

TASK FORCE ON PHYSICIAN'S ASSISTANTS

C H E C K S H E E T

NAME Maureen Ann Hall

ADDRESS Seathfield

APPLICATION RECEIVED 2/27/81 FEE RECEIVED \$ 55.00

SCHOOL OF GRADUATION/DIPLOMA/TRANSCRIPTS University of Wisconsin - Madison

EXPERIENCE VERIFIED _____

VERIFICATION OF OTHER STATE(S) LICENSE(S) Illinois

- REFERENCES:
- | | | | |
|----|----------------------------|----------|----------------|
| 1. | <u>James A. Sena, M.D.</u> | RECEIVED | <u>2/27/81</u> |
| 2. | <u>Nicole Chorak</u> | RECEIVED | <u>5/27/81</u> |
| 3. | <u>Richard [unclear]</u> | RECEIVED | <u>2/24/81</u> |

CERTIFICATE OF BIRTH OK

NATIONAL CERTIFICATION EXAMINATION TAKEN? yes GRADES RECEIVED 2

ELIGIBLE FOR NATIONAL CERTIFICATION EXAMINATION? _____ DATE _____

NOTIC/CCH/LEIN CHECK 2/27/81

INTERVIEW REQUIRED? _____

BOARD ACTION: _____

LICENSE DENIED: _____

LICENSE ISSUED: 001260 DATE: 3/30/81

NOTES: _____

STATE OF MICHIGAN



MICHIGAN BOARD OF MEDICINE

Donald H. Kuiper, M.D.
James C. Breneman, M.D.
James L. Fenton, M.D.
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Mrs. Sandra C. Shaw

WILLIAM G. MILLIKEN, Governor

DEPARTMENT OF LICENSING AND REGULATION

WILLIAM S. BALLENGER, Director

December 14, 1981

Michigan Board of Medicine
P.O. Box 30018
Lansing, Michigan 48909
Telephone: (517) 373-0680

Dr. Dennis Dean Christensen
703 E. Main St.
Niles, MI 49120

RE: Approval to Supervise a Physician's Assistant

Dear Doctor:


This is to advise you that your application to supervise Maureen A. Hall as a physician's assistant has been approved for the following location(s):

703 E. Main St. Niles, MI 49120

This approval will expire on December 31, 1981. A renewal notice will be sent not less than 90 days prior to that expiration date.

Sincerely yours,

MICHIGAN BOARD OF MEDICINE


Carl E. Cross, Jr.
Licensing Executive

CEC/ngf

*Effective date of December 14, 1981

7. LIST PREVIOUS TRAINING: (Type or print)

DATE (MO., DAY, YEAR)	SUPERVISING PHYSICIAN	DESCRIPTION OF DUTIES
May 1979 - Dec 1979	R. J. W.	
Sept. 1978 - May 1979	Dr. Pearlman, MD D. J. Baker, M.D. C. E. Eckstrom, M.D. W. Rosenkranz, M.D.	Preceptorships associated with formal training at U.W. Madison. Training in General medicine, primary health care.

8. EMPLOYMENT AND EXPERIENCE:

Include all paid employment for the last five years in chronological order, beginning with your present position. Attach extra sheets if necessary.

(Type or print)

DATES EMPLOYED: (Mo., Day, Year)	EMPLOYER	ADDRESS OF EMPLOYER
FROM: Feb. 1981	Planned Parenthood League	13100 Puritan Detroit, MI 48227
TO: Present	Physician's Assistant	
HRS. PER WEEK: 40	Describe DUTIES: Responsible for physical exams, prescribing birth control methods, treating uncomplicated gynecological problems.	
FROM: Jan 1980	Planned Parenthood Assoc.	314 S. Neil Champaign, IL 61820
TO: Jan 1981	Physician's Assistant	
HRS. PER WEEK: 40	Describe DUTIES: Responsible for physical exams, birth control methods, monitoring high risk contraceptive patients, treating uncomplicated gyn. problems.	

