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Strengthening a Remarkable City, Building a Community for Life . www.portlandmaine.gov

Health and Human Services Department Douglas S. Gardner, Director

Public Health Division Julianne A. Sulliyan, MPH, MBA, Director

November 26, 2013

Ava Moskin



RE: Contract

Dear Ava,

In follow-up to our various conversations over the last several weeks, I am finally writing a letter to formally terminate the contract dated 9/9/2013 for Public Health Physician services. Per contract requirements, we discussed early termination based on the needs of the Health Care for the Homeless Program (HCH). When we met on October 21, we discussed that the end date would be 12/4/13 (45 days). However, you suggested, that if it was convenient for HCH, you would be willing to end sooner. We agreed that Monday, November 18 would be your last patient day. We also discussed the potential of per diem hours and conducting peer review audits for Dr. Bonham's charts in accordance with the HCH quality assurance plan.

My understanding is that we must terminate the current contract and replace it with a per diem contract without specified hours. Your HCH credentialing and privileging is good for a period of two years and will not need to be redone until 2015. I will work on a revised contract and hope to have it ready for your signature by the first of the year.

The staff and I enjoyed working with you and look forward to working together in the future.

Sincerely.

Kathi Fortin

Program Manager

Portland Health Care for the Homeless Program

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### PERSONAL SERVICES CONTRACT AVA MOSKIN, M.D.

#### PUBLIC HEALTH PHYSICIAN

THIS AGREEMENT made this 9th day of September, 2013 by and between the CITY OF PORTLAND, a body politic and corporate, located in the County of Cumberland and State of Maine (hereinafter "CITY") and AVA MOSKIN, M.D. of (herein after the "Physician").

### WITNESSETH

WHEREAS, the CITY provides a variety of direct medical services to eligible members of the community; and

WHEREAS, Physician covenants that she has the necessary education, training, and experience to provide primary care physician services for the CITY clients;

NOW THEREFORE, the parties do hereby agree as follows:

#### 1. Scope of Services

Physician shall provide clinical care for the Health Care for the Homeless Clinic (hereinafter "HCH"). Physician shall perform other duties negotiated and assigned by the Program Manager for the HCH or his/her designee only to the extent such other duties conform with and do not violate accepted standards of medical care, accepted medical guidelines, and State and Federal law. Physician shall provide clinical services for a designated patient panel and medical consultation for HCH staff regarding patient care.

#### 2. Term

The term of this Agreement is from September 9, 2013 through August 31, 2014, subject to termination as provided in Section 8. Thereafter, this Agreement shall continue in effect until terminated by mutual agreement or pursuant to Section 8 below.

### 3. Schedule

**Physician's** regular work schedule shall be part-time, as needed to be performed at HCH as assigned by the CITY'S Director of Public Health or his/her designee. **Physician** will work an average of seven and one half (7.5) hours per day, two (2) days per week. In no event may **Physician** work more than fifteen (15) hours per week for the term of the contract.

### 4. Status as an Employee

Physician's status is that of an "at will" employee subject to all of the rights and responsibilities of such employees that accrue under state and federal law. All rights to compensation and to benefits under CITY Personnel Policies shall be as provided herein. The CITY will defend and indemnify Physician in accordance with 14 M.R.S.A. §8112 with respect only to claims arising out of her employment with the CITY.

### 5. <u>Compensation and Benefits</u>

Physician shall be paid at the rate of (\$70.00/hr). Physician's wages will be subject to all required state and local withholding, including, without limitation, Medicare deductions: Physician shall be paid for being on call at HCH at the same rate as nurse practitioners.

- i. Physician shall participate in all CITY fringe benefit programs on the same terms as regular exempt CITY employees on a pro-rated schedule commensurate with the number of weekly hours worked pursuant to the City's Personnel Policies and Procedures.
- ii. Physician shall not be eligible for payment for unused sick leave or personal leave upon termination of her employment for any reason, including but not limited to resignation or retirement.
- iii. Physician shall procure and maintain her own professional liability-insurance coverage at her own cost and expense which she determines she needs to cover any professional services and activities outside the scope of her employment with the CITY.

