMS OF EMPLOYMENT

I, Catherine Nicholas, an applicant for Certification as a Physician's Assistant, am employed by The Vermont Women's Health Center, Barbara Gibson, Maja Zimmermann, 336 North Ave. Burlington.
(Name and address of supervising physician(s))
for the period 1978 to present

Termination of my Certification will cause this document to become null and void.

Signature of Physician's Assistant Catherine Nicholas
Date 1/13/83

Signature of Supervising Physician Maja Zimmermann MD
Date 1/13/83

Additional Signatures may be included as appropriate.

* Barbara W. Gibson MD 1/14/83



‡ 336 NORTH AVENUE

‡ P. O. BOX 29, BURLINGTON, VT. 05402

‡ 802-863-1386

February 4, 1983

Board of Medical Practice
Pavilion Building
State St.
Montpelier, VT 05602

To the Board:

This is a letter supporting the registration of Catherine Nicholas as a Physician Assistant in the state of Vermont.

I have worked with Ms. Nicholas for 5 years, since she first was employed by the Vermont Women's Health Center. I observed and participated in her training as a Physician Assistant. She was quick to learn, and I feel she is now competent and efficient, and well qualified to function as a Physician Assistant in gynecology.

Thank you for your kind attention.

Sincerely yours,

Barbara W. Gibson, MD

Barbara W. Gibson, M.D.



‡ 336 NORTH AVENUE
‡ P. O. BOX 29, BURLINGTON, VT. 05402
‡ 802-863-1386

February 3, 1983

Board of Medical Practice
Pavilion Building
State Street
Montpelier, VT 05602

To the Board:

This letter is to support the application of Catherine Nicholas for registration as a Physician Assistant in the state of Vermont. I have been involved in Ms. Nicholas' training over the past 2 years at the Vermont Women's Health Center.

She has always been conscientious about polishing skills of physical diagnosis and her prior experience in microbiology has enabled her to become something of a resident expert in laboratory procedures. Cate gets along well with other health workers and is able to work quite independently in evaluating patient problems. In addition to clinic activities she put in many hours with the medical advisory committee developing medical protocols and showed a good fund of knowledge pertinent to the health care of women.

Sincerely,

Maja Zimmermann MD.
Maja Zimmermann, M.D.



336 NORTH AVENUE

P. O. BOX 29, BURLINGTON, VT. 05402

802-863-1386

The Vermont Women's Health Center's Physician Assistant Training Plan was approved by the Board of Medical Practice in 1982, and is on file at the Secretary of State's office.

I certify that Catherine Nicholas completed the training program under my supervision.

Mary Zimmerman MD
Supervising Physician

1/13/83
Date

Barbara W. Gibson MD
Supervising Physician

1/14/83
Date



♀ 336 NORTH AVENUE

♀ P. O. BOX 29, BURLINGTON, VT. 05402

♀ 802-863-1386

1/8/80

TO: OFFICE OF THE SECRETARY OF STATE
MONTPELIER, VERMONT

ATTENTION MS. HELLER

I am a twenty-eight year old woman presently employed at the Vermont Women's Health Center in Burlington ,Vermont. My role for the past two years has been that of Health Care worker. My skills include laboratory skills, counseling women who come to the Health Center around birth control, sexuality, and medical procedures and performing some administrative tasks.

At this time I wish to expand my knowledge and increase my skills. I have therefore arranged with the Health Center to begin training as a Physician's Assistant beginning Feb. 1,1980 under the supervision of Dr. Barbara Gibson.

Enclosed you will find a copy of my resume, The VWHC's Plan for Physician's Assistant Trainees and the VWHC's Standing Orders for Physician's Assistants.

Please send me acknowledgement that you have received this information.

Sincerely,

Catherine Nicholas

Catherine Nicholas

Barbara W. Gibson MD

Barbara W. Gibson M.D.

RESUME

NAME: Catherine Nicholas D.O.B.: November 5, 1951

AGE: 28 HEALTH: [REDACTED]

ADDRESS: [REDACTED]

SCHOOL RECORD: Sachem High School 1966-1969
Lake Ronkonkoma, New York
Regents Diploma

University of Bridgeport 1969-1973
Bridgeport, Conn.
B.S. Medical Technology

Bridgeport Hospital 1972-1973
Internship in Medical Technology
M.T.(A.S.C.P.)

University of Vermont 1976-1980 (anticipated date of graduation)
Medical Technology
M.S. Medical Technology (anticipated degree)

EMPLOYMENT RECORD: Brookhaven Hospital Summers of 1970, 1971 and 1972
Patoque, New York
Dietary Aide

State University of New York at Stonybrook 1973-1976
Stonybrook, New York
Medical Technologist in charge of the Infirmary Lab.

St. Charles Hospital 1974-1976
Port Jefferson, New York
Staff Technologist, part time evenings and nights.

