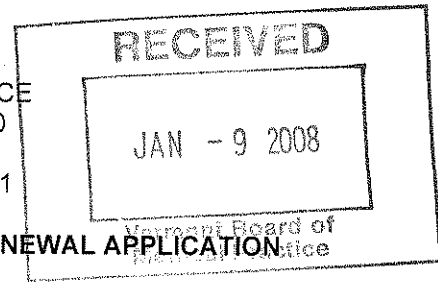


DEPARTMENT OF HEALTH  
BOARD OF MEDICAL PRACTICE  
108 Cherry Street, PO Box 70  
Burlington VT 05402-0070  
802 657-4220 or 800-745-7371



2008 PHYSICIAN ASSISTANT CERTIFICATION RENEWAL APPLICATION

PART I

Certificate #055-0030719

1. Name: Stephanie Beth Stahl PA

2. Other Name(s), if any, under which you were certified or licensed in Vermont and elsewhere:

3. Work Address:

4th Floor ALL Main Pavilion  
111 Colchester Ave  
Burlington, VT 05401

4. Home Address:

City, State, Zip Code

Please check your preferred mailing address: ☐ Home ☒ Work  
(This address will be public and listed on the Board's website)

5. Email Address

6. Daytime Telephone Number: Area Code:

7. Date of Birth:

8. Place of Birth:

9. Certification Examination Taken – (Check box and enter date of examination):

☒ (09/12/03)

NCCPA

☐ ( / / )

State Examination-Identify state: \_\_\_\_\_

☐ ( / / )

Other Examination specify: \_\_\_\_\_

10. Basis for Vermont Certification – (Check box):

☐ Apprenticeship Trained

☒ University Trained

11. Do you have hospital privileges in Vermont? ☐ Yes ☒ No

Hospital Name(s) and Location(s):

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12. In what year did you start working as a physician assistant in Vermont? 2004

13. Did you practice in Vermont during the past 12 months? ☒ Yes ☐ No

14. Other states where you now hold an active certification or license to practice:

N/A

---

15. States where you previously were certified or licensed to practice:

N/A

---

16. Specialty: Women's Health DEA Number: MS1057428

17. Name and office address of current EMPLOYER:

Name

Address

Fletcher Allen - Women's HCS

111 Colchester Ave, Burlington VT 05401

18. Please list (use additional sheet if necessary) name(s) and address(es) of physicians who currently serve as your PRIMARY and SECONDARY SUPERVISING PHYSICIAN(S).

Primary Supervising Physician(s):

Name

Address

Cheng Wang, MD

4th Floor All, ME 111 Colchester Ave, Burlington VT 05401

Secondary Supervising Physician(s):

Name

Address

See Attached List

19. Scope of Practice: The Board of Medical Practice requires that you and your primary supervising physician(s) review the most current scope of practice for your practice setting, paying attention to any additions or deletions in duties and procedures. Please review, date and sign your scope of practice and have your PRIMARY SUPERVISING PHYSICIAN sign it as well. Attach a copy of your signed scope of practice to this application.

a. Has there been a change in your scope of practice which has not been reviewed by the Board?  
☐ Yes ☒ No

20. Please provide a letter from your Supervising Physician attesting to the fact that you have practiced as a Physician Assistant within the past twelve months.

21. Continuing Medical Education (CME) requirements:

- a. NCCPA certified Physician Assistant: Attach proof of current NCCPA certification; this will serve as adequate proof of CME completion.
- b. For all others, an explanation of requirements and a CME Record form must be completed.
22. Primary Supervising Physician and Second Supervisory Physician forms are provided. They must be completed and returned with this application.

## PART II

"Yes" answers to Questions 23 - 46 require an explanation on Form A.

23. Have you ever applied for and been denied a certificate to practice medicine or any other healing art?  
☐ yes ☒ no
24. Have you ever withdrawn an application for a certificate to practice medicine or any other healing art?  
☐ yes ☒ no
25. Have you ever voluntarily suspended, surrendered or resigned a certificate to practice medicine or any other healing art in lieu of disciplinary action?  
☐ yes ☒ no
26. Are any formal disciplinary charges pending or has any disciplinary action ever been taken against you by any governmental authority, by any hospital or health care facility, or by any professional medical association (international, national, state or local)?  
☐ yes ☒ no
27. Have you ever been denied the privilege of taking an examination before any state medical examining board?  
☐ yes ☒ no
28. Have you ever discontinued your education, training, or practice for a period of more than three months for reasons other than a family need?  
☐ yes ☒ no
29. Have you ever been dismissed or suspended from, or asked to leave a residency training program before completion?  
☐ yes ☒ no
30. Have you ever had staff privileges, employment or appointment in a hospital or other health care institution denied, reduced, suspended or revoked, or resigned from a medical staff after a complaint or peer review action was initiated against you?  
☐ yes ☒ no
31. Has your privilege to possess, dispense or prescribe controlled substances ever been suspended, revoked, denied, or restricted by, or surrendered to any jurisdiction or federal agency at any time?  
☐ yes ☒ no
32. Are you presently or have you ever been a defendant in a criminal proceeding?  
☐ yes ☒ no

## PART III

(Unless otherwise ordered by a court, your responses to the questions in Part III are considered exempt from public disclosure.)

Any "yes" response to the questions below must be fully explained on the enclosed Form A.

33. To your knowledge, are you the subject of an investigation by any other licensing board as of the date of

this application? [REDACTED]

34. To your knowledge, are you presently the subject of a criminal investigation? [REDACTED]

The following definitions are provided to assist you in answering questions 35 through 37.

"Ability to practice medicine" - This term includes:

The cognitive capacity to make appropriate clinical diagnoses and exercise reasoned medical judgments, and to learn and keep abreast of medical developments; and

The ability to communicate those judgments and medical information to patients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and

The physical capability to perform medical tasks such as physical examination and surgical procedures, with or without the use of aids or devices, such as corrective lenses or hearing aids.

"Medical condition" - Includes physiological, mental or psychological conditions or disorders, such as, but not limited to, orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, hepatitis, HIV disease, tuberculosis, drug addiction, and alcoholism.

"Currently" - This term means recently enough to have a real or perceived impact on one's functioning as a licensee.

"Chemical substances" - This term is to be construed to include alcohol, drugs, or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.

"Controlled substances" - This term means those drugs listed on Schedules I through V of Section 202 of the Controlled Substances Act (21 USC § 812).

"Illegal use of controlled substances" - This term means the use of drugs, the possession or distribution of which is unlawful under the Controlled Substances Act, as periodically updated by the Food and Drug Administration. This term does not include the use of a drug taken under the supervision of a licensed health care professional or other uses authorized by the Controlled Substances Act or other provisions of federal law.

35. Do you have a medical condition that in any way impairs or limits your ability to practice medicine in your field of practice with reasonable skill and safety?

[REDACTED]  
In explaining a "Yes" answer on Form A, please provide reasonable assurances that your medical condition is reduced or ameliorated because, for example, you have received or do receive ongoing treatment (with or without medication) or have participated or do participate in a monitoring program.

36. Are you currently engaged in the use of alcohol or other chemical substances that in any way impairs your ability to practice medicine in your field of practice with reasonable skill and safety?

[REDACTED]  
In explaining a "Yes" answer on Form A, please provide reasonable assurances that your use is reduced or ameliorated because, for example, you have received or do receive ongoing treatment (with or without medication) or have participated or do participate in a monitoring program.

37. Are you currently engaged in the illegal use of controlled substances?

[REDACTED]  
In explaining a "Yes" answer on Form A, please provide reasonable assurances that such use is not a real and ongoing problem in your practice of medicine.



### IMPORTANT

Since 1999, Board fees have been used to create and maintain the Vermont Practitioners Health Program, a confidential program for the identification, treatment and rehabilitation of practitioners, including physician assistants, affected by the disease of substance abuse. If you wish further information about this program, a service of the Vermont Medical Society, call 802-223-0400 (a confidential line).

### Part IV - Statutory Profile Questions

The following questions are required by Vermont law, 26 VSA § 1368, to update and maintain a data repository within the Department of Health and to make individual profiles on all health care professionals licensed, certified, or registered by the Department available to the public. Your practitioner profile is located at the following website [http://healthvermont.gov/hc/med\\_board/profile\\_search.aspx](http://healthvermont.gov/hc/med_board/profile_search.aspx).

**Please include photocopies of court papers, licensing authority decisions, and any other relevant documents if your answers to questions 38 through 43 have changed since your last application. We cannot process your application without them.**

38. Criminal Convictions [See 26 VSA § 1368(a)(1)] ☒ Check here if none

Please provide a description of all crimes (felonies and misdemeanors; this includes DUI but not speeding or parking tickets) of which you have been convicted within the past 10 years **Please provide complete copies of documentation for each matter.**

(Conviction Date)	(Court)	(City/State)	(Crime)
-------------------	---------	--------------	---------

39. Nolo Contendere/Matters Continued [See 26 VSA § 1368(a)(2)] ☒ Check here if none

Please provide a description of all charges to which you pleaded "nolo contendere" ("I will not contest it") or where sufficient facts of guilt were found and the matter was continued without a finding by a court of competent jurisdiction. **Please provide complete copies of documentation for each matter.**

(Conviction Date)	(Court)	(City/State)	(Charge)
-------------------	---------	--------------	----------

(Conviction Date)	(Court)	(City/State)	(Charge)
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(Conviction Date)	(Court)	(City/State)	(Charge)
-------------------	---------	--------------	----------

40. Vermont Board of Medical Practice Matters [See 26 VSA § 1368(a)(3)] ☒ Check here if none

Please provide a description of all formal charges served, findings, conclusions, and orders of the Board of Medical Practice (including stipulations), and final disposition of such matters by the courts, if appealed.

(Date)	(Final Disposition - Summary)
--------	-------------------------------

(Date)	(Final Disposition - Summary)
--------	-------------------------------

(Date)

(Final Disposition - Summary)

41. Licensing or Certification Authority Matters in Other States [See 26 VSA § 1368(a)(4)]

☒ Check here if none

Please provide a description of all formal charges served by licensing or certification authorities of other states, the findings, conclusions, and orders of such authorities, and final disposition of such matters by the courts, if appealed, in those states. **Please provide complete copies of documentation for each matter.**

(Date of Final Disposition) (Licensing or Certification Authority) (Court) (City/State) (Nature of Charge)

(Date of Final Disposition) (Licensing or Certification Authority) (Court) (City/State) (Nature of Charge)

42. Restriction of Hospital Privileges [See 26 VSA § 1368(a)(5)]

☒ Check here if none

Revocation/Involuntary Restrictions

Please provide a description of any revocation or involuntary restriction of your hospital privileges that were related to competence or character and were issued by the hospital's governing body or any other official of the hospital after procedural due process (opportunity for hearing) was afforded to you. **Please provide complete copies of documentation for each matter.**

(Date) (Hospital) (State) (Nature of Restriction) (Reason for Restriction)

(Date) (Hospital) (State) (Nature of Restriction) (Reason for Restriction)

B. Other Restrictions ☒ Check here if none

Please provide a description of all resignations from, or non-renewal of, medical staff membership or the restriction of privileges at a hospital taken in lieu of, or in settlement of, a pending disciplinary case related to competence or character in that hospital. **Please provide complete copies of documentation for each matter.**

(Date) (Hospital) (State)

(Nature of Action) (Action)  
☐ In lieu ☐ In settlement

(Reason for Action)

43. Medical Malpractice Court Judgments/Settlements [See 26 VSA § 1368(a)(6A)]

A. Judgments ☒ Check here if none

Please complete the attached Form A and provide a description of all medical malpractice court judgments against you and all medical malpractice arbitration awards against you within the past 10 years (10 years from payment date) in which a payment was awarded to a

complaining party if not listed below. **Please provide complete copies of documentation, to include final disposition and, if possible, a copy of the complaint for each matter.**

☐ Judgment ☐ Arbitration

(Date)	(Court)	(State)	(Nature of Case)	(Amount Assessed Against You)
--------	---------	---------	------------------	-------------------------------

☐ Judgment ☐ Arbitration

(Date)	(Court)	(State)	(Nature of Case)	(Amount Assessed Against You)
--------	---------	---------	------------------	-------------------------------

B. Settlements ☒ Check here if none

Please provide a description of all settlements of medical malpractice claims against you within the past 10 years (10 years from payment date) in which a payment was awarded to a complaining party if not listed below. **Please provide complete copies of documentation, to include final disposition and, if possible, a copy of the complaint for each matter.**

(Date)	(Court)	(State)	(Amount of Settlement Against You)
--------	---------	---------	------------------------------------

(Date)	(Court)	(State)	(Amount of Settlement Against You)
--------	---------	---------	------------------------------------

44. Years of Practice [See 26 VSA § 1368(a)(10)]

What month and year did you start practicing as a Physician Assistant? 01/2004

45. Appointments/Teaching [See 26 VSA § 1368(a)(12)] Note: Answering #45 is optional. By answering, you are granting permission to have this information posted on the web. (This form follows the statutory wording. Since most appointments are teaching appointments, these questions may overlap.)

A. Appointments

Please provide information about your appointments to medical school or professional school faculties.

University of Vermont	Coln - Burlington VT	Clinical Instructor		
(School)	(City)	(State)	(Nature of Appointment)	From (year) To (year)

(School)	(City)	(State)	(Nature of Appointment)	From (year) To (year)
----------	--------	---------	-------------------------	-----------------------

B. Teaching

Please provide information regarding your responsibility for teaching graduate medical education within the past 10 years.

University of Vermont	Burlington VT	Receiving Medical Students	07/05 - Present	
(School/Institution)	(City)	(State)	(Nature of Teaching)	From (year) To (year)

46. Publications [See 26 VSA § 1368(a)(13)]

Note: Answering #46 is optional. By answering, you are granting permission to have this information posted on the web. Please provide information regarding your publications in peer-reviewed medical literature within the past 10 years.

(Title)	(Publication)	(Year)
N/A		

47. Activities [See 26 VSA § 1368(a)(14)]

Note: Answering #47 is optional. By answering, you are granting permission to have this information posted on the web. Please provide information regarding your professional or community service activities and awards.

(Activities or Awards)
N/A

48. Practice Setting [See 26 VSA § 1368(a)(15)]

What is the location of your primary practice setting?

Burlington, VT  
Town/City, State

49. Translating Services [See 26 VSA § 1368(a)(16)]

Please identify any translating services available at your primary practice location.

Are any translating services available at your primary practice location? ☒ Yes ☐ No

If yes, please describe the translating services available:

We can call 847-5826 + be put in touch with a translator  
in virtually any language

50. Medicaid/New Patients [See 26 VSA § 1368(a)(17)]

A. Medicaid participation

Do you participate in the Medicaid program? ☒ Yes ☐ No

B. New Medicaid Patients

Are you currently accepting new Medicaid patients? ☒ Yes ☐ No

**Part V**

I hereby affirm that the information provided above is true and accurate, and that I have answered the questions to the best of my knowledge and ability.

Date: 11/13/07

Stephen D. Dube  
Applicant's Signature

Reminder - You must also complete the enclosed Applicant's Statement Regarding Child Support, Taxes, Unemployment Compensation Contributions regardless of whether or not you have children

APPLICANT'S STATEMENT REGARDING CHILD SUPPORT, TAXES,  
UNEMPLOYMENT COMPENSATION CONTRIBUTIONS

You must answer questions 1, 2, and 3.