#### 6. Meaningful Use Incentive

Physician understands that HCH is adopting, implementing, and/or upgrading health information technology systems to comply with the Electronic Health Record (EHR) Incentive Program, created by the American Recovery and Reinvestment Act, Pub. L. 111-5. Physician agrees to assist HCH in meeting the obligations and objectives set forth in 42 CFR Part 495 and to take such steps as necessary to allow the HCH to realize the benefits of the EHR Incentive Program, including but not limited to participating in the Medicare/Medicaid EHR Incentive Program as an Eligible Professional, using Certified EHR Technology, and providing attestations of adoption, implementation, upgrading and meaningful use of such technology as requested or required by the HCH or other federal or state authority.

Physician hereby voluntarily reassigns to CTTY the right to receive any payments made in connection with Physician's participation as an Eligible Professional, as that term is defined in 42 C.F.R. § 495.4, in the Medicare/Medicaid EHR Incentive Program. Physician understands and agrees that CTTY will collect and retain any payments made for the implementation, adoption, upgrade, and/or meaningful use of health information technology systems, including but not limited to certified EHR technology, by its employees or independent contractors.

#### 7. Access to Documents

Physician shall have access to CITY documents and information, as necessary, to perform her services herein and as approved by the CITY. However, Physician shall not disclose said documents or information developed under this Agreement to the public without the prior approval of the CITY. Nothing herein is intended to modify Physician's professional obligation in regard to non-disclosure of confidential medical information.

#### 8. Law

This Agreement shall be governed by and under the laws of the State of Maine.

### 9. Termination

The CITY may terminate this Agreement for CITY convenience, including without limitation, budgetary convenience, upon forty-five (45) days' prior written notice to Physician. Physician may terminate this Agreement for convenience upon forty-five (45) days' prior written notice to CITY. In the event of termination of this Agreement, Physician will cooperate and assist CITY in providing continuity of care to patients as appropriate.

### 10. Prohibition Against Assignment

This Agreement is one for personal services and may not be assigned, transferred, conveyed, or otherwise disposed of by **Physician** or the CITY in any manner.

#### 11. Accountability

Physician shall report to the HCH Program Manager. Physician shall be evaluated on an annual basis by the Program Manager and said evaluation will become part of the Physician's personnel file.

### 12. Notification

All communications and notices required or permitted under this Agreement shall be deemed sufficiently served if hand-delivered or served by Certified Mail, addressed as follows:

To Physician:

Ava Moskin



To City:

Mark H. Rees, City Manager

389 Congress Street Portland, Maine 04101

cc:

Julianne Sullivan, Director of Public Health

13. This Agreement supersedes any and all prior agreements between the Parties, whether written or oral, and other documents, if any, addressing the subject matter contained in this Agreement.

IN WITNESS WHEREOF, the CITY OF PORTLAND has caused this Agreement to be signed and sealed by Mark H. Rees, its City Manager, thereunto duly authorized, and AVA MOSKIN, M.D. has signed this Agreement the day and date first above written.