9. Answer All Questions Below

Have you ever been convicted of any offense to laws of any state or territory of the United States, the District of Columbia, or a foreign country? Yes No

Have you ever had any license, certificate, registration, or approval revoked, suspended or placed on probation, been reprimanded, censured or otherwise disciplined, or had any complaints or charges, formal or informal, made or filed or proceedings instituted against you? Yes No

Have you ever had, or do you have pending, a malpractice suit against you? Yes No

Have you ever had, or do you have pending, a drug offense complaint against you? Yes No

Have you ever had, or do you have pending, an ethics violation complaint against you? Yes No

If the answer to any of the above is "Yes," attach details on a separate sheet including dates, facts, disposition of the matter, and the name and address of the authority in possession of the records pertaining to the matter. (A positive response to these questions will not be an absolute bar to approval but is necessary to evaluate moral character.)

10. Have you taken and failed the NCCPA examination more than 3 times? Yes No

I HEREBY CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE, THE ENTRIES ON THIS APPLICATION AND INFORMATION CONTAINED IN THE DOCUMENTATION ATTACHED OR SUBMITTED ARE TRUE AND CORRECT.

Date 2/16/81 Signature Maureen A. Hall

Subscribed and sworn to before me this 23rd day of February, 19 81.

Carla L. Tranter
My Commission Expires 11/4/81
Subland County, Ind.

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATION
P.O. BOX 30018
305 Southland
Lansing, Michigan 48909

LPA-010 (12/78)

FEB 24 1977 81531483 ***\$55.00

DO NOT WRITE IN THIS AREA

PHYSICIAN'S ASSISTANT APPLICATION

Please type or Print on this form
(Use Additional Sheets if Necessary)

Make check or money order in U.S. Currency
payable to: STATE OF MICHIGAN- PHYSICIAN'S ASSISTANT
DO NOT SEND CASH

- Approval \$55.00 Reciprocity Fee \$55.00 Reinstatement Fee \$60.00
 Temporary Approval Fee \$25.00

1. APPLICANT'S NAME (Last, first, middle) Hall Maureen Ann BIRTH DATE (Attach Copy of Actual birth certificate) [REDACTED] SOCIAL SECURITY # [REDACTED]

RESIDENCE ADDRESS (Street and number) [REDACTED]

CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED] How long at this place of residence? (if less than 5 years, give previous address) 2 mos. 1902 Karen Ct. #7 Champaign, IL 61820

BUSINESS RESIDENCE (Street and number) Planned Parenthood League. 13100 Puritan Ave.

CITY Detroit STATE MI ZIP CODE 48227

2. APPLICANTS EDUCATIONAL BACKGROUND

NAME OF COLLEGE OR UNIVERSITY	DATE ATTENDED	DEGREES EARNED OR COURSE COMPLETED
<u>Univ. of Wisconsin - Madison</u>	<u>1975 - 1979</u>	<u>B.S. as a Physician's Assistant</u>

NOTICE: ATTACH COPY OF DIPLOMA(S) AND OFFICIAL TRANSCRIPTS

3. ARE YOU CURRENTLY Licensed Registered AS A PHYSICIAN'S ASSISTANT IN ANOTHER STATE? Yes No

Certified Approved

IF "YES", NAME THE STATE(S) Illinois

4. GIVE LICENSE, CERTIFICATE, REGISTRATION OR APPROVAL NUMBER: 085-00210 ATTACH PROOF OF SAME

5. UPON WHAT BASIS WAS YOUR PRESENT LICENSE, CERTIFICATE, REGISTRATION OR APPROVAL GIVEN?
(Check Only One)
 Examination Experience Reciprocity Other
If "Other", explain:

6. IF YOUR PRESENT LICENSE, CERTIFICATE, REGISTRATION OR APPROVAL IS BASED UPON AN EXAMINATION, WHAT TYPE?
 National Examination
 State Examination — explain nature of examination

8. Employment and Experience (continued)

Employer - R. J. Wetzler, M.D. 190 Gardner Ave.
From: May 1979 - Dec. 1979 Burlington, WI 53105

Position Held - Physician's Assistant

Duties - Responsible for physical exams, routine office gynecological and obstetrical exams, assisting surgery, routine deliveries, hospital rounds.