Regarding Child Support

Title 15 § 795 requires that: A professional license or other authority to conduct a trade or business may not be issued or renewed unless the person certifies that he or she is in good standing with respect to or in full compliance with a plan to pay any and all child support payable under a support order as of the date the application is filed. "Good standing" means that less than one-twelfth of the annual support obligation is overdue; or liability for any support payable is being contested in a judicial or quasi-judicial proceeding; or he or she is in compliance with a repayment plan approved by the office of child support or agreed to by the parties; or the licensing authority determines that immediate payment of support would impose an unreasonable hardship. (15 V.S.A. § 795)

1. You must check one of the two statements below regarding child support regardless whether or not you have children:
- ☒ I hereby certify that, as of the date of this application: (a) I am not subject to any support order or (b) I am subject to a support order and I am in good standing with respect to it, or (c) I am subject to a support order and I am in full compliance with a plan to pay any and all child support due under that order.
- or
- ☐ I hereby certify that I am NOT in good standing with respect to child support dues as of the date of this application and I hereby request that the licensing authority determine that immediate payment of child support would impose an unreasonable hardship. Please forward an "Application for Hardship".

Regarding Taxes

Title 32 § 3113 requires that: A professional license or other authority to conduct a trade or business may not be issued or renewed unless the person certifies that he or she is in good standing with the Department of Taxes. "Good standing" means that no taxes are due and payable and all returns have been filed, the tax liability is on appeal, the taxpayer is in compliance with a payment plan approved by the Commissioner of Taxes, or the licensing authority determines that immediate payment of taxes would impose an unreasonable hardship. (32 V.S.A. § 3113)

2. You must check one of the two statements below regarding taxes:
- ☒ I hereby certify, under the pains and penalties of perjury, that I am in good standing with respect to or in full compliance with a plan to pay any and all taxes due to the State of Vermont as of the date of this application. (The maximum penalty for perjury is fifteen years in prison, a \$10,000.00 fine or both).
- or
- ☐ I hereby certify that I am NOT in good standing with respect to taxes due to the State of Vermont as of the date of this application and I hereby request that the licensing authority determine that immediate payment of taxes would impose an unreasonable hardship. Please forward an "Application for Hardship".

Regarding Unemployment Compensation Contributions

Title 21 § 1378 requires that: No agency of the state shall grant, issue or renew any license or other authority to conduct a trade or business (including a license to practice a profession) to, or enter into, extend or renew any contract for the provision of goods, services, or real estate space with any employing unit unless such employing unit shall first sign a written declaration, under the pains and penalties of perjury, that the employing unit is in good standing with respect to or in full compliance with a plan to pay any and all contributions or payments in lieu of contributions due as of the date such declaration is made. For the purposes of this section, a person is in good standing with respect to any and all contributions or payments in lieu of contributions payable if: (1) no contributions or payments in lieu of contributions are due and payable; (2) the liability for any contributions or payments in lieu of contributions due and payable is on appeal; (3) the employing unit is in compliance with a payment plan approved by the Commissioner; or (4) in the case of a licensee, the agency finds that requiring immediate payment of contributions or payments in lieu of contributions due and payable would impose an unreasonable hardship.

3. You must check one of the three statements below regarding unemployment contributions or payments in lieu of unemployment contributions:
- ☐ I hereby certify, under the pains and penalties of perjury, that I am in good standing with respect to or in full compliance with a payment plan approved by the Commissioner of Employment and Training to pay any and all unemployment contributions or payments in lieu of unemployment contributions to the Vermont Department of Employment and Training due as of the date of this application. (The maximum penalty for perjury is 15 years in prison, a \$10,000.00 fine or both.)
- or
- ☐ I hereby certify that I am NOT in good standing with respect to unemployment contributions or payments in lieu of unemployment contributions due to the Vermont Department of Employment and Training as of the date of this application and I hereby request that the licensing authority determine that requiring immediate payment of unemployment contributions or payments in lieu of unemployment contributions would impose an unreasonable hardship. Please forward an Application for Hardship.
- or
- ☒ I hereby certify that 21 V.S.A. § 1378 is not applicable to me because I am not now, nor have I ever been, an employer.

Social Security #

Date of Birth

\* The disclosure of your social security number is mandatory, it is solicited by the authority granted by 42 U.S.C. § 405 (c)(2)(C), and will be used by the Department of Taxes and the Department of Employment and Training in the administration of Vermont tax laws, to identify individuals affected by such laws, and by the Office of Child Support.

STATEMENT OF APPLICANT

I certify that the information stated by me in this application is true and accurate to the best of my knowledge and that I understand providing false information or omission of information is unlawful and may jeopardize my license/certification/registration status.

Signature of Applicant

Date

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

PRIMARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Wong Cheung  
(Last) (First) (Middle)

Mailing Address FAHC  
(Office Name)

111 Colchester Ave, Smith 421  
(Street)

Burlington, VT 05486  
(City/State) (Zip Code)

802-847-5204  
(Telephone Number)

Vermont License #: 042-0009968

Hospital(s) where you have privileges:  
Fletcher Allen Health Care

Hospital(s) Location  
BURLINGTON, VT

Specialty  
GYN ONCOLOGY

What arrangements have you made for supervision when you are not available or out of town:  
SECONDARY SUPERVISING PHYSICIANS WOULD COVER.

CERTIFICATE OF SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of STEPHANIE STAHL, P.A. while under my supervision. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice. I further certify that notice will be posted that a physician assistant is used, in accordance with 26 VSA, Chapter 31, Section 1741.

I further certify that I have read the statutes and Board rules governing physician assistants.

1/30/8  
(Date)

[Signature]  
(Signature of Supervising Physician)

Co-signature of PA: Stephanie Stahl

Note: A PA who prescribes controlled drugs must obtain an ID number from DEA. PA's DEA Number MS1057428

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full LeCombe Julie A  
(Last) (First) (Middle)

Mailing Address Fletcher Allen Health Care - Women's Health Care Service  
(Office Name)

111 Colchester Avenue, 4th Floor ACC - Main Pavilion  
(Street)

Burlington, VT 05401 (802) 847-1400  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 040-0011191

Hospital(s) where you have privileges: FAHC Hospital(s) Location Burlington, VT Specialty OB/GYN

List all physician's assistants names and addresses you currently supervise:

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephonic Stohs, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician's Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician's assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

10/12/06  
(Date)

[Signature]  
(Signature of Secondary Supervising Physician)



STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Saultonckes Emmanuel N  
(Last) (First) (Middle)

Mailing Address Fletcher Allen Health Care - Women's Health Care Service  
(Office Name)

111 Colchester Avenue, 4th Floor ACC - Main Pavilion  
(Street)

Burlington, VT 05401 (802) 847-1400  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 040-0010087

Hospital(s) where you have privileges: FAHC Hospital(s) Location Burlington VT Specialty OB/GYN

List all physician's assistants names and addresses you currently supervise:

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephonic Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician's Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician's assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

10/5/06  
(Date)

[Signature]  
(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Elabbakh Gamel  
(Last) (First) (Middle)

Mailing Address Leke Champlain Gynecologic Oncology  
(Office Name)

(Street)

(City/State) (Zip Code) (Telephone Number)

Vermont License #: \_\_\_\_\_

Hospital(s) where you have privileges:	Hospital(s) Location	Specialty
<u>Northwestern Medical Center</u>	<u>St. Albans</u>	<u>Gyn - Oncology</u>
<u>Copley</u>		<u>Gyn - Oncology</u>
<u>Central Vermont Hospital</u>		<u>Gyn - Oncology</u>
<u>Porter Hospital</u>		<u>Gyn - Oncology</u>

List all physician's assistants names and addresses you currently supervise:

Georgia Elabbakh

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephane Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician's Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician's assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

10/09/06  
(Date)

[Signature]  
(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Viselli Anne  
(Last) (First) (Middle)

Mailing Address Vermont Urogynecology  
(Office Name)  
71 Knight Lane  
(Street)  
Williston VT 05495 (802) 872-7001  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 042 0009739

Hospital(s) where you have privileges:	Hospital(s) Location	Specialty

List all physician's assistants names and addresses you currently supervise.

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Sharonne State P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician's Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician's assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician's assistants.

10/05/06  
(Date)

Anne Viselli  
(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Charlnd Dione  
(Last) (First) (Middle)

Mailing Address Vermont Uro gynecology  
(Office Name)  
71 Knight Lane, Suite 10  
(Street)  
Williston, VT 05495 802 872-7001  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 042 001 0030

Hospital(s) where you have privileges: Hospital(s) Location Specialty

List all physician's assistants names and addresses you currently supervise:

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician's Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician's assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

10/5/06  
(Date)

[Signature]  
(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Clifford Patrick  
(Last) (First) (Middle)

Mailing Address Associates in OS Gyn  
(Office Name)  
91 Colchester Ave  
(Street)  
Burlington VT 05401 658 0505  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 042-007412

Hospital(s) where you have privileges:	Hospital(s) Location	Specialty
<u>E A Mc</u>	<u>Burlington VT</u>	<u>OS Gyn</u>

List all physician's assistants names and addresses you currently supervise:

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephen Stalls, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician's Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician's assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

10/24/00  
(Date)

P. A. M. D.  
(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full LaCroix Dale Jeanne  
(Last) (First) (Middle)

Mailing Address 96 Colchester Ave Affiliates in OB/GYN Care, Inc  
(Office Name)

Burlington Vt 05401 802 658 0505  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 0420010133

Hospital(s) where you have privileges: Fletcher Allen Health Care Hospital(s) Location Burlington Vt Specialty OB/GYN

List all physician's assistants names and addresses you currently supervise:

96 Colchester Ave Burlington Vt 05401

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician's Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician's assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

10/24/06  
(Date)

Dale LaCroix MD  
(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Bleke Kimberly D  
(Last) (First) (Middle)

Mailing Address Off. in ORBYW  
96 Colchester (Office Name)  
Burl VT 05401 (Street)  
(City/State) (Zip Code) 802 658-0808 (Telephone Number)

Vermont License #: 0000428805

Hospital(s) where you have privileges:	Hospital(s) Location	Specialty
<u>MCHV IFHC</u>		

List all physician's assistants names and addresses you currently supervise:

only Stephenne Stahl

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephenne Stahl P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician's Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician's assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

10/24  
(Date)

[Signature]  
(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Till Storice  
(Last) (First) (Middle)

Mailing Address Champion OB Gyn  
(Office Name)  
55 Main Street  
(Street)  
Fessenden Junction VT 05452 879-1402  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 7744

Hospital(s) where you have privileges: Med Fletcher Allen Health Center Hospital(s) Location: Burlington Vermont Specialty: OB GYN

List all physician's assistants names and addresses you currently supervise:

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahl PA, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician's Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician's assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

11/1/06  
(Date)

George W. Till  
(Signature of Secondary Supervising Physician)



STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Gelleher John  
(Last) (First) (Middle)

Mailing Address Champion 00100  
(Office Name)  
55 main street  
(Street)  
Essex Junction VT 05452 878-1802  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 7040

Hospital(s) where you have privileges: Fletcher Allen Health Care Hospital(s) Location: Burlington VT Specialty: OB/GYN

List all physician's assistants names and addresses you currently supervise:

Stephanie Stahl

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician's Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician's assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

11/3/06  
(Date)

[Signature]  
(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Jackson Jill Evelyn  
(Last) (First) (Middle)

Mailing Address Champlain OB/Gyn  
(Office Name)  
55 Main Street  
(Street)  
Essex Junction VT 05452 879-1802  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 042-0009290

Hospital(s) where you have privileges: Fletcher Allen HealthCare Hospital(s) Location: Burlington, VT Specialty: OB/GYN

List all physician's assistants names and addresses you currently supervise:

Stephanie Stah

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stah, PA only when the primary supervising physician is unavailable and only when consulted by the said Physician's Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician's assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

11/1/06  
(Date)

Jill Evelyn Jackson  
(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Thibault Amy  
(Last) (First) (Middle)

Mailing Address Montpelier  
(Office Name)

96 Colchester Ave  
(Street)

Burlington VT 05401  
(City/State) (Zip Code)

862-7338  
(Telephone Number)

Vermont License #: 42-0010606

Hospital(s) where you have privileges: FAMC Hospital(s) Location: Burlington, VT Specialty: OB/Gyn

List all physician's assistants names and addresses you currently supervise:

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician's Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician's assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

11/1/06  
(Date)

(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Brock Julie  
(Last) (First) (Middle)

Mailing Address Montpelier  
(Office Name)  
96 Colchester Ave  
(Street)  
Burlington VT 05401  
(City/State) (Zip Code) 862-7338  
(Telephone Number)

Vermont License #: 42-0010441

Hospital(s) where you have privileges: F.A.C.T. Hospital(s) Location: Burlington, VT Specialty: OB/Gyn

List all physician's assistants names and addresses you currently supervise:

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician's Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician's assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

11/1/00  
(Date)

[Signature]  
(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Riddick Denise  
(Last) (First) (Middle)

Mailing Address Fletcher Allen Health Care - Women's Health Care Service  
(Office Name)  
111 Colchester Avenue, 4th Floor ACC - Main Pavilion  
(Street)  
Burlington, VT 05401 (802) 847-1400  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 042-0007329

Hospital(s) where you have privileges: FAHC Hospital(s) Location Burlington, VT Specialty OB/GYN

List all physician's assistants names and addresses you currently supervise:

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stoh, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician's Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician's assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

10/11/00  
(Date)

[Signature]  
(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Murray Christine  
(Last) (First) (Middle)

Mailing Address Fletcher Allen Health Care - Women's Health Care Service  
(Office Name)  
111 Colchester Avenue, 4th Floor ACC - Main Pavilion  
(Street)  
Burlington, VT 05401 (802) 847-1400  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 042-0008874

Hospital(s) where you have privileges:	Hospital(s) Location	Specialty
<u>FAHC</u>	<u>Burlington, VT</u>	<u>OB/GYN</u>

List all physician's assistants names and addresses you currently supervise:

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephonic Stohl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician's Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician's assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

10/3/06  
(Date)

[Signature]  
(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Casson Peter  
(Last) (First) (Middle)

Mailing Address Fletcher Allen Health Care - Women's Health Care Service  
(Office Name)

111 Colchester Avenue, 4th Floor ACC - Main Pavilion  
(Street)

Burlington, VT 05401 (802) 847-1400  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 042-0009989

Hospital(s) where you have privileges:	Hospital(s) Location	Specialty
<u>FAHC</u>	<u>Burlington, VT</u>	<u>OB-Gyn / REC</u>

List all physician's assistants names and addresses you currently supervise:

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephonic Stohi, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician's Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician's assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

10/2/08  
(Date)

Peter Casson  
(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Bromsted John  
(Last) (First) (Middle)  
Mailing Address Fletcher Allen Health Care - Women's Health Care Service  
111 Colchester Avenue, 4th Floor (Office Name)  
ACC - Main Pavilion  
Burlington VT (Street)  
05401 (City/State) (Zip Code) (802) 847-1400 (Telephone Number)

Vermont License #: 042-0007101

Hospital(s) where you have privileges: Fletcher Allen Health Care Hospital(s) Location Burlington VT Specialty OB/GYN

List all physician's assistants names and addresses you currently supervise:  
0

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stohl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician's Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician's assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

10/6/06  
(Date)

[Signature]  
(Signature of Secondary Supervising Physician)



STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Philippe Mark  
(Last) (First) (Middle)