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#### CITY OF PORTLAND - PERSONNEL TRANSACTION NOTE: COMPLETE ALL ITEMS APPT RECLASS Tritle chg REQUEST FOR AUTHORITY TO HIRE IN THIS SECTION. ORGANIZATION (Dept. and Div.) NAME FUND DEPT. DIV. JOB TITLE POS# AUTH# N.S.D. FORMER INCUMBENT (Name and Soc. Sec. #) DATE VACATED HOW VACATED STD. # HOURS JOB FUNDING SOURCES TYPE OF JOB CITY (%\_ OTHER FULL-TIME PERMANENT SEASONAL PART-TIME TEMPORARY ON-CALL PROJECT DEPARTMENT HEAD (or designee) - Signature and Date DIRECTOR OF HUMAN RESOURCES (or designee) - Signature and Date PERSONNEL ACTIVITY AND DATA APPOINTMENT DISTRIBUTION CHANGE RETURN FROM LEAVE 1, 2, 5, 6 1,6 1 TRANSFER 1,5 HOURS CHANGE 1,5 LAYOFF 1,4 SCHEDULE CHANGE 1,5 MILITARY LEAVE 1, 3 DISMISSAL 1, 4 PROMOTION X LEAVE WITH PAY 1,5 1, 3 RESIGNATION 1.4 DEMOTION 1,5 LEAVE WITHOUT PAY 1, 3 RETIREMENT 1,4 PAY CHANGE 1, 5 SUSPENSION 1, 3 DEATH 1, 4 DEPT. DIV. SOCIAL SECURITY # ACT. EL 08 PERMANENT SEASONAL ACTIVITY TEMPORARY PROJECT KEY 100 41 03 441 01 10 MON-CALL CONTRACT NAME (last) (first) EFFECTIVE DATE ORGANIZATION (Dept. and Div.) NAME Moskin 05/17/11 SEX EEOC BIRTH DATE PRIOR SERVICE LAST SEP. DATE **FUND** DEPT. DIV. ACT. EL ОВ 2 DATE FROM # HOURS TOT. RATE DATE TO JOB TITLE 3 18.75 34.50 05/17/11 TOTAL PAID NOTICE DATE VAC, HRS, BAL, VAC, HRS, PAID UNION RANGE WEEKLY SEPARATION MONTHLY PAY LAST PAY DATE SICK HRS. BAL. SICK HRS. PAID STD # HOURS TOTAL RATE BASE RATE WEEKLY RATE 4 COMP HRS. BAL. COMP HRS. PAID ADD PAY CODE ADD PAY RATE N.S.D. OVERTIME RATE SEPARATION CODE SEPARATION RATE TOT. HOURS PAID SCHEDULE CODE PENSION PLAN MSRS □401 (A) SPECIAL PLAN DEPARTMENT HEAD (or designee) - Signature and Date DIRECTOR OF HUMAN RESOURCES (or designee) - Signature and Date 5 97-11 5/20/2011 COMMENTS: INFORMATION ON SINGLE # DED. INFO: MARRIED STATE **NEW HIRES:** Personal Leave of Absence MARRIED, FED SINGLE RATE EXTRA STATE TAX EXTRA FEDERAL TAX 6 ADDRESS: CITY OF PORTLAND, MAINE ZIP DISTRIBUTION CODE(S): DISTRIBUTION PROJECT MAY 2.0 7011 PERCENT