University of Vermont Fall Semester 1978
Burlington, Vermont
Part time lecturer, Microbiology and Lab assistant Blood Bank

Vermont Women's Health Center 1978-present
Burlington, Vermont
Health Care Worker

Volunteer Work: Eastern Farmworkers Free Clinic Part time 1974-1976
Riverhead, New York
Participated in an anemia screening clinic and organized a
small lab to be used in the store front clinic

Community Health Center part time 1976-1977
Burlington, Vermont
Worked as a staff technologist one a week during clinic hours.

VERMONT'S WOMEN'S HEALTH CENTER'S PLAN FOR PHYSICIAN ASSISTANT TRAINEES

I REQUIREMENTS TO TRAIN AS A PHYSICIAN ASSISTANT AT THE VERMONT WOMEN'S HEALTH CENTER.

Any person interested in training as a P.A. must submit to the training committee a statement of interest. It should include why they want to be a physician's assistant, their plans once trained, past experiences when relevant and the time they have to devote to training. The training committee will evaluate the above and also consider the logistics and effects on patient care before accepting or rejecting any applicants.

II SUPERVISING PHYSICIANS AND TEACHING STAFF.

The P.A. trainee will work under the direct supervision of a clinic practitioner.

III TRAINEE'S RESPONSIBILITY TO PATIENTS.

No medical procedures will be performed without the informal consent of the patient concerning the role of the trainee.

IV KNOWLEDGE TO BE ACQUIRED.

A. Theoretical

1. Basic knowledge of the organ systems.
2. Reproductive anatomy and physiology of men and women including pregnancy.
3. Psycho-social development of men and women.
4. Contraceptive methods.
5. Principles and techniques of interviewing.

B. Skills

1. Obtain a Comprehensive Health Assessment.
 - a) Assess health-illness status.

Through interviewing determine the patient's attitudes, expectations, interests and ability to deal with her health and illnesses.

b) Secure a health history.

To include: health past and present, menstrual and reproductive history, family history and practices and nutritional, psycho-social and sexual histories when relevant.

2. Basic Physical Exam.

Screen for physical signs and symptoms in order to recognize normal versus abnormal through vital signs, general appearance, examination of skin, head, neck, dental, breast, heart, lungs, spine; abdomen, rectum, pelvis; and extremities.

3. Provide for and Interpretation of Routine Laboratory tests for Normalcy Screening.

To include: urinalysis, hematocrit and hemoglobin, venereal disease testing, diagnosis of vaginal infections, pregnancy tests. Papanicolaou smear and other tests when appropriate.

4. Routine therapeutic procedures.

To include: administration of medicines, immunizations, care of wounds and therapeutic regimes indicated for routine out-patient gynecological services.

5. Patient Health Education and Support.

Provide information, counseling and emotional support in regard to health problems, both physical and emotional.

6. Under supervision initiate and provide Follow-Up in the Performance of:

breast and pelvic exams, V.D. screening and treatment, contraceptive methods, pregnancy detection, abortions by Karman and vacuum aspiration techniques, massage, and other procedures when indicated.

7. Awareness of the Facility's Limitations and Knowledge of Appropriate Referrals when Necessary.

8. Initiate emergency treatment of shock, external cardiac resuscitation and I.V. therapy if indicated.

V RESOURCES.

A. Clinical

Most clinical training will occur at the V.W.H.C. However, the trainee will also obtain clinical experiences at other medical facilities.

B. Teaching Tools

Courses and/or lectures at the U.V.M. Medical School, audio-visual aids, required readings, clinical experiences, library resources.

VI EVALUATION.

- A. Direct observation and assessment by the teaching staff of skills when performed, based on the performance itself and demonstrated knowledge of the concepts involved.
- B. Oral and/or written examination of theoretical material.
- C. Monthly evaluation of progress made and the emphasis of next month's work.
- D. Evaluation of work by community and medical school physicians.

VII PERFORMANCE STANDARDS OF THE SUPERVISING STAFF.

The practitioners involved in training and supervision must be licensed in the State of Vermont. The Center expects them to keep up to date with the latest pertinent medical information and procedures and to remain open to alternative ways of healing.

VIII LEVEL OF COMPETENCY.

The goal of the P.A. trainee at the V.W.H.C. is to provide under appropriate supervision primary health care to women with responsibility for initiating and maintenance of therapeutic regimes for patients. The P.A. trainee must have the ability to recognize problems that she/he can not adequately handle.