Mailing Address Fletcher Allen Health Care - Women's Health Care Service

111 Colchester Avenue, 4th Floor (Office Name)  
ACC - Main Pavilion

Burlington VT (City/State) 05401 (Zip Code) (802) 847-1400 (Telephone Number)

Vermont License #: 042-0010320

Hospital(s) where you have privileges:	Hospital(s) Location	Specialty
<u>FACC</u>	<u>Burlington VT</u>	<u>OB/GYN</u>

List all physician's assistants names and addresses you currently supervise:

STEPHANIE STONE

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stone, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician's Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician's assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

11/6/06  
(Date)

[Signature]  
(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Meyer Marjorie  
(Last) (First) (Middle)

Mailing Address Fletcher Allen Health Care - Women's Health Care Service  
(Office Name)  
111 Colchester Avenue, 4th Floor ACC - Main Pavilion  
(Street)  
Burlington, VT 05401 (802) 847-1400  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 040-0067765

Hospital(s) where you have privileges: FALHC Hospital(s) Location Burlington VT Specialty OB GYN

List all physician's assistants names and addresses you currently supervise:

Stephanie Stahl

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician's Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician's assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

10/3/06  
(Date)

[Signature]  
(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Jones Davis C  
(Last) (First) (Middle)

Mailing Address Fletcher Allen Health Care - Women's Health Care Service  
(Office Name)  
111 Colchester Avenue, 4th Floor ACC - Main Pavilion  
(Street)  
Burlington, VT 05401 (802) 847-1400  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 042-0010174

Hospital(s) where you have privileges:	Hospital(s) Location	Specialty
<u>Fletcher Allen Health Care</u>	<u>Burlington, VT</u>	<u>OB/GYN / MF</u>

List all physician's assistants names and addresses you currently supervise:

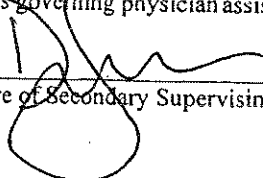
Stephanie STANL

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stanl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician's Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician's assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

Nov. 6, 2006  
(Date)

  
(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Cepeloss Eleanor L  
(Last) (First) (Middle)

Mailing Address Fletcher Allen Health Care - Women's Health Care Service  
(Office Name)  
111 Colchester Avenue, 4th Floor ACC - Main Pavilion  
(Street)  
Burlington, VT 05401 (802) 847-1400  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 042-0066511

Hospital(s) where you have privileges:	Hospital(s) Location	Specialty
<u>FAMC</u>	<u>Burlington VT</u>	<u>OB/GYN</u>

List all physician's assistants names and addresses you currently supervise:

Stephanie Stahl  
 

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician's Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician's assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

10/3/06  
(Date)

[Signature]  
(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Youns Roger C  
(Last) (First) (Middle)

Mailing Address Fletcher Allen Health Care - Women's Health Care Service  
(Office Name)  
111 Colchester Avenue, 4th Floor ACC - Main Pavilion  
(Street)  
Burlington VT 05401 (802) 847-1400  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 042-0011205

Hospital(s) where you have privileges: Fletcher Allen Health Care Hospital(s) Location Burlington VT Specialty OB/GYN

List all physician's assistants names and addresses you currently supervise:

Stephanie Stahl

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician's Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician's assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

10/3/06  
(Date)

[Signature]  
(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Wesner Elisabeth K  
(Last) (First) (Middle)

Mailing Address Fletcher Allen Health Care - Women's Health Care Service  
(Office Name)

111 Colchester Avenue, 4th Floor ACC - Main Pavilion  
(Street)

Burlington, VT 05401 (802) 847-1400  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 042-0009221

Hospital(s) where you have privileges:	Hospital(s) Location	Specialty
<u>FALHC</u>	<u>Burlington VT</u>	<u>Ob/Gyn</u>

List all physician's assistants names and addresses you currently supervise:

Stephanie Stahl

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician's Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician's assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

10-3-06  
(Date)

Elisabeth K. Wesner  
(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Howard Robert  
(Last) (First) (Middle)

Mailing Address Fletcher Allen Health Care - Women's HCS  
111 Colchester Ave - 4th Floor (Office Name)  
ALL - Med Pavilion  
Burlington VT 05401 (Street)  
897-1400  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 040-0006592

Hospital(s) where you have privileges:	Hospital(s) Location	Specialty
<u>FAHC</u>	<u>Burlington VT</u>	<u>Obstetrics</u>

List all physician's assistants names and addresses you currently supervise:

Stephane Stahl  
 

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephane Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician's Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician's assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

10/6/81  
(Date)

[Signature]  
(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Bonney, Elizabeth A  
(Last) (First) (Middle)

Mailing Address Fletcher Allen Health Care - Women's Health Care Service  
111 Colchester Avenue, 4th Floor ACC - Main Pavilion  
(Office Name)  
Burlington, VT 05401  
(City/State) (Zip Code) (Telephone Number)  
(802) 847-1400

Vermont License #: 042-0010491

Hospital(s) where you have privileges:	Hospital(s) Location	Specialty
<u>FAC</u>	<u>Burlington VT</u>	<u>OB/GYN</u>

List all physician's assistants names and addresses you currently supervise:

Stephanie STALL

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stoll, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician's Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician's assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

10-10-06  
(Date)

[Signature]  
(Signature of Secondary Supervising Physician)



STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Lowell John   
(Last) (First) (Middle)

Mailing Address Meeteetse  
96 Colchester Ave (Office Name)  
Burlington VT 05401 (Street)  
(City/State) (Zip Code) 862-7334 (Telephone Number)

Vermont License #: 42-0010721

Hospital(s) where you have privileges:	Hospital(s) Location	Specialty
<u>FAAC</u>	<u>Burlington, VT</u>	<u>OB/Gyn</u>

List all physician's assistants names and addresses you currently supervise:

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician's Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician's assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

11/1/06  
(Date)

[Signature]  
(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Bernstein Ira  
(Last) (First) (Middle)

Mailing Address Pletcher Alley Health Care  
(Office Name)

111 Colchester Avenue  
(Street)

Burlington VT 05401 802-847-1400  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 42-0007565

Hospital(s) where you have privileges:	Hospital(s) Location	Specialty
<u>FAMC</u>	<u>Burlington VT</u>	<u>OB/GYN</u>

List all physician's assistants names and addresses you currently supervise:

Stephanie Stahl

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

11/19/07  
(Date)

[Signature]  
(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Johnson Julia  
(Last) (First) (Middle)

Mailing Address Fletcher Allen Health Care  
(Office Name)  
111 Colchester Avenue  
(Street)  
Burlington, VT 05401 802 847-1400  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 42-0008140

Hospital(s) where you have privileges:	Hospital(s) Location	Specialty
<u>FACMC</u>	<u>Burlington, VT</u>	<u>OB/GYN</u>

List all physician's assistants names and addresses you currently supervise:  
Stephanie Stahl  
 

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.  
11/19/07 [Signature]  
(Date) (Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Wong Chung  
(Last) (First) (Middle)

Mailing Address Fletcher Allen Health Care  
(Office Name)  
111 Colchester Avenue  
(Street)  
Burlington VT 05401 802-847-1400  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 42-0009968

Hospital(s) where you have privileges:	Hospital(s) Location	Specialty
<u>FAMC</u>	<u>Burlington VT</u>	<u>Gen Onc</u>
<u>CVMC</u>	<u>Benning VT</u>	<u>Gen Onc</u>
<u>RLMC</u>	<u>Rutland VT</u>	<u>Gen Onc</u>

List all physician's assistants names and addresses you currently supervise:

Stephanie STALL  
\_\_\_\_\_  
\_\_\_\_\_

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie STALL, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

11/19/07 Spa  
(Date)

Chung Wong  
(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Brown Stephen  
(Last) (First) (Middle)

Mailing Address 111 Colchester Avenue  
(Office Name)  
Burlington, VT  
(Street)  
05401 802 847 1400  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 042-0011186

Hospital(s) where you have privileges:	Hospital(s) Location	Specialty
<u>FAHC</u>	<u>Burlington VT</u>	<u>OB/GYN</u>

List all physician's assistants names and addresses you currently supervise:

Stephanie Stahl

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

11-19-07  
(Date)

[Signature]  
(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Cherouny Peter  
(Last) (First) (Middle)

Mailing Address Women's Health Care Service  
(Office Name)  
East Pavilion level 4 111 Colchester Ave  
(Street)  
Burlington VT 05401  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 42-0008556

Hospital(s) where you have privileges:	Hospital(s) Location	Specialty
<u>Fletcher Allen Health Care</u>	<u>Burlington VT</u>	<u>OB/Gyn</u>

List all physician's assistants names and addresses you currently supervise:

Stephanie Stahl

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

11/29/02  
(Date)

[Signature]  
(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Maurer Tracy  
(Last) (First) (Middle)

Mailing Address 353 Blair Park Rd.  
(Office Name)

Williston, VT 05495 802-847-1600  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 42-0010177

Hospital(s) where you have privileges: FHHC Hospital(s) Location Burlington, VT Specialty OB/Gyn.

List all physician's assistants names and addresses you currently supervise:

Stephanie Stahl

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

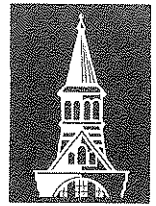
I further certify that I have read the statutes and Board rules governing physician assistants.

11/27/07  
(Date)

[Signature]  
(Signature of Secondary Supervising Physician)

# The University of Vermont

DIVISION OF GYNECOLOGIC ONCOLOGY  
AMBULATORY CARE CENTER  
111 COLCHESTER AVENUE  
MAIN PAVILION, LEVEL 4  
BURLINGTON, VT 05401  
PH: (802) 847-5110; FAX: (802) 847-0496



Board of Medical Practice  
Vermont Department of Health  
PO Box 70  
Burlington, VT 05402-9990

November 19, 2007

To Whom It May Concern:

Please allow this letter to serve as verification that Stephanie Stahl, P.A.-C has been employed full time as a physician assistant with our practice since February 14, 2005. She works as a physician assistant with our inpatient gynecology and gynecologic oncology service, and also sees patients in our ambulatory care clinic for routine gynecologic care.

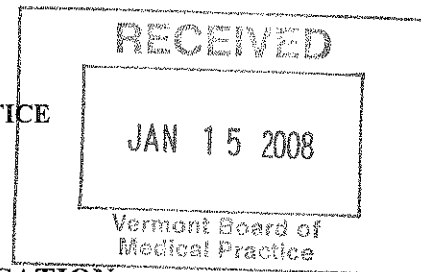
Please feel free to contact me with any questions.

Sincerely,

Cheung Wong, MD  
Director, Division of Gynecologic Oncology  
Associate Director, Residency Program in OB/GYN  
University of Vermont / Fletcher Allen Health Care  
802 847 3919 (phone)  
802 847 0496 (fax)



STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220



SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Gibson Cheryl  
(Last) (First) (Middle)

Mailing Address VT Women's Choice  
(Office Name)  
23 Mansfield Ave  
(Street)  
Burlington, VT 05401 802.863.9001  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: VT 7465

Hospital(s) where you have privileges:	Hospital(s) Location	Specialty
<u>Fletcher Allen Health Care</u>	<u>Burlington VT</u>	<u>Obstyn</u>

List all physician's assistants names and addresses you currently supervise:  
Katra Kindar, Cate Nicholas, Janet Young, Hanna Hauser,  
Anne Hildreth, August Burns

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

1/9/8 (Date) [Signature] (Signature of Secondary Supervising Physician)

Champlain OB/Gyn

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Miner Paula  
(Last) (First) (Middle)

Mailing Address Champlain OB/Gyn  
(Office Name)  
55 Main St  
(Street)  
Essex Jct, VT 05452 802.879.1802  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 042-0011466

Hospital(s) where you have privileges:	Hospital(s) Location	Specialty
<u>FAHC</u>	<u>Burlington VT</u>	<u>OB-GYN</u>

List all physician's assistants names and addresses you currently supervise:

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

1/8/08 (Date) [Signature] (Signature of Secondary Supervising Physician)

VT Women's Choice

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Boymen Kym  
(Last) (First) (Middle)

Mailing Address VT Women's Choice  
(Office Name)  
23 Mansfield Ave  
(Street)  
Burlington VT 05401 802.863.9001  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: \_\_\_\_\_

Hospital(s) where you have privileges:	Hospital(s) Location	Specialty
_____	_____	_____
_____	_____	_____
_____	_____	_____

List all physician's assistants names and addresses you currently supervise:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

1/16/08 \_\_\_\_\_  
(Date) (Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Smith Susan  
(Last) (First) (Middle)

Mailing Address 23 Mansfield Ave - VT Women's Choice  
(Office Name)

Burlington, VT 05401 802.863.9001  
(City/State) (Street) (Zip Code) (Telephone Number)

Vermont License #: 042 0005990

Hospital(s) where you have privileges:	Hospital(s) Location	Specialty
<u>FAHC</u>	<u>Burlington VT</u>	<u>Gynecology</u>

List all physician's assistants names and addresses you currently supervise:

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephenie Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

1/9/08  
(Date)

[Signature]  
(Signature of Secondary Supervising Physician)

Champlain OB/Gyn

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Fleaherty Kara  
(Last) (First) (Middle)

Mailing Address Champlain OB/Gyn  
(Office Name)

55 Main St  
(Street)

Essex Jct., VT 05452 802.879.1802  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 042-0010570

Hospital(s) where you have privileges: Fletcher Allen Hospital(s) Location Burlington VT Specialty OB/Gyn

List all physician's assistants names and addresses you currently supervise:

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stani, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

1/8/08  
(Date)

Kara Fleaherty  
(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Kieher Nancy  
(Last) (First) (Middle)

Mailing Address \_\_\_\_\_  
(Office Name)  
364 Dorset Street Ste 2  
(Street)  
South Burlington VT 05403 805 839-9500  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 0420008079

Hospital(s) where you have privileges: FAHC Hospital(s) Location Burlington VT Specialty GW Surgery

List all physician's assistants names and addresses you currently supervise:

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stah, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

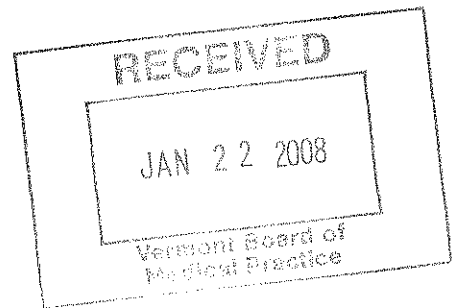
I further certify that I have read the statutes and Board rules governing physician assistants.

1/14/08 Nancy  
(Date) (Signature of Secondary Supervising Physician)



*In alliance with  
The University of Vermont*

**WOMEN'S HEALTH CARE SERVICE**



State of Vermont – Board of Medical Practice

January 18, 2008

To Whom It May Concern:

The enclosed information goes with the rest of Stephanie Stahl's packet that was sent on January 8<sup>th</sup>, 2008.

Sincerely,

A handwritten signature in cursive script that reads "Earline S. Whitcomb".

Earline S. Whitcomb  
Financial Associate  
FAHC – Women's Health Care Service  
802-847-7785

## PHYSICIAN ASSISTANT SCOPE OF PRACTICE

### WOMEN'S HEALTH CARE SERVICES

FLETCHER ALLEN HEALTH CARE

111 COLCHESTER AVENUE

BURLINGTON, VT 05401

#### a) NARRATIVE

Fletcher Allen Health Care, Women's Health Care Services is composed of a team of professionals who provide the full scope of OB/GYN services. Physicians certified nurse midwives, nurse practitioners and now a physician assistant work in collaborative arrangement. The physician assistant will provide GYN and OB care to our patient population, as do our existing providers. Resident physicians and students rotate through the Women's Health Care Services during their training.