HUMAN RESOURCES DEPARTMENT

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Α.	REQUEST FOR	R AUTHORI	TY TO HIE	RE					NOTE:		IPLETE ALL HIS SECTIO			
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	DEPARTMENT HEAD (or de	esignee) - Signature	and Date					ECTOR OF HUMAN					e and Da	te
	John \	Schre	ck		7/31/	/2009	(	? Kess	len_	. 8-	-14-6.0	Ì		
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В.	PERSONNE	L ACTIVITY A	ND DAT	4	processor Antilihaar mateuring shingkoo-selesiyyeet 11 Antiquedada 2 Alii Suurik									1000
	APPOINTMENT	•	, 2, 5, 6		DISTRIBUTION CI	HAN	IGE	1, 6	RE	TURI	1 FROM	LEAV	E	1
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ŀ	NAME (last)		(first)		EFFECTIVE DATE		ORGAN	IZATION (	Dept. and D			h		
	Moskin, Ava R				07/01/09						· · · · · · · · · · · · · · · · · · ·			
2	SEX EEOC	BIRTH DATE	PRIOR SERV	ICE	LAST SEP. DATE		FUND	DEF	PT.	DIV.	ACT.	E	L	ОВ
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===	DEPARTMENT HEAD (	(or designee) - Signatu	re and Date	1		DIR	ECTOR C	F HUMAN	RESOUR	CES (o	designee) -	Signatur	re and	Date
	John	· Sch	rect	<u>/</u>	7/15/2009	K	: Le	ANG	<u> </u>	7-	16-0	9		
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	PROMOTION 1,	5	LEAVE WITH PAY	Y	1,	3		RESIG	NATI	ON		1, 4
	DEMOTION 1,	5	LEAVE WITHOUT	PA	Y 1,	3		RETIR	EME	NT		1, 4
	PAY CHANGE 1,	5	SUSPENSION		1,	3		DEATH	1			1,4
Street	FUND DEPT DIV. ACT. EL OB  100 4 02 44 01 0  NAME (12ST)  M 0 SULL 10	SOCIAL SECULARIES	9141 08	ACTIVITY PERMANENT SEASONAL KEY TEMPORARY: PROJECT ON-CALL ORGANIZATION (Dept. and Div.) NAME								
2	SEX EEOC BIRTH DATE	PRIOR SERVICE	LAST SEP, DATE		FUND	DEPT	•	DIV.	AC	т.	EL	ОВ
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	SEPARATION CODE SEPARATION RATE	TOT. HOURS PAI	D .		SCHEDU	LE CODE			Пм	HON PLAN ISRS D1 (B)	PTS	CIAL PLAN
$\overline{(}$	DEPARTMENT HEAD (or Designee) - Signal	ture and Date	108	DIA	ECTÓR O	HUMAN 2111	RESOU	ACES (or )	Designi	ee) - Signa	sture and	Date
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	EXTRA STATE TAX \$	EXTRA FEDERAL \$	TAX		Re	£	w	r	_ 2			
0	ADDRESS:		CITY OF ZIP	4	C	HE	₩\	1 +	ch		7	
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er e	REQUEST FOR AUTHO	NOTE: COMPLETE ALL ITEMS IN THIS SECTION.										
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	☐ CITY (% ) ☐ OTHER					FULL-TIME PERMANENT SEASONAL						
	- Warney Arms 1979 - 1979 - 1975 - 1			-						CALL		PROJECT
nep s	ARTMENT HEAD (or designee) - Signature an	O Date		DIRE	CIUM	OF HUMAN	MESUR	HCES (or o	esignee)	- Signatur	e and Da	te .
3.	PERSONNEL ACTIVITY	AND DAT	ГА		,							
P	APPOINTMENT 1,	2, 5, 6	DISTRIBUTION C	HAN	IGE	1,6		RETUR	N FR	OM LE	AVE	1
	TRANSFER 1,	5	HOURS CHANGE			1, 5		LAYOF	F			1,4
	SCHEDULE CHANGE 1,	5	MILITARY LEAVE			1, 3		DISMIS	SAL			1, 4
-	PROMOTION 1,	5	LEAVE WITH PAY	1		1,3		RESIG	NATIC	N		1,4
	DEMOTION 1,	5	LEAVE WITHOUT	PA	4	1, 3		RETIRI	EMEN	T		1, 4
X	PAY CHANGE 1,	5	SUSPENSION			1, 3		DEATH				1,4
The state of the s	NAME (Bast)  NO RIM, CUH  SEX EEOC BIRTH DATE  # HOURS TOT. RATE  NOTICE DATE VAC. HRS. BAL  LAST PAY DATE SICK HRS. BAL  COMP HRS. BAL  SEPARATION CODE SEPARATION RATE		EFFECTIVE DATE  8/14/08  E LAST SEP. DATE  DATE TO  TOTAL SEPARATION PAY	5	FUND  JOB  UNIO  STD.  ADD F	MITTLE - PLACE OF THE PLACE OF	PAID WEEK MONT TOTAL 31.	DIV.  DIV.	RARY:  L AME  ACT.  44  FRANGE  BASE F  31.  N.S.D.	PF  PA  PI  PI  PI  PI  PI  PI  PI  PI  PI	STEP WEEK 58 OVER	OB 10  LYRATE 7.06 TIME RATE 965  AL PLAN
=	DEPARTMENT HEAD (or Designee) - Signal CALLO INFORMATION ON NEW HIRES:	W-4 INFO: S	8/19/08 SINGLE STATE FED FED	DIR	ECTOP	OF HUMAN	RESO	S-2/	08	) - Signati	re and D	ate ·
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1	REQUEST FOR AUTHOR	ITY TO I	HIRE	• •				NOTE		ETE ALL ITEM S SECTION.	S	
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В.	PERSONNEL ACTIVITY	AND DA	TA									
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	PAY CHANGE 1,	5	St	JSPENSION <sub>.</sub>			1, 3		DEATH	4		1,4
Name of the last o	100 41 02 441 01 10 Moskin, a	(first)  PRIOR SERVI		EFFECTIVE DAJE 6/25/08 TLAST SEP. DATE	The second secon		CTIVIT' KEY GANIZATIO	···	PERMA TEMPO ON-CA	DRARY:	SEAS PROJ	
2						FUN	1 <b>0</b> 0	PT.	DIV.	ACT.	EL	ОВ
3	# HOURS TOT. RATE 30, 22	6/25/		9/1/08	5	JOE	TITLE					
	NOTICE DATE VAC. HRS. BAL.  LAST PAY DATE SICK HRS. BAL.	VAC. HRS. PA		TOTAL SEPARATION PAY		UN		MON	KLY	RANGE		STEP
4	CAST AT DATE	Siortino.17	NIO.			STI	). # HOURS	TOT	AL RATE	BASE RATE		WEEKLY RATE
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·	SEPARATION CODE SEPARATION RATE	TOT. HOURS	PAID			SCI	EDULE CC	DE	-	PENSION P  MSRS  401 (a)		PTS SPECIAL PLAN
	DEPARTMENT HEAD (or pesignee). Signa	ture and Date	6,	127/08	DIF					r Designee) - 5 ナフーの多		and Date
7	INFORMATION ON NEW HIRES:	W-4 INFO:		LE # DED.	-				COM	MENTS:		
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-27				ZIF.	1		2008	- 142		() "		
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From:

Lisa Belanger

To:

Lisa Peterson

Date:

6/25/2008 11:44:52 AM

Subject:

Fwd: Re: need approved Time-Off Request

Please record no pay for Ava Moskin until the week of 9/1/08 when she will be returning to the SBHC program after the summer break. Thanks!

Lisa Belanger MSN, NP
Program Manager
Family Health Services
Reiche Health Station
Public Health Division
Health & Human Services Dept.
City of Portland
166 Brackett St.
Portland, ME 04102
Ph - 207-874-8476
Fax - 207-874-8477
Email - Igb@portlandmaine.gov

CITY OF PORTI, AND, MAINE

JUN 27 2008

HUMAN RESOURCES DEPARTMENT

"Nothing is either good or bad, but thinking makes it so."
It is not the events in our lives that cause stress,
but rather what we say to ourselves thinking about those events
that produces anxiety.
Source: American Institute for Preventive Medicine

>>> Lisa Peterson 06/24 3:56 PM >>>

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4.	REQUEST FOR A	JTHORITY	TO HIR	jenna Jenna Žanaja		NOTE: COMPLETE ALL ITEMS IN THIS SECTION.							
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IOB T	ITLE			``				<u> </u>					
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	OTY (%)	OTHER			FULL-TIME PERMANENT SEASONAL  PART-TIME TEMPORARY ON-CALL PROJECT								
DEPA	RTMENT HEAD (or designee) - Sig	gnature and Date			-						nature and D		
В.	PERSONNEL ACT	TIVITY AND	DATA										
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	SCHEDULE CHANGE	1, 5	N	ILITARY LEAVE	=		1, 3		DISMIS	SAL		1, 4	
	PROMOTION	1, 5	1 1	EAVE WITH PA	Υ		1, 3		RESIGN	IATION		1, 4	
	DEMOTION	1, 5	L	EAVE WITHOU	r pay		1, 3		RETIRE	MENT		1, 4	
	PAY CHANGE	1, 5		USPENSION			1, 3		DEATH			1,4	
1 2 3	NAME (last)  SEX EEOC BIRTH D  HOURS TOT. RA  NOTICE DATE VAC. HE  LAST PAY DATE SICK HE	OATE PRIOR  ATE DATE F  RS. BAL. VAC. H  HRS. BAL. COMP	IRS. PAID IRS. PAID HRS. PAID	EFFECTIVE DATE  BATE TO  LAST SEP. DATE  DATE TO  TOTAL  SEPARATION PAY	5	OR FUN JOE STILL	GANIZATION  CANIZATION  D DEF  D DEF  ON  D. # HOURS  D PAY CODE	PAID WEEK MONT TOTAL ADD P	PERMAN  TEMPOR  ON-CALI  AND  DIV.  OO  HOO  HOO  AND  AND  AND  AND  AND  AND  AND  A	RARY: į	22 50 0VI 21 PLAN PTS	OB 10 11 CP 2 EKLYRATE 40.02 ERTIME RATE 5.33	
6		W-4 IN	NFO: SINV MAF  A FEDERAL	RRIED U	-1	ECTION OF THE PROPERTY OF THE	1/ 1	E CITY	COMME	-07 ENTS: TLAND	F	Date	
	DISTRIBUTION CODE: 10	Ø 01-10		-30									



