

Profile - 042.0008297

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 Allegra Lucille Shumway
 Credential 042.0008297

Profile - General Information

Year began practice anywhere
 1991

Last Name:
 Shumway

First Name:
 Allegra

Middle Name:
 Lucille

Name Suffix:

Staff Privilege(s):

Facility Name	State	Start Date	End Date
None reported			

Practice Location(s):

Practice Name	City	State	Primary Practice	Languages	Accepts Medicaid?	Accepts New Medicaid Patients?
Planned Parenthood of Northern New England	Barre	Vermont	Yes		Yes	Yes
Granite City Medical Associates	Barre	Vermont	Yes		Yes	No

Profile - Medical Education Information

Medical Schools:

School	Graduation Date
School Name: University of Vermont State: Vermont Country: United States School Type: Medical School Degree: MD	01/01/1988

Postgraduate Training:

Site Name	End Date	Specialty
Fletcher Allen Health Care	07/01/1991	Family Practice

Specialty Board Certification(s):

Specialty	Certification Board	Certification Date	Specialty Expiration Date
Family Practice	American Board of Family Practice	01/01/1998	12/31/2015
Family Practice	American Board of Family Practice	01/01/1991	01/01/1998

Profile - Teaching Information

Non-Teaching Appointments:

School	City	State	Nature of Position	Date Started	Date Ended
None reported					

Teaching Appointments:

School / Institution	City	State	Nature of Teaching	Date Started	Date Ended
None reported					

Profile - Publication / Activity Information

Publication(s):

Title	Publication	Publication Date

Activities:

Activity or Award

Profile - Restrictions / Disciplinary Information

Criminal Conviction(s):

Date of Conviction	Court of Conviction	City	State	Description

Nolo Contendere:

Date of Charges	Court	City	State	Description of Charges

Vermont Board of Medical Practice Matters:

Date	Final Disposition Summary

Licensing Authority Matters in Other States:

Date of Disposition	Licensing Authority	City	State	Description of Disposition

Revocation / Involuntary Restriction of Hospital Privileges:

Date of Restriction	Hospital Name	State	Nature of Restriction	Reason for Restriction

Other Hospital Restrictitons:

Date	Hospital Name	State	Action	Nature of Action	In Lieu or In Settlement

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

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