Physician Assistants practice under the supervision of attending OB/GYN physicians. The primary role of the PA is to provide ongoing care for female patients as determined by the PA's training and experience and by the services provided by the supervising physicians. In addition, PA's are involved in both didactic and clinical training of students.

#### b) SUPERVISION

Supervision of the PA is provided by the primary supervising physicians or one of the secondary supervising physicians when the primary supervising physicians are not available. One of the primary or secondary supervising physicians is available 24 hours a day, 7 days a week. Supervision may include the following mechanisms:

1. direct supervision by an attending physician
2. consultation with an attending physician in person or by phone
3. retrospective chart review
4. participation in Women's Health Services quality assurance meetings.

#### c) SITES OF PRACTICE

Fletcher Allen Health Care, Women's Health Care Services:

MCHV Campus, 111 Colchester Avenue, Burlington, VT

UHC Campus, 1 South Prospect Street, Burlington, VT

UHC at Blair Park, Williston, VT

#### d) TASKS

The following list is intended to express a sense of involvement in medical care provision and is not intended to be all inclusive or limiting, except as specifically excluded by the Board of Medical Practice, health care facility, or law. At no time will the physician assistant function in a capacity that exceeds the normal scope of practice of the supervising physicians. The supervising physician may delegate any and all other tasks that by reason of training and experience, the PA can be expected to perform.

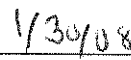


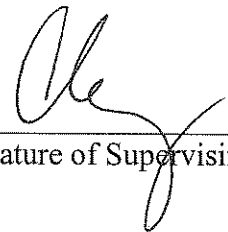
1. elicit patient histories
2. perform physican examinations
3. order laboratory exams, radiographic imaging and other diagnostic testing
4. write nursing and other therapeutic orders to be carried out in accordance with hospital policy
5. interpret diagnostic and screening studies
6. provide telephone advice
7. provide education and counseling of patients and arrange for follow-up care and referrals
8. insertion of IUDs
9. perform routine gynecologic and obstetric tests, including, but not limited to Pap smears, endometrial biopsies, vulvar biopsies
10. insert IV ines, catheters, obtain venous and arterial blood samples
11. administer or dispense medication in accordance with hospital policy
12. assist in gynecologic surgeries
13. initiate resuscitative measures in accordance with ACLS standards and hospital policy
14. write prescriptions for medications, incuding colttrolled drugs and devices in accordance with Vermont law and DEA regulations

e) PRESCRIPTIVE PRACTICE

The PA named in this document is authorized to prescribe medications, including controlled drugs, in accordance with this scope of practice as approved by the Vermont Board of Medical Practice. The PA's DEA number is: MS 1057428

  
\_\_\_\_\_  
Signature of Physician Assistant

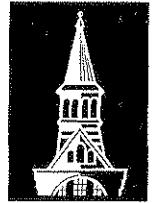
  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature of Supervising Physician

  
\_\_\_\_\_  
Date

# The University of Vermont

DIVISION OF GYNECOLOGIC ONCOLOGY  
AMBULATORY CARE CENTER  
111 COLCHESTER AVENUE  
MAIN PAVILION, LEVEL 4  
BURLINGTON, VT 05401  
PH: (802) 847-5110; FAX: (802) 847-0496



Board of Medical Practice  
Vermont Department of Health  
PO Box 70  
Burlington, VT 05402-9990

November 19, 2007

To Whom It May Concern:

Please allow this letter to serve as verification that Stephanie Stahl, P.A.-C has been employed full time as a physician assistant with our practice since February 14, 2005. She works as a physician assistant with our inpatient gynecology and gynecologic oncology service, and also sees patients in our ambulatory care clinic for routine gynecologic care.

Please feel free to contact me with any questions.

Sincerely,

Cheung Wong, MD  
Director, Division of Gynecologic Oncology  
Associate Director, Residency Program in OB/GYN  
University of Vermont / Fletcher Allen Health Care  
802 847 3919 (phone)  
802 847 0496 (fax)



# NCCPA

National Commission on Certification  
of Physician Assistants

**Stephanie Beth Stahl**

*has completed all requirements to achieve  
NCCPA certification.*

NCCPA ID Number: 1059860  
Expiration Date: 12/31/2009



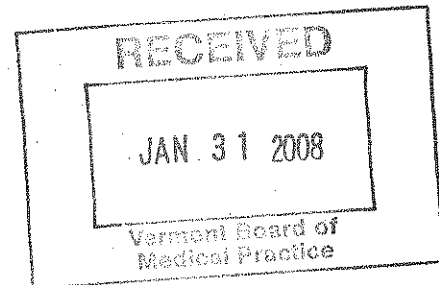


Stephanie Beth Stahl PA  
FAHC-Womens Health Care Services  
1 South Prospect Street  
BURLINGTON, VT 05401

**Department of Health**  
Board of Medical Practice  
108 Cherry Street - P.O. Box 70  
Burlington, VT 05402-0070  
**healthvermont.gov**

[phone] 802-657-4220  
[toll free] 800-745-7371  
[tty] 802-657-4227

*Agency of Human Services*



Date: January 10, 2008

Dear Physician Assistant:

Your 2008 Physician Assistant certification renewal application has been received by this office and cannot be processed until the following information is received.

☐ \$115 renewal fee  
☐ \$50 renewal fee

Application

Part I

- ☐ Item 1
- ☐ Item 2
- ☐ Item 3
- ☐ Item 4
- ☐ Item 5
- ☐ Item 6
- ☐ Item 7
- ☐ Item 8
- ☐ Item 9
- ☐ Item 10
- ☐ Item 11
- ☐ Item 12
- ☐ Item 13
- ☐ Item 14
- ☐ Item 15
- ☐ Item 16
- ☐ Item 17
- ☐ Item 18
- ☐ Item 19
- ☐ Item 20

Part II

- ☐ Item 21
- ☐ Item 22
- ☐ Item 23
- ☐ Item 24
- ☐ Item 25
- ☐ Item 26
- ☐ Item 27
- ☐ Item 28
- ☐ Item 29
- ☐ Item 30
- ☐ Item 31
- ☐ Item 32

Part III

- ☐ Item 33
- ☐ Item 34
- ☐ Item 35
- ☐ Item 36
- ☐ Item 37

Part IV

- ☐ Item 38

- ☐ Item 39
- ☐ Item 40
- ☐ Item 41
- ☐ Item 42A
- ☐ Item 42B
- ☐ Item 43A
- ☐ Item 43B
- ☐ Item 44
- ☐ Item 45A
- ☐ Item 45B
- ☐ Item 46
- ☐ Item 47
- ☐ Item 48
- ☐ Item 49
- ☐ Item 50A
- ☐ Item 50B

Part V

- ☐ Date
- ☐ Signature

Child Support, Taxes, Unemployment Compensation Statement

- ☐ Number 1 – check one of the two statements
- ☐ Number 2 – check one of the two statements
- ☐ Number 3 – check one of the three statements

Completed Form A

- ☐ Completed form

Supervising Physician Forms

- ☐ Primary Supervising Physician Application
- ☐ Secondary Supervising Physician Application(s)
- ☐ Primary Supervising Physician Letter stating work for past year
- ☐ Scope of Practice

NCCPA Certification

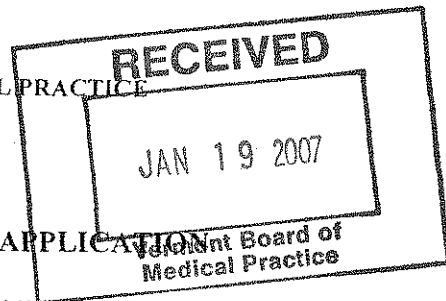
- ☐ Proof of NCCPA Certification (copy of NCCPA certificate)

The page(s) that needs completion (if applicable) is attached. Please complete the necessary item initial, date and return as soon as possible so that processing may be finalized.

Thank you.



STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220



SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Gibson Cheryl Ann  
(Last) (First) (Middle)

Mailing Address Vermont Womens Choice / Planned Parenthood  
(Office Name)  
23 Mansfield Ave  
(Street)  
Burlington VT 05401 802-863-9001  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 7465

Hospital(s) where you have privileges: Fletcher Allen Health Care Hospital(s) Location Burlington VT Specialty OB/Gyn

List all physician's assistants names and addresses you currently supervise:

Amy Burgan, August Burns, P. Johanna Hauser, Anne Hildrich,  
Kara Kindar, Cate Nicholas, Janet Young

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician's Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician's assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

1/16/07  
(Date)

[Signature]  
(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full SMITH Susan F  
(Last) (First) (Middle)  
Mailing Address 23 Mansfield Ave / Vermont Womens' Choice  
(Office Name)  
Burlington  
(Street)  
Vt 05401  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 042-0005990

Hospital(s) where you have privileges: Fletcher Allen Health Care Hospital(s) Location Burlington VT Specialty Gynecology

List all physician's assistants names and addresses you currently supervise:

Amy Bryman August Burns, P.D. Hanna Hauser, Anne Hildreth,  
Kahn Kindar, Cate Nicholas, Janet Young

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician's Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician's assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

1/16/07  
(Date)

[Signature]  
(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full BOYMAN Kym MARGARET  
(Last) (First) (Middle)

Mailing Address Vermont Women's Choice  
(Office Name)  
23 Mansfield Ave  
(Street)  
Burlington, VT 05401 802/863-9001  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 042-0010597

Hospital(s) where you have privileges: FATC Hospital(s) Location Burlington, VT Specialty OB/Gyn

List all physician's assistants names and addresses you currently supervise:

Stephanie Stahl (new)

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

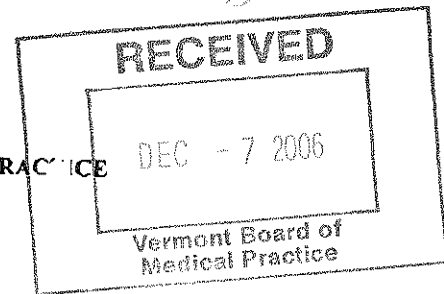
I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician's Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician's assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

1/16/07  
(Date)

[Signature]  
(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220



### SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Stockwell Sally  
(Last) (First) (Middle)

Mailing Address Champlain Doctor's - Syracuse  
(Office Name)  
55 Main Street  
(Street)  
Essex Junction VT 05452  
(City/State) (Zip Code) 579-1802  
(Telephone Number)

Vermont License #: 042-0005620

Hospital(s) where you have privileges:	Hospital(s) Location	Specialty
<u>Fletcher Health Care</u>	<u>Burlington</u>	<u>Obstyn</u>

List all physician's assistants names and addresses you currently supervise:

### CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stille, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician's Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician's assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

11/27/06  
(Date)

Sally Stockwell  
(Signature of Secondary Supervising Physician)



STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

**SECONDARY SUPERVISING PHYSICIAN APPLICATION**

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Cheramy Peter H  
(Last) (First) (Middle)

Mailing Address Fletcher Allen Health Care - Women's Health Care Service

111 Colchester Avenue, 4th Floor (Office Name)  
ACC - Main Pavilion

Burlington VT (City/State) 05401 (Zip Code) (802) 847-1400 (Telephone Number)

Vermont License #: 042-0008556

Hospital(s) where you have privileges:	Hospital(s) Location	Specialty

List all physician's assistants names and addresses you currently supervise:

**CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN**

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stohi, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician's Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician's assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

11/28/06  
(Date)

[Signature]  
(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Mewice Tracy S  
(Last) (First) (Middle)

Mailing Address Fletcher Allen Health Care - Women's Health Care Service  
(Office Name)

111 Colchester Avenue, 4th Floor ACC - Main Pavilion  
(Street)

Burlington, VT 05401 (802) 847-1400  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: \_\_\_\_\_

Hospital(s) where you have privileges: Hospital(s) Location Specialty

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List all physician's assistants names and addresses you currently supervise:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephene Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician's Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician's assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

11/28/06  
(Date)

S. M. Mann  
(Signature of Secondary Supervising Physician)



**STATE OF VERMONT  
BOARD OF MEDICAL PRACTICE**

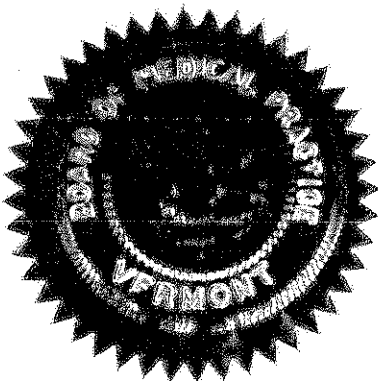
*PROFESSIONAL CERTIFICATE*

I hereby certify that the following named person is fully qualified to practice as a Physician Assistant in the State of Vermont:

**Stephanie Stahl, PAC**

**P.A. Certification Number: 055-0030719**

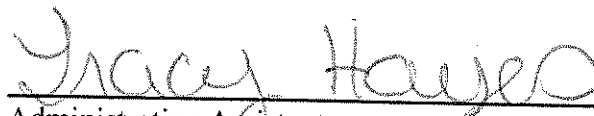
Valid only while working under the supervision of Cheung Wong MD, Kimberly Blake MD, Elizabeth Bonney MD, Robert Hayward MD, Elisabeth Wegner MD, Roger Young MD, Eleanor Capeless MD, Cathleen Harris MD, David Jones MD, Marjorie Meyer MD, Mark Phillippe MD, John Brumsted MD, Peter Casson MD, Christine Murray MD, Daniel Riddick MD, Julie LaCombe MD, Emmanuel Soultanakes MD, Fama Eltabbakh MD, Anne Viselli MD, Diane Charland MD, Patrick Clifford MD, Dale Lacroix MD, George Till MD, John Gallagher MD, Jill Jertson MD, Amy Thibault MD, Julia Brock MD, Jennie Lowell MD, and Julia Johnson MD, at the FAHC Women's Health Care Center, 1 South Prospect Street, Burlington, VT.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the

**VERMONT BOARD OF MEDICAL PRACTICE**

at Burlington, in the county of Chittenden, State of Vermont, this 17<sup>th</sup> day of November, A.D. 2006

  
\_\_\_\_\_  
Administrative Assistant

30219

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

**SECONDARY SUPERVISING PHYSICIAN APPLICATION**

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Bleke Kimberly D  
(Last) (First) (Middle)

Mailing Address Affil in ORS 64W  
96 Colchester (Office Name)  
Burl VT 05401 (Street)  
(City/State) (Zip Code) 802 657-0805 (Telephone Number)

Vermont License #: 0000428805

Hospital(s) where you have privileges:	Hospital(s) Location	Specialty
<u>MCHV IFAHC</u>		

List all physician's assistants names and addresses you currently supervise:

only Stephenie Stahl

**CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN**

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephenie Stahl P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician's Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician's assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

10/24  
(Date)

[Signature]  
(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

RECEIVED

NOV 16 2006

Vermont Board of  
Medical Practice

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Bonney, Elizabeth A  
(Last) (First) (Middle)

Mailing Address Fletcher Allen Health Care - Women's Health Care Service  
(Office Name)  
111 Colchester Avenue, 4th Floor ACC - Main Pavilion  
(Street)  
Burlington, VT 05401 (802) 847-1400  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 042-001049

Hospital(s) where you have privileges:	Hospital(s) Location	Specialty

List all physician's assistants names and addresses you currently supervise:


CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephenie Stohi, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician's Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician's assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

10-10-06  
(Date)

[Signature]  
(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Maynard Robert  
(Last) (First) (Middle)

Mailing Address Fletcher Allen Health Care - Women's HCS  
111 Colchester Ave - 4th Floor (Office Name)  
ALL - Med Pavilion  
(Street)  
Burlington VT 05401 847-1400  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 040-0006592

Hospital(s) where you have privileges:	Hospital(s) Location	Specialty

List all physician's assistants names and addresses you currently supervise:

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephense Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician's Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician's assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

10/6/81  
(Date)

[Signature]  
(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Wesher Elisabeth K  
(Last) (First) (Middle)

Mailing Address Fletcher Allen Health Care - Women's Health Care Service  
(Office Name)  
111 Colchester Avenue, 4th Floor ACC - Main Pavilion  
(Street)  
Burlington, VT 05401 (802) 847-1400  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 042-0009221

Hospital(s) where you have privileges:	Hospital(s) Location	Specialty

List all physician's assistants names and addresses you currently supervise:

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephenie Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician's Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician's assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

10-3-06  
(Date)

E. Wegner  
(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Youns Roger C  
(Last) (First) (Middle)

Mailing Address Fletcher Allen Health Care - Women's Health Care Service  
(Office Name)  
111 Colchester Avenue, 4th Floor ACC - Main Pavilion  
(Street)  
Burlington, VT 05401 (802) 847-1400  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 042-0011205

Hospital(s) where you have privileges:	Hospital(s) Location	Specialty
<u>Fletcher Allen Health Care</u>	<u>Burlington VT</u>	<u>ob/gyn</u>

List all physician's assistants names and addresses you currently supervise:

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephonic Stohi, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician's Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician's assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

10/3/06  
(Date)

Roger C. Youns MD  
(Signature of Secondary Supervising Physician)



STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Cepless Eleanor L  
(Last) (First) (Middle)

Mailing Address Fletcher Allen Health Care - Women's Health Care Service  
(Office Name)

111 Colchester Avenue, 4th Floor ACC - Main Pavilion  
(Street)

Burlington, VT 05401 (802) 847-1400  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 042-0066511

Hospital(s) where you have privileges:	Hospital(s) Location	Specialty

List all physician's assistants names and addresses you currently supervise:


CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stohl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician's Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician's assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

10/3/06  
(Date)

[Signature]  
(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Morris Cathleen M  
(Last) (First) (Middle)

Mailing Address Fletcher Allen Health Care - Women's Health Care Service  
(Office Name)

111 Colchester Avenue, 4th Floor ACC - Main Pavilion  
(Street)

Burlington, VT 05401 (802) 847-1400  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 042-0011071

Hospital(s) where you have privileges:	Hospital(s) Location	Specialty
<u>X</u>		

List all physician's assistants names and addresses you currently supervise:

X

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stohi, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician's Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician's assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

10/4/04  
(Date)

[Signature]  
(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Jones David C  
(Last) (First) (Middle)

Mailing Address Fletcher Allen Health Care - Women's Health Care Service  
(Office Name)

111 Colchester Avenue, 4th Floor ACC - Main Pavilion  
(Street)

Burlington, VT 05401 (802) 847-1400  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 042-001074

Hospital(s) where you have privileges: Fletcher Allen Health Care Hospital(s) Location Burlington, VT Specialty OB/GYN / MFM

List all physician's assistants names and addresses you currently supervise:

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stohi, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician's Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician's assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

Nov. 6, 2006  
(Date)

[Signature]  
(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Meyer Marijane  
(Last) (First) (Middle)

Mailing Address Fletcher Allen Health Care - Women's Health Care Service  
(Office Name)

111 Colchester Avenue, 4th Floor ACC - Main Pavilion  
(Street)

Burlington, VT 05401 (802) 847-1400  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 042-0067765

Hospital(s) where you have privileges:	Hospital(s) Location	Specialty

List all physician's assistants names and addresses you currently supervise:


CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stohr, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician's Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician's assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

10/3/06  
(Date)

[Signature]  
(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Philippe Mark  
(Last) (First) (Middle)

Mailing Address Fletcher Allen Health Care - Women's Health Care Service

111 Colchester Avenue, 4th Floor (Office Name)  
ACC - Main Pavilion

Burlington, VT (Street)

05401 (City/State) (Zip Code) (802) 847-1400 (Telephone Number)

Vermont License #: 042-0010320

Hospital(s) where you have privileges:	Hospital(s) Location	Specialty

List all physician's assistants names and addresses you currently supervise:


CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephonic Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician's Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician's assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

11/6/06  
(Date)

[Signature]  
(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Bromsted John  
(Last) (First) (Middle)

Mailing Address Fletcher Allen Health Care - Women's Health Care Service  
111 Colchester Avenue, 4th Floor (Office Name)  
Burlington, VT (Street) 05401 (802) 847-1400  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 042-0007101

Hospital(s) where you have privileges:	Hospital(s) Location	Specialty
<u>D</u>		

List all physician's assistants names and addresses you currently supervise:

D

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CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephonic Stone, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician's Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician's assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

10/6/06  
(Date)

[Signature]  
(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Casson Peter  
(Last) (First) (Middle)  
Mailing Address Fletcher Allen Health Care - Women's Health Care Service  
111 Colchester Avenue, 4th Floor ACC - Main Pavilion  
(Office Name)  
(Street)  
Burlington, VT 05401 (802) 847-1400  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 042-0008989

Hospital(s) where you have privileges:	Hospital(s) Location	Specialty
<u>FAHC</u>	<u>Burlington, VT</u>	<u>OB-Gyn / REC</u>

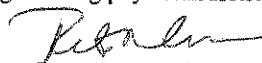
List all physician's assistants names and addresses you currently supervise:

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephene Stohl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician's Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician's assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

10/2/08  
(Date)

  
(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Murray Christine  
(Last) (First) (Middle)

Mailing Address Fletcher Allen Health Care - Women's Health Care Service  
(Office Name)

111 Colchester Avenue, 4th Floor ACC - Main Pavilion  
(Street)

Burlington VT 05401 (802) 847-1400  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 042-0008874

Hospital(s) where you have privileges:	Hospital(s) Location	Specialty

List all physician's assistants names and addresses you currently supervise:

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stone, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician's Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician's assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

10/3/06  
(Date)

[Signature]  
(Signature of Secondary Supervising Physician)



STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Riddick Daniel  
(Last) (First) (Middle)

Mailing Address Fletcher Allen Health Care - Women's Health Care Service  
(Office Name)

111 Colchester Avenue, 4th Floor ACC - Main Pavilion  
(Street)

Burlington VT 05401 (802) 847-1400  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 042-0007329

Hospital(s) where you have privileges:	Hospital(s) Location	Specialty

List all physician's assistants names and addresses you currently supervise:


CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stohl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician's Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician's assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

10/11/00  
(Date)

[Signature]  
(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full LeCombe Julie A  
(Last) (First) (Middle)

Mailing Address Fletcher Allen Health Care - Women's Health Care Service

111 Colchester Avenue, 4th Floor (Office Name)  
ACC - Main Pavilion

Burlington, VT (Street)

05401 (City/State) (Zip Code) (802) 847-1400 (Telephone Number)

Vermont License #: 040-0011191

Hospital(s) where you have privileges:	Hospital(s) Location	Specialty

List all physician's assistants names and addresses you currently supervise:

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stone, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician's Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician's assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

10/12/06  
(Date)

[Signature]  
(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Saultonaker Emmanuel N  
(Last) (First) (Middle)

Mailing Address Fletcher Allen Health Care - Women's Health Care Service

111 Colchester Avenue, 4th Floor (Office Name)  
ACC - Main Pavilion

Burlington, VT 05401 (802) 847-1400  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 040-0010087

Hospital(s) where you have privileges:	Hospital(s) Location	Specialty

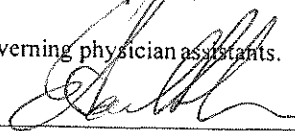
List all physician's assistants names and addresses you currently supervise:

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stohi, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician's Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician's assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

10/5/06  
(Date)

  
(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Eltobakh Gamel  
(Last) (First) (Middle)

Mailing Address Lake Champlain Gynecologic Oncology  
(Office Name)

(Street)

(City/State) (Zip Code) (Telephone Number)

Vermont License #: \_\_\_\_\_

Hospital(s) where you have privileges:	Hospital(s) Location	Specialty
<u>Northwestern Medical Center</u>	<u>St. Albans</u>	<u>Gyn - Oncology</u>
<u>Copley</u>		<u>Gyn - Oncology</u>
<u>Central Vermont Hospital</u>		<u>Gyn - Oncology</u>
<u>Porter Hospital</u>		<u>Gyn - Oncology</u>

List all physician's assistants names and addresses you currently supervise:

Georgia Eltobakh

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephane Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician's Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician's assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

10/09/06  
(Date)

[Signature]  
(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
 108 CHERRY STREET  
 BURLINGTON, VT 05401  
 (802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Vicelli Anne  
 (Last) (First) (Middle)

Mailing Address Vermont Urogynecology  
 (Office Name)  
71 Knight Lane Suite 10  
 (Street)  
Williston VT 05495  
 (City/State) (Zip Code) 802 872-7001  
 (Telephone Number)

Vermont License #: 042 0006739

Hospital(s) where you have privileges:	Hospital(s) Location	Specialty

List all physician's assistants names and addresses you currently supervise.


CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahel P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician's Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician's assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

10/05/00  
 (Date)

Anne Vicelli  
 (Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Charlton Diane  
(Last) (First) (Middle)

Mailing Address Vermont Uro gynecology  
(Office Name)  
71 Knight Long Suite 10  
(Street)  
Williston, VT 05495 (802) 870-7001  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 042 001 0030

Hospital(s) where you have privileges:	Hospital(s) Location	Specialty

List all physician's assistants names and addresses you currently supervise:

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician's Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician's assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

10/5/06  
(Date)

[Signature]  
(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Clifford Patrick  
(Last) (First) (Middle)

Mailing Address Associates in OS Sp  
(Office Name)  
91 Colchester Ave  
(Street)  
Burlington, VT 05401 658 0305  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 042-007412

Hospital(s) where you have privileges:	Hospital(s) Location	Specialty
<u>EAMC</u>	<u>Burlington, VT</u>	<u>OS Sp</u>

List all physician's assistants names and addresses you currently supervise:

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephen Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician's Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician's assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

10/24/00  
(Date)

[Signature]  
(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full LaCasse Dale Jeanne  
(Last) (First) (Middle)

Mailing Address RD Affiliates in OB/GYN Care, Inc  
(Office Name)

96 Colchester Ave  
(Street)

Burlington VT 05401 802 658 0505  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 0420010133

Hospital(s) where you have privileges: Fletcher Allen Health Care Hospital(s) Location Burlington VT Specialty OB/GYN

List all physician's assistants names and addresses you currently supervise:

96 Colchester Ave Burlington VT 05401

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician's Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician's assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

10/24/06  
(Date)

Dale LaCasse MD  
(Signature of Secondary Supervising Physician)



STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Till Stofel  
(Last) (First) (Middle)

Mailing Address Champion OB Gyn  
(Office Name)  
55 Main St  
(Street)  
Essex Junction VT 05452 879-1802  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 7744

Hospital(s) where you have privileges: med Fletcher Allen Health Center Hospital(s) Location: Burlington Vermont Specialty: OB GYN

List all physician's assistants names and addresses you currently supervise:

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahl PA, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician's Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician's assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

11/1/06  
(Date)

George W. Tillman  
(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Gelleher John  
(Last) (First) (Middle)

Mailing Address Champion OB/Gyn  
(Office Name)  
55 main street  
(Street)  
Essex Junction VT 05452  
(City/State) (Zip Code) 879-1802  
(Telephone Number)

Vermont License #: 7040

Hospital(s) where you have privileges: Fletcher Allen Health Care Hospital(s) Location Burlington VT Specialty OB/GYN

List all physician's assistants names and addresses you currently supervise:

Stephanie Stahl

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician's Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician's assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

11/3/06  
(Date)

[Signature]  
(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Jackson Julie Evelyn  
(Last) (First) (Middle)

Mailing Address Champlain OB/Gyn  
(Office Name)  
55 Main Street  
(Street)  
Essex Junction VT 05452 879-1802  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 042-0009290

Hospital(s) where you have privileges:	Hospital(s) Location:	Specialty
<u>Fletcher Allen HealthCare</u>	<u>Burlington, VT</u>	<u>OB/GYN</u>

List all physician's assistants names and addresses you currently supervise:

Stephanie Stah  
 

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stah, PA only when the primary supervising physician is unavailable and only when consulted by the said Physician's Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician's assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

11/1/06  
(Date)

Julie Evelyn Jackson  
(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

### SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Thibault Amy  
(Last) (First) (Middle)

Mailing Address Montpelier  
(Office Name)  
96 Colchester Ave  
(Street)  
Burlington VT 05401  
(City/State) (Zip Code) 862-7338  
(Telephone Number)

Vermont License #: 42-0010606

Hospital(s) where you have privileges:	Hospital(s) Location	Specialty
<u>FAHC</u>	<u>Burlington, VT</u>	<u>OB/Gyn</u>

List all physician's assistants names and addresses you currently supervise:

### CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician's Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician's assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

11/1/06  
(Date)

(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Brack Julie  
(Last) (First) (Middle)

Mailing Address Montpelier  
(Office Name)  
96 Colchester Ave.  
(Street)  
Burlington VT 05401  
(City/State) (Zip Code) 802-7338  
(Telephone Number)

Vermont License #: 42-0010441

Hospital(s) where you have privileges:	Hospital(s) Location	Specialty
<u>F.A.C.E.</u>	<u>Burlington, VT</u>	<u>OB/Gyn</u>

List all physician's assistants names and addresses you currently supervise:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician's Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician's assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

11/1/06  
(Date)

[Signature]  
(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Luxell Schae  
(Last) (First) (Middle)

Mailing Address Meati  
(Office Name)  
96 Colchester Ave  
(Street)  
Burlington VT 05401  
(City/State) (Zip Code) 862-7334  
(Telephone Number)

Vermont License #: 42-0010721

Hospital(s) where you have privileges:	Hospital(s) Location	Specialty
<u>FAAC</u>	<u>Burlington, VT</u>	<u>OB/Gyn</u>

List all physician's assistants names and addresses you currently supervise:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician's Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician's assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

11/1/06  
(Date)

[Signature]  
(Signature of Secondary Supervising Physician)



STATE OF VERMONT  
BOARD OF MEDICAL PRACTICE

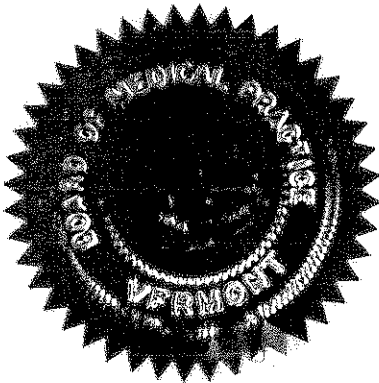
*PROFESSIONAL CERTIFICATE*

I hereby certify that the following named person is fully qualified to practice as a Physician Assistant in the State of Vermont:

**Stephanie Stahl, PAC**

**P.A. Certification Number: 055-0030719**

Valid only while working under the supervision of Cheung Wong MD, Kimberly Blake MD, and Julia Johnson MD, at the FAHC Women's Health Care Center, 1 South Prospect Street, Burlington, VT.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the

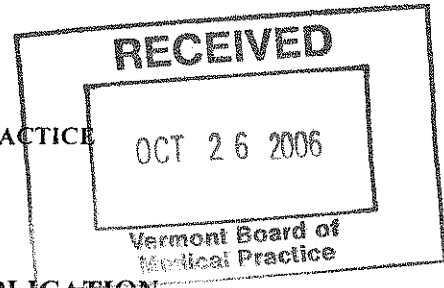
**VERMONT BOARD OF MEDICAL PRACTICE**

at Burlington, in the county of Chittenden, State of Vermont, this 26<sup>th</sup> day of October, A.D. 2006

  
\_\_\_\_\_  
Administrative Assistant

30719

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220



SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Blake Kimberly D  
(Last) (First) (Middle)

Mailing Address Off in ORBYW  
96 Colchester (Office Name)  
Burl VT 05401 802 657-0805  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 0000428805

Hospital(s) where you have privileges:	Hospital(s) Location	Specialty
<u>MCHV IFAHC</u>		

List all physician's assistants names and addresses you currently supervise:  
only Stephanie Stahl

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahl P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician's Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician's assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

10/24 (Date) [Signature] (Signature of Secondary Supervising Physician)



Pd  
100.00

DEPARTMENT OF HEALTH  
BOARD OF MEDICAL PRACTICE  
108 Cherry Street, PO Box 70  
Burlington VT 05402-0070  
802 657-4220 or 800-745-7371

2006 PHYSICIAN ASSISTANT CERTIFICATION RENEWAL APPLICATION

PART I

Certificate # 055-0030719

1. Name: Stephanie Beth Stahl PA

2. Other Name(s), if any, under which you were certified or licensed in Vermont and elsewhere: 7 2005

None

3. Home Address:

[REDACTED]

4. Work Address:

Women's Health Care Service - Ambulatory Care Center - Main Pavilion Level 4  
111 Colchester Avenue

City, State, Zip Code:

Burlington, VT 05401-3456

Please check your preferred mailing address: ☐ Home ☒ Work  
(This address will be public and listed on the Board's website)

5. Email Address

[REDACTED]

6. Daytime Telephone Number: Area Code: (802)

[REDACTED]

7. Date of Birth: Month:

[REDACTED]

8. Place of Birth

[REDACTED]

9. Certification Examination Taken - (Check box and enter date of examination):

☒ (09/12/03)

NCCPA

☐ ( / / )

State Examination-Identify state: \_\_\_\_\_

☐ ( / / )

Other Examination specify: \_\_\_\_\_

10. Basis for Vermont Certification - (Check box):

☐ Apprenticeship Trained

☒ University Trained

11. Do you have hospital privileges in Vermont? ☒ Yes ☐ No

Hospital Name(s) and Location(s):

Fletcher Allen Health Care, Burlington VT 05401

12. In what year did you start working as a physician assistant in Vermont? 2004

13. Did you practice in Vermont during the past 12 months? ☒ Yes ☐ No

14. Other states where you now hold an active certification or license to practice:

None

15. States where you previously were certified or licensed to practice:

None

16. Specialty: Women's Health, Gynecology DEA Number: MS 1057428

17. Name and office address of current EMPLOYER:

Name

Address

Fletcher Allen Health Care

111 Colchester Avenue, Burlington VT 05401

18. Please list (use additional sheet if necessary) name(s) and address(es) of physicians who currently serve as your PRIMARY and SECONDARY SUPERVISING PHYSICIAN(S).

Primary Supervising Physician(s):

Name

Address

Cheung Wong, MD FAMC - Ambulatory Care Center, Main Pavilion Level 4

111 Colchester Avenue, Burlington VT 05401 - 3456

Secondary Supervising Physician(s):

Name

Address

Julia Johnson, MD FAMC - Ambulatory Care Center, Main Pavilion, Level 4

111 Colchester Avenue Burlington VT 05401 - 3456

19. Scope of Practice: The Board of Medical Practice requires that you and your primary supervising physician(s) review the most current scope of practice for your practice setting, paying attention to any additions or deletions in duties and procedures. Please review, date and sign your scope of practice and have your PRIMARY SUPERVISING PHYSICIAN sign it as well. Attach a copy of your signed scope of practice to this application.

a. Has there been a change in your scope of practice which has not been reviewed by the Board?

☒ Yes ☐ No See Scope of Practice - Addition of IUP insertion and Gynecology treatment

20. Please provide a letter from your Supervising Physician attesting to the fact that you have practiced as a Physician Assistant within the past twelve months. See Enclosed letter

21. Continuing Medical Education (CME) requirements:

a. NCCPA certified Physician Assistant: Attach proof of current NCCPA certification; this will serve as Vermont Department of Health - Board of Medical Practice - 2006-2008 Physician Assistant Certification Renewal

adequate proof of CME completion.

b. For all others, an explanation of requirements and a CME Record form must be completed.

22. Primary Supervising Physician and Second Supervisory Physician forms are provided. They must be completed and returned with this application.

## PART II

"Yes" answers to Questions 23 - 46 require an explanation on Form A.

23. Have you ever applied for and been denied a certificate to practice medicine or any other healing art?  
☐ yes ☒ no

24. Have you ever withdrawn an application for a certificate to practice medicine or any other healing art?  
☐ yes ☒ no

25. Have you ever voluntarily suspended, surrendered or resigned a certificate to practice medicine or any other healing art in lieu of disciplinary action?  
☐ yes ☒ no

26. Are any formal disciplinary charges pending or has any disciplinary action ever been taken against you by any governmental authority, by any hospital or health care facility, or by any professional medical association (international, national, state or local)?  
☐ yes ☒ no

27. Have you ever been denied the privilege of taking an examination before any state medical examining board?  
☐ yes ☒ no

28. Have you ever discontinued your education, training, or practice for a period of more than three months for reasons other than a family need?  
☐ yes ☒ no

29. Have you ever been dismissed or suspended from, or asked to leave a residency training program before completion?  
☐ yes ☒ no

30. Have you ever had staff privileges, employment or appointment in a hospital or other health care institution denied, reduced, suspended or revoked, or resigned from a medical staff after a complaint or peer review action was initiated against you?  
☐ yes ☒ no

31. Has your privilege to possess, dispense or prescribe controlled substances ever been suspended, revoked, denied, or restricted by, or surrendered to any jurisdiction or federal agency at any time?  
☐ yes ☒ no

32. Are you presently or have you ever been a defendant in a criminal proceeding?  
☐ yes ☒ no

## PART III

(Unless otherwise ordered by a court, your responses to the questions in Part III are considered exempt from public disclosure.)

Any "yes" response to the questions below must be fully explained on the enclosed Form A.

33. To your knowledge, are you the subject of an investigation by any other licensing board as of the date of this application? [REDACTED]

34. To your knowledge, are you presently the subject of a criminal investigation? [REDACTED]

The following definitions are provided to assist you in answering questions 35 through 37.

"Ability to practice medicine" - This term includes:

The cognitive capacity to make appropriate clinical diagnoses and exercise reasoned medical judgments, and to learn and keep abreast of medical developments; and

The ability to communicate those judgments and medical information to patients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and

The physical capability to perform medical tasks such as physical examination and surgical procedures, with or without the use of aids or devices, such as corrective lenses or hearing aids.

"Medical condition" - Includes physiological, mental or psychological conditions or disorders, such as, but not limited to, orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, hepatitis, HIV disease, tuberculosis, drug addiction, and alcoholism.

"Currently" - This term means recently enough to have a real or perceived impact on one's functioning as a licensee.

"Chemical substances" - This term is to be construed to include alcohol, drugs, or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.

"Controlled substances" - This term means those drugs listed on Schedules I through V of Section 202 of the Controlled Substances Act (21 USC § 812).

"Illegal use of controlled substances" - This term means the use of drugs, the possession or distribution of which is unlawful under the Controlled Substances Act, as periodically updated by the Food and Drug Administration. This term does not include the use of a drug taken under the supervision of a licensed health care professional or other uses authorized by the Controlled Substances Act or other provisions of federal law.

35. Do you have a medical condition that in any way impairs or limits your ability to practice medicine in your field of practice with reasonable skill and safety?

[REDACTED]  
In explaining a "Yes" answer on Form A, please provide reasonable assurances that your medical condition is reduced or ameliorated because, for example, you have received or do receive ongoing treatment (with or without medication) or have participated or do participate in a monitoring program.

36. Are you currently engaged in the use of alcohol or other chemical substances that in any way impairs your ability to practice medicine in your field of practice with reasonable skill and safety?

[REDACTED]  
In explaining a "Yes" answer on Form A, please provide reasonable assurances that your use is reduced or ameliorated because, for example, you have received or do receive ongoing treatment (with or without medication) or have participated or do participate in a monitoring program.

37. Are you currently engaged in the illegal use of controlled substances?

[REDACTED]  
In explaining a "Yes" answer on Form A, please provide reasonable assurances that such use is not a real and ongoing problem in your practice of medicine.

**IMPORTANT**

Since 1999, Board fees have been used to create and maintain the Vermont Practitioners Health Program, a confidential program for the identification, treatment and rehabilitation of practitioners, including physician assistants, affected by the disease of substance abuse. If you wish further information about this program, a service of the Vermont Medical Society, call 802-223-0400 (a confidential line).

#### Part IV - Statutory Profile Questions

The following questions are required by Vermont law, 26 VSA § 1368, to update and maintain a data repository within the Department of Health and to make individual profiles on all health care professionals licensed, certified, or registered by the Department available to the public. Your practitioner profile is located at the following website <http://healthyvermonters.com/bmp/mbsearchform.shtml>.

**Please include photocopies of court papers, licensing authority decisions, and any other relevant documents if your answers to questions 38 through 43 have changed since your last application. We cannot process your application without them.**

38. Criminal Convictions [See 26 VSA § 1368(a)(1)] ☒ Check here if none

Please provide a description of all crimes (felonies and misdemeanors; this includes DUI but not speeding or parking tickets) of which you have been convicted within the past 10 years **Please provide complete copies of documentation for each matter.**

(Conviction Date)	(Court)	(City/State)	(Crime)
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39. Nolo Contendere/Matters Continued [See 26 VSA § 1368(a)(2)] ☒ Check here if none

Please provide a description of all charges to which you pleaded "nolo contendere" ("I will not contest it") or where sufficient facts of guilt were found and the matter was continued without a finding by a court of competent jurisdiction. **Please provide complete copies of documentation for each matter.**

(Conviction Date)	(Court)	(City/State)	(Charge)
-------------------	---------	--------------	----------

(Conviction Date)	(Court)	(City/State)	(Charge)
-------------------	---------	--------------	----------

(Conviction Date)	(Court)	(City/State)	(Charge)
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40. Vermont Board of Medical Practice Matters [See 26 VSA § 1368(a)(3)] ☒ Check here if none

Please provide a description of all formal charges served, findings, conclusions, and orders of the Board of Medical Practice (including stipulations), and final disposition of such matters by the courts, if appealed.

(Date)	(Final Disposition - Summary)
--------	-------------------------------

(Date)	(Final Disposition - Summary)
--------	-------------------------------

(Date)	(Final Disposition - Summary)
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41. Licensing or Certification Authority Matters in Other States [See 26 VSA § 1368(a)(4)]

☒ Check here if none

Please provide a description of all formal charges served by licensing or certification authorities of other states, the findings, conclusions, and orders of such authorities, and final disposition of such matters by the courts, if appealed, in those states. **Please provide complete copies of documentation for each matter.**

(Date of Final Disposition)	(Licensing or Certification Authority)	(Court)	(City/State)	(Nature of Charge)
-----------------------------	--	---------	--------------	--------------------

(Date of Final Disposition)	(Licensing or Certification Authority)	(Court)	(City/State)	(Nature of Charge)
-----------------------------	--	---------	--------------	--------------------

42. Restriction of Hospital Privileges [See 26 VSA § 1368(a)(5)]

☒ Check here if none

Revocation/Involuntary Restrictions

Please provide a description of any revocation or involuntary restriction of your hospital privileges that were related to competence or character and were issued by the hospital's governing body or any other official of the hospital after procedural due process (opportunity for hearing) was afforded to you. **Please provide complete copies of documentation for each matter.**

(Date)	(Hospital)	(State)	(Nature of Restriction)	(Reason for Restriction)
--------	------------	---------	-------------------------	--------------------------

(Date)	(Hospital)	(State)	(Nature of Restriction)	(Reason for Restriction)
--------	------------	---------	-------------------------	--------------------------

B. Other Restrictions ☒ Check here if none

Please provide a description of all resignations from, or non-renewal of, medical staff membership or the restriction of privileges at a hospital taken in lieu of, or in settlement of, a pending disciplinary case related to competence or character in that hospital. **Please provide complete copies of documentation for each matter.**

(Date)	(Hospital)	(State)
(Nature of Action)	(Action)	
	<input type="checkbox"/> In lieu	<input type="checkbox"/> In settlement
(Reason for Action)		

43. Medical Malpractice Court Judgments/Settlements [See 26 VSA § 1368(a)(6A)]

A. Judgments ☒ Check here if none

Please complete the attached Form A and provide a description of all medical malpractice court judgments against you and all medical malpractice arbitration awards against you within the past 10 years (10 years from payment date) in which a payment was awarded to a complaining party if not listed below. **Please provide complete copies of documentation, to include final disposition and, if possible, a copy of the complaint for each matter.**

☐ Judgment ☐ Arbitration

(Date) (Court) (State) (Nature of Case) (Amount Assessed Against You)

☐ Judgment ☐ Arbitration

(Date) (Court) (State) (Nature of Case) (Amount Assessed Against You)

B. Settlements ☒ Check here if none

Please provide a description of all settlements of medical malpractice claims against you within the past 10 years (10 years from payment date) in which a payment was awarded to a complaining party if not listed below. **Please provide complete copies of documentation, to include final disposition and, if possible, a copy of the complaint for each matter.**

(Date) (Court) (State) (Amount of Settlement Against You)

(Date) (Court) (State) (Amount of Settlement Against You)

44. Years of Practice [See 26 VSA § 1368(a)(10)]

What month and year did you start practicing as a Physician Assistant? 01/2004

45. Appointments/Teaching [See 26 VSA § 1368(a)(12)] Note: Answering #48 is optional. By answering, you are granting permission to have this information posted on the web. (This form follows the statutory wording. Since most appointments are teaching appointments, these questions may overlap.)

A. Appointments

Please provide information about your appointments to medical school or professional school faculties.

University of Vermont, Burlington Vermont - Clinical Instructor - 2005-Present  
(School) (City) (State) (Nature of Appointment) From (year) To (year)

(School) (City) (State) (Nature of Appointment) From (year) To (year)

B. Teaching

Please provide information regarding your responsibility for teaching graduate medical education within the past 10 years.

UVM Burlington VT Preceptor Medical Students 2005-Present  
(School/Institution) (City) (State) (Nature of Teaching) From (year) To (year)

46. Publications [See 26 VSA § 1368(a)(13)]

Note: Answering #49 is optional. By answering, you are granting permission to have this information posted on the web. Please provide information regarding your publications in peer-reviewed medical literature within the past 10 years.

(Title)	(Publication)	(Year)
(Title)	(Publication)	(Year)

47. Activities [See 26 VSA § 1368(a)(14)]

Note: Answering #50 is optional. By answering, you are granting permission to have this information posted on the web. Please provide information regarding your professional or community service activities and awards.