### **CITY OF PORTLAND**

Human Resources
389 Congress St. Room 115
Portland, Maine 04101
(207) 874-8624 (FAX) 874-8937 (TTY) 874-8936
(WEB PAGE) www.ci.portland.me.us/jobs2.htm
Application for Employment
AN EQUAL OPPORTUNITY EMPLOYER

 POSITION	(s) APPLYIA	(G FOR:	:
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and verification. (4) If more space is required, use separate		·#-	ODAVIO	
NAME: MOSKIN	AVA		ODAY'S DATE: 08	14 2004
LAST (PLEASE PRINT)	FIRST	MIDDLE INITIAL	MO.	DAY YEAR
ADDRESS: No. Street	City		/ wester	ate Zip
TELEPHONE NO. HOME:	WORK: s	OCIAL SECURITY	( )	
How did you hear about this opening?	☐ Advertisement ☐ Walk-in	`□ Citý Web Site □	Other Web S	ite POther
Have you ever been employed by the C	City of Portland? DYes	s 🗆 No	• .	
If yes, give the Department and dates:		To		
Give the name and relationship of any	present City Employee	related to you.		
On what date would you be available for			,	
<del>-</del> -	or morn:	,		•
Are you employed now?  Yes	) No		,	
		2 22		
May we contact your present employer	r? ☐ Yes ☐ No	e e e e e e e e e e e e e e e e e e e	CITY OF PO	ORTLAND, MAIN
and the first of the second		the City of Portl		ORTLAND, MAIN 142007
May we contact your present employer	information required by	-	and. AUG	1 4 2007
May we contact your present employer Please read attached sheet for further	information required by EDUCATION AND TRA	NING	and. AUG	1 4 2007 URCES DEPARTMENT
May we contact your present employer Please read attached sheet for further (CIRCLE HIGHEST GRADE COMPLETED	information required by	-	and. AUG	1 4 2007 urces department graduatemear
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#### CITY OF PORTLAND

Position(s)Applying for:
Mid-Level Health Practitioner

Human Resources 389 Congress St. Room 115 Portland, Maine 04101 (207)874-8624(FAX)874-8937(TTY)874-8936

Application for Employment AN EQUAL OPPORTUNITY EMPLOYER

NAME:

Moskin Ava R

ADDRESS:

HOME PHONE:

EMAIL:

**Drivers License Class:** 

Drivers License# and State:

CITY OF PORTLAND, MAINE

JUL 16 2007

HUMAN RESOURCES DEPARTMENT

How did you hear about this opening?Other

Have you ever been employed by the City of Portland?Yes

If yes, give the Department Free Clinic Volunteer and dates from 09/01/2002 and date to current Give the name and relationship of any present City Employee related to you: N/A and relationship to you:

On what date would you be available to work?8/1/2007

Are you employed now?Yes

May we contact your present employer?Yes

**Education and Training** 

Highest Grade Completed	Name of School	Location	Graduate/Year
12th Grade	Trinity school	New York City	1989

Colleges, Universities or Trade School Attended	Major Subjects	Degree or Certificate	No. Years Attended
Brown University Providence, RI	Education	N/A	1.5
College of the Atlantic Bar Harbor, ME	Premed	B.A.	2.5
Albert Einstein College of Medicine Bronx, NY	Medicine	M.D.	4
Lawrence Family Practice Lawrence, MA	completed residency in Family Medicine	Board Certified Family Medicine Physician	3

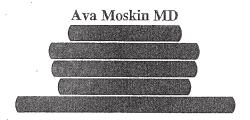
List any additional skills, certifications, or licenses you possess that you believe are relevant to this position.

