

Profile - 055.0030719

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 Stephanie Beth Stahl
 Credential 055.0030719

Profile - General Information

Year began practice anywhere
 2004

Last Name:
 Stahl

First Name:
 Stephanie

Middle Name:
 Beth

Name Suffix:

Staff Privilege(s):

Facility Name	State	Start Date	End Date
Fletcher Allen (FAHC, MCHV)	Vermont	01/01/2005	

Practice Location(s):

Practice Name	City	State	Primary Practice	Languages	Accepts Medicaid?	Accepts New Medicaid Patients?
FAHC-Womens Health Care Services	BURLINGTON	Vermont	Yes		Yes	Yes

Profile - Medical Education Information

Medical Schools:

School	Graduation Date
--------	-----------------

Postgraduate Training:

Site Name	End Date	Specialty
DUKE UNIVERSITY	01/01/2003	

Specialty Board Certification(s):

Specialty	Certification Board	Certification Date	Specialty Expiration Date
-----------	---------------------	--------------------	---------------------------

Profile - Teaching Information

Non-Teaching Appointments:

School	City	State	Nature of Position	Date Started	Date Ended
University of Vermont	Burlington	Vermont	Clinical Instructor	01/01/2005	

Teaching Appointments:

School / Institution	City	State	Nature of Teaching	Date Started	Date Ended
University of Vermont	Burlington	Vermont	Precepting Medical Students	01/01/2005	

Profile - Publication / Activity Information

Publication(s):

Title	Publication	Publication Date
-------	-------------	------------------

Activities:

Activity or Award
Served as Secretary of the PA academy of Vermont, 2011-2014

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