National Commission
on
Certification of Physician's Assistants

Be It Known That

Maureen Ann Hall

*Has Successfully Completed The National
Certifying Examination For Assistants To The
Primary Care Physician And Is Hereby Designated:*

Physician's Assistant - Certified

PH Murnay
PRESIDENT, NCCPA

Stephen J. Joyner P.A.C.
VICE PRESIDENT, NCCPA

John P. White
PAST PRESIDENT, NCCPA



Edmond J. Casper, D.O.
SECRETARY, NCCPA

Robert B. Dornier
TREASURER, NCCPA

David L. Gayer
EXECUTIVE DIRECTOR, NCCPA

EXPIRATION DATE JUNE 1, 1982

CERTIFICATE N° 800605

National Commission on Certification of Physician's Assistants, Inc.

3384 PEACHTREE ROAD, N. E., SUITE 560
ATLANTA, GEORGIA 30326
(404) 281-1261

Executive Committee

Robert B. Bruner, FACHA—President
Edmund C. Casey, M.D.—Vice President
Capt. David H. Gwinn, PA-C—Secretary
George Iannacone, Ed.D.—Treasurer
Raymond H. Murray, M.D.—Past President

Executive Director
David L. Glazer

MAR 15 1981
March 12, 1981

Task Force on Physician's Assistants
Department of Licensing and Regulation
P. O. Box 30018
Lansing, Michigan 48909

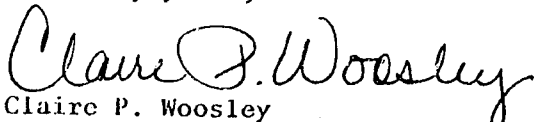
Gentlemen:

Subject: Maureen A. Hall, PA-C

The National Certifying Examination score report for the above-named individual, who recently authorized its release, is attached. As it is cost-prohibitive to reproduce computer-original score cards on an individual basis, I have affixed the NCCPA seal to a photocopy and trust this method of reporting the results to you is satisfactory.

If I can be of further assistance please contact me.

Sincerely yours,


Claire P. Woosley
Assistant Director of Registration

CPW/cw
Attachment

cc: Maureen A. Hall, PA-C (without attach.)

Member Organizations

American Academy of Physician Assistants • American Medical Association • American Academy of Family Physicians
American Academy of Pediatrics • American College of Physicians • American College of Surgeons • American Hospital Association
American Nurses' Association • American Society of Internal Medicine • Association of American Medical Colleges
Association of Physician Assistant Programs • U.S. Department of Defense • Federation of State Medical Boards of the U.S.
National Board of Medical Examiners

PERFORMANCE REPORT

NAME: HALL MAUREEN A. I.D.# 800605 SOC.SEC.# [REDACTED]

MCQ	PMP-D/G	PMP-M/T	CSP*	TOTAL TEST	P/F
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

*MAXIMUM ALLOWABLE SCORE ON CSP = [REDACTED]

Claire P. Woosley 3/13/81
 Claire P. Woosley, Ass't Director of Registration

NATIONAL COMMISSION ON CERTIFICATION OF PHYSICIAN'S ASSISTANTS

Interpretation of Primary Care Physician's Assistant
 Certifying Examination Scores

The enclosed Performance Report shows the scores you obtained on the 1979 Primary Care Physician's Assistant Certifying Examination and indicates whether you passed or failed the test. In order to pass the examination, you have to achieve both a composite score of [REDACTED] and a CSP score of [REDACTED].

MCQ: represents your standard score on the multiple choice question portion of the examination.

PMP (D/G): represents your standard score on those sections of the patient management problems that involved the selection of historical questions and physical examination procedures.

PMP (M/T): represents your standard score on those sections of the patient management problems that involved the selection of laboratory studies and management decisions.

CSP: represents your Composite Standard Score on the clinical skill problems. The three problems on which you were examined were weighted equally. The maximum allowable score on the CSP is 500. A minimum score of 300 on the CSP is required to pass the examination.