VERMONT WOMEN'S HEALTH CENTER
STANDING ORDERS FOR PHYSICIAN'S ASSISTANTS

The Physician's Assistant may:

- ① Obtain and evaluate medical history pertinent to OB/GYN care.
- ② Examine thyroid gland.
- ③ Examine heart and lungs to screen for normal vs. abnormal.
- ④ Examine and teach breast self exam.
- ⑤ Examine hair distribution.
- ⑥ Examine abdomen for abnormal masses.
- ⑦ Perform a pelvic examination to include examination of external genitalia, speculum exam, bi-manual exam, rectal exam.
- ⑧ Obtain, record, and evaluate temperature, pulse, respiration, blood pressure, and weight.
- ⑨ Perform venipuncture.
- ⑩ Obtain hematocrit.
- ⑪ Perform injections.
- ⑫ Recommend and order oral contraceptives in the absence of:

- A.
 1. History of thrombo-embolic phenomena, liver disease or hepatitis within the last six months, heart disease, breast or pelvic cancer, diabetes.
 2. History of migraine headaches, or other headaches unrelieved by mild analgesics, visual disturbances, mental depression, convulsive disorders.
 3. Hypertension (140/90 or above).
 4. Palpable breast, uterine, or adnexal pathology.
 5. Breast feeding.
 6. Pregnancy.
 7. Abnormal vaginal or uterine bleeding of unknown etiology.
 8. Sickle cell trait or disease.
 9. Any other acute or chronic illness.

* Discontinue oral contraceptives immediately and do not resume them without consulting with a physician if the patient develops any of the above 10., A., 1. - 9. and any sign or symptom of thrombo-embolic disease.

- B. Recommend and order oral contraception with a physician consultation if the following conditions are present:
 1. Irregular menstrual cycles of 35 days or longer.
 2. Incomplete long bone growth.
 3. Idiopathic jaundice of pregnancy.
 4. Symptomatic varicose veins.
 5. Controlled convulsive disorders.
 6. Age of 40 or above.

- B. 7. Family history of vascular accidents occurring prior to age 50.
A blood triglyceride determination is advised in this instance.
If the blood triglyceride level is normal the patient may be given oral contraceptives.
8. Controlled diabetes.

(13) Insert IUDs during the menses unless contraindicated by:

- A. Pregnancy.
- B. History of excessive dysmenorrhea.
- C. Excessive or prolonged menstruation.
- D. Acute, chronic, or recent pelvic inflammatory disease.
- E. Active herpes simplex.
- F. Palpable uterine or adnexal abnormality.
- G. Abnormally low hematocrit, below 33% and/or associated with heavy menses.
- H. Suspected cervical carcinoma, or history of class 3 Pap smears.
- I. Uterine depth less than 6cm and greater than 9cm.
- J. Occurrence within the previous two months of an infection following an early abortion.
- K. Known or suspected venereal disease.
- L. Cardiac-valvular disease.
- M. Delivery or saline abortion within the past three months.
- N. Evidence of acute infection.
- O. Uterine bleeding of unknown etiology.
- P. Acute vulvo-vaginal infection.
- Q. Diabetes.
- R. Convulsive disease.
- S. Uterine anomalies.

(14) Insert IUDs, unless contraindicated by #13 above, in the absense of menses when lactating, immediately post abortion, when needed as a morning after contraceptive.

(15) Insert IUDs when indicated.

(16) Fit and check diaphragms.

(17) Recommend and order foam, condoms, rhythm with BBT technique, and cervical micous method of birth control.

(18) Change contraceptive modality when indicated, including changing pill dosage.

(19) Obtain cervical, urethral, rectal, and oral gonorrhea cultures.

(20) Obtain Papanicolaou smear.

(21) Obtain cervical micous fern test.

(22) Evaluate uterine size of pregnancy.

(23) Perform uterine evacuation on a healthy woman whose uterus is twelve weeks size or less.

24.

Recommend and order treatment for the following conditions per attached routine.

- A. Vaginal trichomoniasis.
- B. Vaginal yeast infection.
- C. Vaginal non-specific infection.
- D. Condyloma acuminatum.
- E. Cervical erosion.
- F. Bartholin gland infection.
- G. DES exposure or clinical signs of DES exposure.
- H. Gonorrhea.
- I. Syphilis.
- J. Cystocele and rectocele.
- K. Adnexal mass.
- L. Fibroids.
- M. Urinary tract infection.
- N. Anemia.
- O. Pelvic Inflammatory Disease.
- P. Rectal mass.
- Q. Lice.
- R. Dysmenorrhea.
- S. Amenorrhea.
- T. Pain post IUD insertion, and post abortion.
- U. Herpes simplex.
- V. Breast mass and/or nipple discharge.
- W. Post abortion hemorrhaging.
- X. Significant vaso-vagal reaction post IUD insertion and post abortion.
- Y. Pregnancy.
- Z. Hypertension.
- AA. Obesity.

25.

Laboratory skills.

- A. Hematocrit.
- B. Urinalysis.
- C. Pregnancy test.
- D. Vaginal smears in saline and KOH.
- E. Cervical mucous fern test.
- F. Gonorrhea culturing.
- G. Urinary tract infection culturing.

26.

Emergency skills.

- A. Cardiopulmonary resuscitation.
- B. IV fluids.
- C. IV medications.
- D. Treatment of shock.