(Activities or Awards)

48. Practice Setting [See 26 VSA § 1368(a)(15)]

What is the location of your primary practice setting?

Fletcher Allen Health Care

Town/City, State

Burlington, VT

49. Translating Services [See 26 VSA § 1368(a)(16)]

Please identify any translating services available at your primary practice location.

Are any translating services available at your primary practice location? ☒ Yes ☐ No

If yes, please describe the translating services available:

We can call on 800 number and reach a translator in any language by phone. With notice, we can also have translators accompany patients for appointments.

50. Medicaid/New Patients [See 26 VSA § 1368(a)(17)]

A. Medicaid participation

Do you participate in the Medicaid program? ☒ Yes ☐ No

B. New Medicaid Patients

Are you currently accepting new Medicaid patients? ☒ Yes ☐ No



**Part V**

I hereby affirm that the information provided above is true and accurate, and that I have answered the questions to the best of my knowledge and ability.

Date: 11/5/2008

Stephen Nade, PA-C  
Applicant's Signature

Reminder - You must also complete the enclosed Applicant's Statement Regarding Child Support, Taxes, Unemployment Compensation Contributions regardless of whether or not you have children

APPLICANT'S STATEMENT REGARDING CHILD SUPPORT, TAXES,  
UNEMPLOYMENT COMPENSATION CONTRIBUTIONS

You must answer questions 1, 2, and 3.

Regarding Child Support

Title 15 § 795 requires that: A professional license or other authority to conduct a trade or business may not be issued or renewed unless the person certifies that he or she is in good standing with respect to or in full compliance with a plan to pay any and all child support payable under a support order as of the date the application is filed. "Good standing" means that less than one twelfth of the annual support obligation is overdue; or liability for any support payable is being contested in a judicial or quasi-judicial proceeding; or he or she is in compliance with a repayment plan approved by the office of child support or agreed to by the parties; or the licensing authority determines that immediate payment of support would impose an unreasonable hardship. (15 V.S.A. § 795)

1. You must check one of the two statements below regarding child support regardless whether or not you have children:
- ☒ I hereby certify that, as of the date of this application: (a) I am not subject to any support order or (b) I am subject to a support order and I am in good standing with respect to it, or (c) I am subject to a support order and I am in full compliance with a plan to pay any and all child support due under that order.
- or
- ☐ I hereby certify that I am NOT in good standing with respect to child support dues as of the date of this application and I hereby request that the licensing authority determine that immediate payment of child support would impose an unreasonable hardship. Please forward an "Application for Hardship".

Regarding Taxes

Title 32 § 3113 requires that: A professional license or other authority to conduct a trade or business may not be issued or renewed unless the person certifies that he or she is in good standing with the Department of Taxes. "Good standing" means that no taxes are due and payable and all returns have been filed, the tax liability is on appeal, the taxpayer is in compliance with a payment plan approved by the Commissioner of Taxes, or the licensing authority determines that immediate payment of taxes would impose an unreasonable hardship. (32 V.S.A. § 3113)

2. You must check one of the two statements below regarding taxes:
- ☒ I hereby certify, under the pains and penalties or perjury, that I am in good standing with respect to or in full compliance with a plan to pay any and all taxes due to the State of Vermont as of the date of this application. (The maximum penalty for perjury is fifteen years in prison, a \$10,000.00 fine or both).
- or
- ☐ I hereby certify that I am NOT in good standing with respect to taxes due to the State of Vermont as of the date of this application and I hereby request that the licensing authority determine that immediate payment of taxes would impose an unreasonable hardship. Please forward an "Application for Hardship".

Regarding Unemployment Compensation Contributions

Title 21 § 1378 requires that: No agency of the state shall grant, issue or renew any license or other authority to conduct a trade or business (including a license to practice a profession) to, or enter into, extend or renew any contract for the provision of goods, services, or real estate space with any employing unit unless such employing unit shall first sign a written declaration under the pains and penalties of perjury, that the employing unit is in good standing with respect to or in full compliance with a plan to pay any and all contributions or payments in lieu of contributions due as of the date such declaration is made. For the purposes of this section, a person is in good standing with respect to any and all contributions or payments in lieu of contributions payable if: (1) no contributions or payments in lieu of contributions are due and payable; (2) the liability for any contributions or payments in lieu of contributions due and payable is on appeal; (3) the employing unit is in compliance with a payment plan approved by the Commissioner; or (4) in the case of a licensee, the agency finds that requiring immediate payment of contributions or payments in lieu of contributions due and payable would impose an unreasonable hardship.

3. You must check one of the three statements below regarding unemployment contributions or payments in lieu of unemployment contributions:
- ☒ I hereby certify, under the pains and penalties of perjury, that I am in good standing with respect to or in full compliance with a payment plan approved by the Commissioner of Employment and Training to pay any and all unemployment contributions or payments in lieu of unemployment contributions to the Vermont Department of Employment and Training due as of the date of this application. (The maximum penalty for perjury is 15 years in prison, a \$10,000.00 fine or both.)
- or
- ☐ I hereby certify that I am NOT in good standing with respect to unemployment contributions or payments in lieu of unemployment contributions due to the Vermont Department of Employment and Training as of the date of this application and I hereby request that the licensing authority determine that requiring immediate payment of unemployment contributions or payments in lieu of unemployment contributions would impose an unreasonable hardship. Please forward an Application for Hardship.
- or
- ☐ I hereby certify that 21 V.S.A. § 1378 is not applicable to me because I am not now, nor have I ever been, an employer.

Social Security #

Date of Birth

\* The disclosure of your social security number is mandatory, it is solicited by the authority granted by 42 U.S.C. § 405 (c)(2)(C), and will be used by the Department of Taxes and the Department of Employment and Training in the administration of Vermont tax laws, to identify individuals affected by such laws, and by the Office of Child Support.

STATEMENT OF APPLICANT

I certify that the information stated by me in this application is true and accurate to the best of my knowledge and that I understand providing false information or omission of information is unlawful and may jeopardize my license/certification/registration status.

Signature of Applicant

*Stephen N. Neri, PA-C*

Date

11/05/2005

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

PRIMARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Wong Cheung  
(Last) (First) (Middle)

Mailing Address Women's Health Care Service - Gyn Oncology - 4th Floor ACC Main Pavilion  
(Office Name)  
111 Colchester Avenue  
(Street)  
Burlington VT 05401 (802) 847-5110  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: \_\_\_\_\_

Hospital(s) where you have privileges:	Hospital(s) Location	Specialty
<u>Fletcher Allen Health Care</u>	<u>Burlington, VT</u>	<u>Gynecologic Oncology</u>

What arrangements have you made for supervision when you are not available or out of town:

Covered provided by Dr Emmanuel Switonckis, practice partner

CERTIFICATE OF SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stach, P.A. while under my supervision. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice. I further certify that notice will be posted that a physician assistant is used, in accordance with 26 VSA, Chapter 31, Section 1741.

I further certify that I have read the statutes and Board rules governing physician assistants.

11/30/05  
(Date)

[Signature]  
(Signature of Supervising Physician)

Co-signature of PA: Stephanie Stach, P.A.

Note: A PA who prescribes controlled drugs must obtain an ID number from DEA. PA's DEA Number MS 1057428

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Johnson Julie V  
(Last) (First) (Middle)

Mailing Address Fletcher Allen Health Care - Women's MCS, All 4th Floor, Main Pavilion  
(Office Name)  
111 Colchester Ave

Burlington VT 05401 (802) 847-1400  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: \_\_\_\_\_

Hospital(s) where you have privileges:	Hospital(s) Location	Specialty
<u>Fletcher Allen Health Care</u>	<u>Burlington, VT</u>	<u>Gynecology, REI</u>

List all physician's assistants names and addresses you currently supervise:

Stephanie Stahl (Current Applicant Only) 1 Cushing Drive Essex Junction VT 05451

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

11/30/05  
(Date)

[Signature]  
(Signature of Secondary Supervising Physician)

## PHYSICIAN ASSISTANT SCOPE OF PRACTICE

**Women's Health Care Services  
Fletcher Allen Health Care  
Ambulatory Care Center  
111 Colchester Avenue  
Burlington, VT 05401**

### *a. Narrative*

Women's Health Care Services at Fletcher Allen Health Care is composed of a team of professionals who provide the full scope of OB/GYN services. Physicians, certified nurse midwives, nurse practitioners and now, a physician assistant (PA), work in collaborative arrangement. The PA will provide gynecologic and obstetric care to our patient population, as do our existing providers. Resident physicians and students rotate through the Women's Health Care Services during their training.

Physician assistants practice under the supervision of attending OB/GYN physicians. The primary role of the PA is to provide ongoing care for female patients as determined by the PA's training and experience and by the services provided by the supervising physicians. In addition, PA's are involved in both didactic and clinical training of students.

### *b. Supervision*

Supervision of the PA is provided by the primary supervising physicians or one of the secondary supervising physicians when the primary supervising physicians are not available. One of the primary or secondary supervising physicians is available 24 hours a day, 7 days a week. Supervision may include the following mechanisms:

1. Direct supervision by an attending physician.
2. Consultation with an attending physician in person or by phone.
3. Retrospective chart review.
4. Participation in Women's Health Care Services quality assurance meetings.

### *c. Sites of Practice*

Women's Health Care Services, Fletcher Allen Health Care:

Ambulatory Care Center, 111 Colchester Avenue, Burlington, VT  
Blair Park, Williston, VT

### *d. Tasks*

The following list is intended to express a sense of involvement in medical care provision and is not intended to be all-inclusive or limiting, except as specifically excluded by the Board of

Medical Practice, health care facility, or law. At no time will the PA function in a capacity that exceeds the normal scope of practice of the supervising physicians. The supervising physician may delegate any and all other tasks that by reason of training and experience, the PA can be expected to perform.

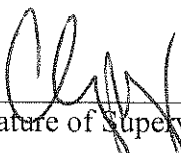
1. Elicit patient histories.
2. Perform physical examinations.
3. Order laboratory exams, radiographic imaging and other diagnostic testing.
4. Write nursing and other therapeutic orders to be carried out in accordance with hospital policy.
5. Interpret diagnostic and screening studies.
6. Provide telephone advice.
7. Provide education and counseling of patients and arrange for follow-up care and referrals.
8. Perform euglycemic clamps.
9. Perform routine gynecologic and obstetric tests and procedures including, but not limited to Pap smears, endometrial biopsies, vulvar biopsies, IUD insertion, in-office treatment of genital warts.
10. Insert I.V. lines, catheters, obtain venous and arterial blood samples.
11. Administer or dispense medication in accordance with hospital policy.
12. Assist in gynecologic surgeries.
13. Initiate resuscitative measures in accordance with ACLS standards and hospital policy.
14. Write prescriptions for medications, including controlled drugs and devices in accordance with Vermont law and DEA regulations.

*e. Prescriptive Practice*

The PA named in this document is authorized to prescribe medications, including controlled drugs, in accordance with this scope of practice, as approved by the Vermont Board of Medical Practice. The PA's DEA number is: MS 1057428.

  
\_\_\_\_\_  
Signature of Physician Assistant

11/30/2005  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature of Supervising Physician

11/30/05  
\_\_\_\_\_  
Date



*In alliance with  
The University of Vermont*

**WOMEN'S HEALTH  
CARE SERVICE**

Board of Medical Practice  
Vermont Department of Health  
PO Box 70  
Burlington, VT 05402-9990

To Whom It May Concern:

Please allow this letter to serve as verification that Stephanie Stahl, P.A.-C has been employed full time as a physician assistant with our practice since February 14, 2005. She works as a physician assistant with our inpatient gynecology and gynecologic oncology service, and also sees patients in our ambulatory care clinic for routine gynecologic care.

Please feel free to contact me with any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Cheung Wong".

Cheung Wong, MD  
Director, Gynecologic Oncology  
Fletcher Allen Health Care  
4<sup>th</sup> Floor, Main Pavilion ACC  
Burlington, VT 05401  
(802)847-5110

The National Commission on Certification  
of Physician Assistants  
affirms that

**Stephanie Beth Stahl**

has successfully completed all requirements to  
achieve or maintain NCCPA certification.

Certificate Number: 1059860

*Stephanie Stahl*

Expiration Date: December 31, 2007

President



*This card does not constitute proof of certification.  
Please contact NCCPA for verification.*





**STATE OF VERMONT  
BOARD OF MEDICAL PRACTICE**

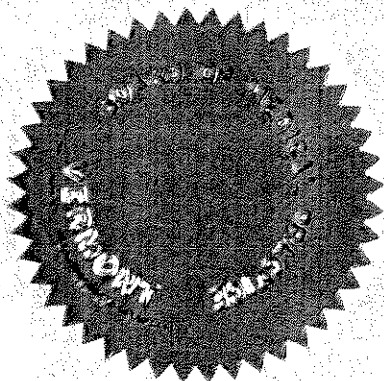
*PROFESSIONAL CERTIFICATE*

I hereby certify that the following named person is fully qualified to practice as a Physician Assistant in the State of Vermont:

**Stephanie Stahl, PAC**

**P.A. Certification Number: 055-0030719**

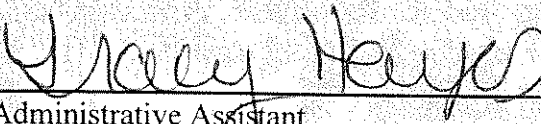
Valid only while working under the supervision of Cheung Wong MD, and Julia Johnson MD, at the FAHC Women's Health Care Center, 1 South Prospect Street, Burlington, VT.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the

**VERMONT BOARD OF MEDICAL PRACTICE**

at Burlington, in the county of Chittenden, State of Vermont, this 5<sup>th</sup> day of January, A.D. 2005

  
\_\_\_\_\_  
Administrative Assistant



**Vermont Department of Health**  
Board of Medical Practice

*Agency of Human Services*

January 5, 2005

Stephanie Stahl PA  
[REDACTED]

RE: Physician's Assistant Certification  
055-0030719

Dear Ms. Stahl:

Congratulations! On January 5, 2005, you were presented and approved for certification as a Physician Assistant in the State of Vermont. Enclosed is your printed certificate. This is to be placed at your place of employment, to be visible for the public.

Physician's Assistant certifications are renewed in January of every even year. You will be sent a renewal form two months prior to the expiration date.

If you have any questions or concerns, please do not hesitate to contact me at (802) 657-4223.

Sincerely,

Tracy Hayes  
Administrative Assistant

IT IS YOUR RESPONSIBILITY TO NOTIFY THIS BOARD OF ADDRESS CHANGE OR  
TERMINATION OF EMPLOYMENT



Vermont Department of Health  
Board of Medical Practice

Agency of Human Services

December 28, 2004

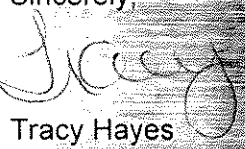
Katherine Silta PA-C

Dear Cassie:

The application for licensure for **Stephanie Stahl, P.A.** appears complete, and is enclosed for your review. This PA has previously been licensed in Vermont. You may present the application at the first, regularly scheduled Board meeting.

Should you have any questions or concerns, please let me know. (802) 657-4223.