Composite: represents the average of the four components listed above weighted as follows:

$$\frac{2MCQ + PMP (D/G) + PMP (M/T) + CSP}{5} \quad \text{EXAMPLE: } \frac{2(400) + 500 + 400 + 400}{5} = 480$$

The composite is rounded to the nearest five and, in conjunction with your CSP score, determines your pass/fail status.

UNIVERSITY OF WISCONSIN-MADISON

The Board of Regents of The University of Wisconsin System,
on the nomination of the faculty, has conferred upon

MAUREEN ANN HALL

The Degree of

BACHELOR OF SCIENCE

PHYSICIAN ASSISTANT

Together with all honors, rights, and privileges belonging to that degree.
In witness whereof, this diploma is granted. Given at Madison in The State
of Wisconsin, this twenty-seventh day of May in the year nineteen hundred
seventy-nine, and of The University the one hundred twenty-ninth.

Edward E. Hill
President of the Board

Edwin Young
President, University of Wisconsin System



Irving Shain
Chancellor, University of Wisconsin-Madison

NAME OF STUDENT

HALL, MAUREEN ANN

(CARD #1)

ALMA MATER UNIVERSITY PA 84

JAMES MADISON HIGH SCHOOL

MADISON

WISC

STUDENT NUMBER

0877757

ENGLISH 101 DR BASIC COMPOSITION REQUIREMENT SATISFIED

1-1975-76	MADISON UNDERGRAD			
MATH	101 INTERMEDIATE ALGEBRA			
M.A.S.	101 LIVESTOCK PRODUCTION			
PE GEN M	001 FUNDAMENTALS OF MOVEMENT			
PSYCH	202 INTRODUCTION TO PSYCHOLOGY			
ZOOLOGY	101 ANIMAL BIOLOGY			
ZOOLOGY	102 ANIMAL BIOLOGY LABORATORY			
				TOTAL
				DEANS HONOR LIST

2-1975-76	MADISON UNDERGRAD			
ROTCANY	130 GENERAL BOTANY			
CHEM	103 GENERAL CHEMISTRY			
ENGLISH	207 INTRO TO MODERN LIT, I			
MATH	101 ALGEBRA			
VEG SCI	299 INDEPENDENT STUDY			
				TOTAL
				DEANS HONOR LIST

1-1976-77	MADISON UNDERGRAD			
CHEM	104 GEN CHEM & QUAL ANALYSIS			
ENGLISH	208 INTRO MODERN LIT, I I			
HOMEMGT	362 DEVELOPMENT OF YOUNG CHILD			
SOCIAL	134 PROB-AMFR RAC-ETHNIC MINORT			
				TOTAL

2-1976-77	MADISON UNDERGRAD			
ANATOMY	104 ANATOMY			
CHEM	341 INTRO ORGANIC CHEMISTRY			
HOMEMGT	363 DEV-MIDD CHILDHOOD-OLD AGE			
PHYSIOL	235 PHYSIOLOGY			
				TOTAL

5-1977	MADISON UNDERGRAD			
8 WEEK	SESSION MON JUN 20 -			
BACT	101 GENERAL SURVEY-BACTERIOLOGY			
				TOTAL

1-1977-78	MADISON UNDERGRAD			
MED MC	304 INFECT DISEASE-HUMAN BEINGS			
MED SCI	716 PSYCHIATRY I			
NURSING	301 HLTH HIST & PATIENT ASSESS			
PHMCDL	401 SURVEY OF PHARMACOLOGY			
PHY ASST	525 SP TOPICS-PRIMARY HLTH CARE			
PHY CHEM	114 PHYSIOLOGICAL CHEMISTRY			
PRV MED	719 SMR-CONT ISSUES-HEALTH CARE			
				TOTAL

2-1977-78	MADISON UNDERGRAD			
MED TECH	360 BASIC LAB-PROCEDURE INTERPRYN			
PATROL	402 SURVEY OF DISEASE STATE			
PHY ASST	401 INTRO-MED DECISION MAKING			
PHY ASST	421 ADV PATIENT ASSESS-PRIMARY			
PHY ASST	448 TEAM APPROCH-EMERG MED CARE			
				TOTAL