Board certified in Family Medicine 2002-2009; licensed by the Maine Board of Medicine Active volunteer with Portland Community Free Clinic 2002- present fluent in Spanish

**Employment History** 

From: 11/1/2002 To:	Position Title: Physician
Name, Address and Phone # of Employer:	Description of Duties:

Mabel Wadsworth Women's Health Center 700 Mt Hope Avenue	Provide full spectrum women's health care
Bangor, ME Phone: 947-5337	
Name of Your Supervisor: Terry Derosier	
Number of hours worked per week: 10	Reason for Leaving: N/A
From: 9/1/2002 To:	Position Title: Physician
Name, Address and Phone # of Employer: Planned Parenthood of Northern New England 970 Forest Ave Portland, ME Phone: 797-8881	Description of Duties; Provide reproductive health care
Name of Your Supervisor: Virginia Siegfried MD	
Number of hours worked per week: 6	Reason for Leaving: N/A
From: 9/1/2002 To: 08/31/2003	Position Title: Physician
Name, Address and Phone # of Employer: Greater Lawrence Family Health Center 34 Haverhill St Lawrence, MA Phone: (978) 686-0900	Description of Duties: Provided general family health care including adult medicine, child and adolescent care and prenatal/obstetrical care
Name of Your Supervisor: Glennon O'Grady MD	
Number of hours worked per week: 20	Reason for Leaving: Moved out of state



Work Exper	<u>ience</u>	
9/02-present	Reproductive Care Provide	er Planned Parenthood Northern New England
9/02-present	Staff Physician	Mabel Wadsworth Women's Health Center
9/02-8/03	Family Practice Physician	Greater Lawrence Family Health Center
6/96-8/96	Research Assistant	San Francisco General Hospital
	Conducted interviews as part	of Dr. Phillip Darney's seven-year study of
	Norplant acceptability in adol	
9/94-6/95	Lab Technician	Albert Einstein College of Medicine
	Worked with transgenic mice	models to elucidate sickling mechanisms in
	Acute Chest Syndrome of Sic	ckle Cell Disease
<u>Academic</u>		
7/02	Board Certified in Family P	ractice
6/99-6/02	Lawrence Family Practice I	Residency Lawrence, MA
	Completed accredited residen	cy in Family Practice
12/2001	Department of Family Prac	ctice, University of Rochester, NY
*	Completed one-month reprod	uctive health training elective
8/95-6/99	Albert Einstein College of M	Medicine Bronx, NY
	Degree of Doctor of Medicine	e ·
9/92-6/95	College of the Atlantic	Bar Harbor, ME
	BA in Human Ecology	
9/90-12/91	Brown University	Providence, RI
	Undergraduate study includin	ng classes in education and biology
Volunteer Ex	-	
~	Portland Free Clinic Physic	
6/00-6/02	Prenatal Class Coordinator	Child Care Circuit
10/96-6/98	Sexual Assault Counselor	Victims' Assistance Services
9/95-6/97	Needle Exchange Volunteer	Citiwide Harm Reduction
Awards and	<u>Memberships</u>	
6/02	Resident Teaching. Award	
6/99-present	Member of the American Aca	
8/95-present	Member of the American Med	dical Women's Association
6/99	Alpha Omega Alpha Society	

# Additional Training and Skills • Fluent in medical Spanish

Maine Board of Licensure in Medicine Medical Doctor License



Licensee Name: Ava R Moskin, MD Maine License #: 015890 Expiration Date: April 30, 2009