

**Profile - 055.0030098**

This profile contains information that may be used as a starting point in evaluating a health care provider. This profile should not, however, be the sole basis for selecting a health care provider.

Name Amy S. Borgman  
 Credential 055.0030098

**Profile - General Information**

Year began practice anywhere  
 1982

Last Name:  
 Borgman

First Name:  
 Amy

Middle Name:  
 S.

Name Suffix:

Staff Privilege(s):

Facility Name	State	Start Date	End Date
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Practice Location(s):

Practice Name	City	State	Primary Practice	Languages	Accepts Medicaid?	Accepts New Medicaid Patients?
PPNNE	Burlington	Vermont	Yes		Yes	Yes
Planned Parenthood of Northern New England	Barre	Vermont	Yes		Yes	Yes

**Profile - Medical Education Information**

Medical Schools:

School	Graduation Date
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Postgraduate Training:

Site Name	End Date	Specialty
George Washington University	05/24/1982	

Specialty Board Certification(s):

Specialty	Certification Board	Certification Date	Specialty Expiration Date
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**Profile - Teaching Information**

Non-Teaching Appointments:

School	City	State	Nature of Position	Date Started	Date Ended
University of Vermont	Burlington	Vermont	Adjunct Professor	06/01/2009	12/01/2011

Teaching Appointments:

School / Institution	City	State	Nature of Teaching	Date Started	Date Ended
University of Vermont	Burlington	Vermont	Preceptor	06/01/2004	12/01/2011

**Profile - Publication / Activity Information**

Publication(s):

Title	Publication	Publication Date
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Activities:

Activity or Award
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**Profile - Restrictions / Disciplinary Information**

Criminal Conviction(s):

Date of Conviction	Court of Conviction	City	State	Description
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Nolo Contendere:

Date of Charges	Court	City	State	Description of Charges
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Vermont Board of Medical Practice Matters:

Date	Final Disposition Summary
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Licensing Authority Matters in Other States:

Date of Disposition	Licensing Authority	City	State	Description of Disposition
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Revocation / Involuntary Restriction of Hospital Privileges:

Date of Restriction	Hospital Name	State	Nature of Restriction	Reason for Restriction
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Other Hospital Restrictitons:

Date	Hospital Name	State	Action	Nature of Action	In Lieu or In Settlement
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**Profile - Malpractice Information**

**A. Judgments**

Provide the information requested in the following table for each case in which there was a court judgment or arbitration award against you.

Date of Judgment	Number of Judgments
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**B. Settlements**

Provide the information requested in the following table for each case in which you were named as a defendant and in which a settlement was paid by you or on your behalf.

Date Of Settlement
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