5-1978	MADISON UNDERGRAD			
8 WEEK	SESSION MON JUN 19 - FRI AUG 18			
CNSL & G	650 THEORY & PRAC IN INTERVIEW			
NUTR SCI	375 SPECIAL TOPICS			
PHY ASST	340 PROB MED RECRD-PRIMARY CARE			
PHY ASST	402 INTRO-MED DECISION MAKING			
PHY ASST	525 SPEC TPCS PRIMARY HLTH CARE			
				TOTAL

1-1978-79	MADISON UNDERGRAD			
PHY ASST	550 PHYSICIAN ASST PRECEPTORSH			
				TOTAL

UNIVERSITY OF WISCONSIN-MADISON OFFICIAL TRANSCRIPT

Grading System. All credits are based on semester hours. A 4.00 grading system is used. Prior to 1954-55, a 3.00 grading system was used. Intermediate grades of AB and BC were instituted as of September, 1973.

Grades With Associated Grade Points Per Credit

Grades Which Do Not Have Associated Grade Points And Do Not Count In The GPA

Abbreviations and Symbols

JAN 26 1981

Student in good standing unless otherwise noted. Official transcripts bear the signature and seal of the Registrar.

The Family Educational Rights and Privacy Act provides that this transcript is not to be released without written consent of the student.

HALL, MAUREEN ANN

(CARD #2)

PA 4



2-1978-79 MADISON UNDERGRAD
PHY ASST 550 PHYSICIAN ASST PRECEPTORSHIP
TOTAL



BACHELOR OF SCIENCE
PHYSICIAN ASSISTANT
DEGREE CONFERRED MAY 27 1979

UNIVERSITY OF WISCONSIN - MADISON
OFFICIAL TRANSCRIPT

Grading System: All credits are based on semester hours. A 4.00 grading system is used. Prior to 1954-55, a 3.00 grading system was used. Intermediate grades of AB and BC were instituted as of September, 1973.

Grades With Associated Grade Points Per Credit	Grades Which Do Not Have Associated Grade Points And Do Not Count In The GPA	Abbreviations and Symbols
Grade Grade Points S/SAT S/Unsatisfactory	SL, (Extended)	# Course Taken On A Pass/Fail Basis

JAN 6 1981



Student in good standing unless otherwise noted. Official transcripts bear the signature and seal of the Registrar.

The Family Educational Rights and Privacy Act provides that this transcript is not to be released without written consent of the student.

TASK FORCE ON PHYSICIANS' ASSISTANTS

VERIFICATION OF PERMISSION TO PRACTICE IN ANOTHER STATE

INSTRUCTIONS: This form must be completed by the appropriate state agency through which you have been licensed, certified, registered, or approved to practice as a Physicians' Assistant and sent directly to the Michigan Task Force at the address below. If you have been permitted to practice by more than one state, you may request additional forms from the Michigan Task Force on Physician's Assistants.

We, the Department of Registration & Education of the State of Illinois
(name of agency)

hereby certify that Maureen Ann Hall is duly licensed
(name of applicant) (licensed, certified, registered, approved)

as a Physicians' Assistant, and was granted document No. 085-00210

on the 20th day of October, 19 80, on the basis of

examination, certification with National Commission on Certi- We further certify
(examination, reciprocity, experience) fication of Physician's Assistant Inc.

that the above named applicant holds an unrestricted certificate
(license, certificate, registration, approval)

and that no charges or complaints are pending or proven against this applicant.

DATE: March 9, 1981

Gary L. Clayton
Signature of Agency Representative Acting Director
Illinois Dept. of Registration & Education
Title of Agency Representative

320 W. Washington, Springfield, IL 62786

Agency Address (street or box number)

By: *Stephen J. Richardson*
City, State, Zip Code

(SEAL)

If this person's practice has been restricted or there are charges or complaints pending or proven against this person, please forward all available information to:

The Task Force on Physicians' Assistants
Michigan Department of Licensing and Regulation
P.O. Box 30018
Lansing, Michigan 48909