

Profile - 042.0012729

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 Donna Lynn Burkett
 Credential 042.0012729

Profile - General Information

Year began practice anywhere
 1995

Last Name:
 Burkett

First Name:
 Donna

Middle Name:
 Lynn

Name Suffix:

Staff Privilege(s):

Facility Name	State	Start Date	End Date
Mission Hospital	North Carolina	10/01/2001	05/31/2013
Providence Health Systems	Oregon	08/30/1998	12/31/1999

Practice Location(s):

Practice Name	City	State	Primary Practice	Languages	Accepts Medicaid?	Accepts New Medicaid Patients?
PPNNE - Topsham	Topsham	Maine	No		Yes	Yes
PPNNE - Sanford	Sanford	Maine	No		Yes	Yes
PPNNE - Portland Health Center	Portland	Maine	No		Yes	Yes
PPNNE - Biddeford	Biddeford	Maine	No		Yes	Yes
PPNNE - West Lebanon	West Lebanon	New Hampshire	No		Yes	Yes
PPNNE - Manchester	Manchester	New Hampshire	No	Spanish	Yes	Yes
PPNNE - Keene	Keene	New Hampshire	No		Yes	Yes
PPNNE - Exeter	Exeter	New Hampshire	No		Yes	Yes
PPNNE -Derry	Derry	New Hampshire	No		Yes	Yes
PPNNE - Claremont	Claremont	New Hampshire	No		Yes	Yes
PPNNE - Williston	Williston	Vermont	No		Yes	Yes
PPNNE - St. Johnsbury	St. Johnsbury	Vermont	No		Yes	Yes
PPNNE - St. Albans	St. Albans	Vermont	No		Yes	Yes
PPNNE - Rutland	Rutland	Vermont	No		Yes	Yes
PPNNE - Newport	Newport	Vermont	No		Yes	Yes
PPNNE - Middlebury	Middlebury	Vermont	No		Yes	Yes
PPNNE - Hyde Park	Hyde Park	Vermont	No		Yes	Yes
PPNNE - Brattleboro	Brattleboro	Vermont	No		No	No
PPNNE -Bennington Health Center	Bennington	Vermont	No		Yes	Yes
Planned Parenthood Northern New England - Barre Health Center	Barre	Vermont	No		Yes	Yes

Planned Parenthood of Northern New England -Burlington Health Center	Burlington	Vermont	Yes	Spanish	Yes	Yes
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Profile - Medical Education Information

Medical Schools:

School	Graduation Date
School Name: University of North Carolina State: North Carolina Country: United States School Type: Medical School Degree: MD	05/30/1995

Postgraduate Training:

Site Name	End Date	Specialty
Oregon Health Sciences University	06/30/1998	Family Practice

Specialty Board Certification(s):

Specialty	Certification Board	Certification Date	Specialty Expiration Date
Family Practice	American Board of Family Medicine	07/01/1998	06/30/2015

Profile - Teaching Information

Non-Teaching Appointments:

School	City	State	Nature of Position	Date Started	Date Ended
MAHEC (UNC School of Medicine)	Asheville	North Carolina	Associate Faculty	07/01/2005	05/17/2013

Teaching Appointments:

School / Institution	City	State	Nature of Teaching	Date Started	Date Ended
MAHEC	Asheville	North Carolina	Associate Faculty - obstetrics, outpatient care, vasectomy, reproductive health	07/01/2005	05/17/2013

Profile - Publication / Activity Information

Publication(s):

Title	Publication	Publication Date
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Activities:

Activity or Award

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