Sincerely,

  
Tracy Hayes  
Administrative Assistant  
Board of Medical Practice

Enclosures

USE  
Womens Health  
Care Center

PHYSICIAN ASSISTANT SECONDARY CERTIFICATION STATUS SHEET

NAME: Stephanie Stahl

PHONE: [REDACTED]

ADDRESS: [REDACTED]

EMPLOYER: FAHC Dept OB/GYN

ADDRESS: 1 South Prospect St

Burl, VT 05401

DATE RECEIVED: 12/28/04

X

Application Fee of \$50

X

Completed Application for Certification as a Physician Assistant in Vermont (Signed & dated)

X

Child Support/Tax/Unemployment Form [REDACTED]

X

Employment Contract

X

Primary Supervisor Physician Application (Signed by PA & Supervisor)

X

~~M.D.:~~ Cheng Wong 04-00099608

X

Secor Julia Gordon 04-0008146

~~M.D.:~~ Julia Gordon Lic #: 04-0008146

M.D.: \_\_\_\_\_ Lic #: \_\_\_\_\_

X

Scope of Practice (signed by PA and Primary Supervisor) A detailed description  
Of the duties and scope of practice to include authority to prescribe medications.

N/A

Completed Form A, if applicant answered Ayes in Section III

\_\_\_\_\_

Federation Disciplinary C

[REDACTED]

VERMONT DEPARTMENT OF HEALTH  
BOARD OF MEDICAL PRACTICE  
108 Cherry Street, PO Box 70  
Burlington VT 05402-0070  
802 657-4220 or 800 745-7371

DEC 28 2004

APPLICATION FOR CERTIFICATION AS A PHYSICIAN'S ASSISTANT IN VERMONT

PAGE ONE OF SEVEN

**FEE:** Enclose a check in the amount of \$100 if initial certification (\$50 if not initial) made payable to the Vermont Board of Medical Practice.

**Important:**

- Please print legibly or type your answers.
- Answer all questions (**front and back of each page**) completely-it is not adequate to state that the Board already has the information. Use the enclosed Form A to provide explanations to "yes" answers in **Section II**.
- Incomplete applications will be returned.
- When space provided is insufficient, attach additional sheets.
- All documents must be received within six (6) months or the application becomes stale and new documents must be submitted.
- Make a copy of this form and all attachments for your own records.
- Carefully complete the application as false statements are grounds for unprofessional conduct.
- Thank you for your cooperation.

SECTION I

Name: Stahl Stephanie Beth  
(Last) (First) (Middle) (Former)

Mailing Address: [REDACTED]  
(Street)

[REDACTED]  
(City) (State) (Zip Code) (Phone)

Office Address: [REDACTED]  
(Street)

[REDACTED]  
(City) (State) (Zip Code) (Phone)

Home Address: [REDACTED]  
(Street)

[REDACTED]  
(City) (State) (Zip Code)

Daytime Telephone Number: [REDACTED]

Date of Birth: Month: [REDACTED] Day: [REDACTED] Year: [REDACTED]

Place of Birth: [REDACTED] Sex: ☐ Male ☒ Female

Basis for Licensure:

- ☒ University Trained - NCCPA Examination  
☐ Vermont Apprenticeship Trained

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
APPLICATION FOR CERTIFICATION AS A PHYSICIAN'S ASSISTANT, PAGE TWO OF SEVEN

NAME FOR CERTIFICATE - NAME CHANGES - OTHER NAMES CERTIFIED/ LICENSED

Name as it should appear on your certification: Stephonie Stahl

Have you ever legally changed your name? ☐ Yes ☒ No  
If Yes, enclose a certified copy of the legal document stating the change.

Other Name(s), if any, under which you were certified / licensed elsewhere: \_\_\_\_\_

EDUCATION (College Forward)

University of Illinois 01/1991 - 05/1994 B.S. - Biology  
(Name and location of Institution) (From/To-Month/Year) (Degree)

Duke University 08/2001 - 08/2003 Physician Assistant/Master of Health Sciences  
(Name and location of Institution) (From/To-Month/Year) (Degree)

\_\_\_\_\_  
(Name and location of Institution) (From/To-Month/Year) (Degree)

SUPERVISING PHYSICIANS

List name and specialty of supervising physician(s):

Supervisor's Name

Supervisor's Specialty

Timothy Fitzgerald, D.O. Urgent Care

List name and specialty of secondary supervising physician(s):

Secondary Supervising Physician(s)

Secondary Supervising Physician's Specialty

Pierre Ansier, D.O. Osteopathic Physician

PRACTICE

Have you ever held a Vermont Temporary Certification? ☐ Yes ☒ No If Yes, when: \_\_\_\_\_

Do you have hospital privileges? ☐ Yes ☒ No

List all hospitals where you have, or previously have had, privileges - include name, address, and dates:

NAME	ADDRESS	FROM/TO	SPECIALTY
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
APPLICATION FOR CERTIFICATION AS A PHYSICIAN'S ASSISTANT, PAGE THREE OF SEVEN

TRAINING

List chronologically residency or other formal medical training programs. Give names, addresses of hospitals, exact dates (month, day, year), and type of training. Include COPIES OF CERTIFICATES.

Name	Address	From/To	Training
------	---------	---------	----------

List all other significant training affecting your work as a physician's assistant  
(e.g., courses in such areas as laboratory or x-ray technology, physical therapy, EMT):

Emergency Medical Technician - Paramedic, ACLS, CPR

OTHER LICENSES OR CERTIFICATIONS

Do you hold, or have you ever held, a license/certification in any other state? Yes ☒ Yes ☐ No If yes, complete the section below and send a Verification of Physician's Assistant Licensure or Certification to each state.

State	Certificate/License Number	Date Issued	Status (Active or Inactive)
-------	----------------------------	-------------	-----------------------------

Are you a graduate of a program accredited by the Committee on Allied Health Education and Accreditation (CAHEA) or its successor agency? ☒ Yes ☐ No

Do you hold a NCCPA Certificate? ☒ Yes ☐ No If yes, attach a copy.

NCCPA Certificate Number: 1059860 Expiration Date: 12/31/2005

When are you scheduled to begin work in Vermont? 01/03/2005

Have you previously applied for certification in Vermont? ☒ Yes ☐ No  
if yes: Under what name Stephanie Stahl Year 2004

What has been your physical residence (City, State) in the past ten years? Essex Junction, VT (08/03-present)

Chapel Hill, NC (08/1996-08/2003) Chicago, IL (1994-1996)

Urbane, Illinois (1991-1994)

Have you ever discontinued your practice as a physician's assistant or physician's assistant trainee for a period of more than six months? ☐ Yes ☒ No If yes, explain:

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
APPLICATION FOR CERTIFICATION AS A PHYSICIAN'S ASSISTANT, PAGE FOUR OF SEVEN

SECTION II

**PROVIDE A PHOTOGRAPH:** Attach a photograph taken within the last 60 days (head and shoulders). Proofs not acceptable. Sign the front of the photograph.

\_\_\_\_\_

\_\_\_\_\_  
PHOTOGRAPH



STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
APPLICATION FOR CERTIFICATION - PHYSICIAN'S ASSISTANT, PAGE FIVE OF SEVEN

SECTION III

SECTION III - "Yes" answers to Questions 1 - 24 requires an explanation on the enclosed Form A.

1. Have you ever applied for and been denied a certification/license to practice as a PA or any healing art? ☐ Yes ☒ No
2. Have you ever withdrawn an application for a certification/license to practice as a PA or any healing art? ☐ Yes ☒ No
3. Have you ever voluntarily surrendered or resigned a certification/license to practice as a PA or any healing art in lieu of disciplinary action? ☐ Yes ☒ No
4. Are any formal disciplinary charges pending or has any disciplinary action ever been taken against you by any governmental authority, by any hospital or health care facility, or by any professional PA association (international, national, state or local)? ☐ Yes ☒ No
5. To your knowledge, are you the subject of an investigation by any other licensing board as of the date of this application? ☐ Yes ☒ No
6. Have you ever been denied the privilege of taking an examination before any State Medical Examining Board? ☐ Yes ☒ No
7. Have you ever discontinued your education, training, or practice for a period of more than three months? ☐ Yes ☒ No
8. Have you ever been dismissed or asked to leave a residency training program(s) before completion? ☐ Yes ☒ No
9. Have you ever had staff privileges, employment or appointment in a hospital or other health care institution denied, reduced, suspended or revoked; resigned from a medical staff in lieu of disciplinary action; or resigned from a medical staff after a complaint or peer review action has been initiated against you? ☐ Yes ☒ No
10. Have you ever been denied the right to participate or enroll in any system whereby a third party pays all or part of a patient's bill? ☐ Yes ☒ No
11. Have you ever been notified as a responsible party of a confirmed quality concern (quality of hospital care provided to Medicare patients) by the Peer Review Organization (PRO) in Vermont or elsewhere? ☐ Yes ☒ No
12. Has any medical malpractice claim been made against you in the last ten years (whether or not a lawsuit was filed in relation to the claim/complaint/demand for damages)? ☐ Yes ☒ No
13. Have you ever been turned down for coverage by a malpractice insurance carrier? ☐ Yes ☒ No
14. Has your privilege to possess, dispense or prescribe controlled substances ever been suspended, revoked, denied, restricted or surrendered by any jurisdiction or federal agency at any time? ☐ Yes ☒ No
15. Have you, at any time, been a defendant in any criminal proceeding other than minor traffic offenses. (Note: DWI - Driving While Intoxicated - is NOT a minor offense)? ☐ Yes ☒ No
16. To your knowledge, are you the subject of an investigation for a criminal act? ☐ Yes ☒ No

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
APPLICATION FOR CERTIFICATION - PHYSICIAN'S ASSISTANT, PAGE SIX OF SEVEN

SECTION III CONTINUED - "Yes" answers to Questions 17 - 24 requires an explanation on the enclosed Form A. For purposes of Questions 17 - 24, the following phrases or words are defined below:

"Ability to practice medicine" is to be construed to include all of the following:

1. The cognitive capacity to make appropriate clinical diagnoses and exercise reasoned medical judgments, and to learn and keep abreast of medical developments; and
2. The ability to communicate those judgments and medical information to patients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and
3. The physical capability to perform medical tasks such as physical examination and surgical procedures, with or without the use of aids or devices, such as corrective lenses or hearing aids.

"Medical condition" includes physiological, mental or psychological conditions or disorders, such as but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction, and alcoholism.

"Chemical substances" is to be construed to include alcohol, drugs, or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.

"Currently" does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, or within the past five (5) years.

"Illegal use of controlled substances" means the use of controlled substances obtained illegally as well as the use of controlled substances which are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

17. Do you have a medical condition which in any way impairs or limits your ability to practice as a PA with reasonable skill and safety? If "yes," please explain. [REDACTED]
18. Does your use of chemical substance(s) in any way impair or limit your ability to practice as a PA with reasonable skill and safety? If "yes," please explain. [REDACTED]
19. Are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program? If "yes," please explain. [REDACTED]
20. Are the limitations or impairments caused by your medical condition reduced or ameliorated because of the field of practice, the setting or the manner in which you have chosen to practice? If "yes," please explain. [REDACTED]
21. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, or voyeurism? If "yes," please explain. [REDACTED]
22. Are you currently engaged in the illegal use of controlled substances? [REDACTED]
23. If "yes," are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not illegally using controlled substances? If "yes," please explain. [REDACTED]
24. Have you been diagnosed with or have you been treated for bipolar disorder, schizophrenia, paranoia, or any other psychotic disorder? [REDACTED]

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE - PAGE SEVEN OF SEVEN  
SECTION IV

STATEMENT REGARDING CHILD SUPPORT, TAXES, UNEMPLOYMENT COMPENSATION CONTRIBUTIONS

Applicant's Statement Regarding Child Support

Title 15 § 795 requires that: A professional license or other authority to conduct a trade or business may not be issued or renewed unless the person certifies that he or she is in good standing with respect to or in full compliance with a plan to pay any and all child support payable under a support order as of the date the application is filed. "Good standing" means that less than one-twelfth of the annual support obligation is overdue; or liability for any support payable is being contested in a judicial or quasi-judicial proceeding; or he or she is in compliance with a repayment plan approved by the office of child support or agreed to by the parties; or the licensing authority determines that immediate payment of support would impose an unreasonable hardship. (15 V.S.A. § 795)

1. You must check one of the two statements below regarding child support regardless whether or not you have children:

☒ I hereby certify that, as of the date of this application: (a) I am not subject to any support order or (b) I am subject to a support order and I am in good standing with respect to it, or (c) I am subject to a support order and I am in full compliance with a plan to pay any and all child support due under that order.

or

☐ I hereby certify that I am NOT in good standing with respect to child support due as of the date of this application and I hereby request that the licensing authority determine that immediate payment of child support would impose an unreasonable hardship. Please forward an "Application for Hardship".

Applicant's Statement Regarding Taxes

Title 32 § 3113 requires that: A professional license or other authority to conduct a trade or business may not be issued or renewed unless the person certifies that he or she is in good standing with the Department of Taxes. "Good standing" means that no taxes are due, the tax liability is on appeal, the taxpayer is in compliance with a payment plan approved by the Commissioner of Taxes, or the licensing authority determines that immediate payment of taxes would impose an unreasonable hardship. (32 V.S.A. § 3113)

2. You must check one of the two statements below:

☒ I hereby certify, under the pains and penalties of perjury, that I am in good standing with respect to or in full compliance with a plan to pay any and all taxes due to the State of Vermont as of the date of this application. (The maximum penalty for perjury is fifteen years in prison, a \$10,000.00 fine or both).

or

☐ I hereby certify that I am NOT in good standing with respect to taxes due to the State of Vermont as of the date of this application and I hereby request that the licensing authority determine that immediate payment of taxes would impose an unreasonable hardship. Please forward an "Application for Hardship".

Applicant's Statement Regarding Unemployment Compensation Contributions

Title 21 § 1378 requires that: No agency of the state shall grant, issue or renew any license or other authority to conduct a trade or business (including a license to practice a profession) to, or enter into, extend or renew any contract for the provision of goods, services or real estate space with any employing unit unless such employing unit shall first sign a written declaration, under the pains and penalties of perjury, that the employing unit is in good standing with respect to or in full compliance with a plan to pay any and all contributions or payments in lieu of contributions due as of the date such declaration is made. For the purposes of this section, a person is in good standing with respect to any and all contributions or payments in lieu of contributions payable if: (1) no contributions or payments in lieu of contributions are due and payable; (2) the liability for any contributions or payments in lieu of contributions due and payable is on appeal; (3) the employing unit is in compliance with a payment plan approved by the Commissioner; or (4) in the case of a licensee, the agency finds that requiring immediate payment of contributions or payments in lieu of contributions due and payable would impose an unreasonable hardship.

3. You must check one of the two statements below regarding unemployment contributions or payments in lieu of unemployment contributions:

☒ I hereby certify, under the pains and penalties of perjury, that I am in good standing with respect to or in full compliance with a payment plan approved by the Commissioner of Employment and Training to pay any and all unemployment contributions or payments in lieu of unemployment contributions to the Vermont Department of Employment and Training due as of the date of this application. (The maximum penalty for perjury is 15 years in prison, a \$10,000.00 fine or both).

or

☐ I hereby certify that I am NOT in good standing with respect to unemployment contributions or payments in lieu of unemployment contributions due to the Vermont Department of Employment and Training as of the date of this application and I hereby request that the licensing authority determine that requiring immediate payment of unemployment contributions or payments in lieu of unemployment contributions would impose an unreasonable hardship. Please forward an Application for Hardship.

Social Security #

Date of Birth

\* The disclosure of your social security number is mandatory, is elicited by the authority granted by 42 U.S.C. § 405 (a)(2)(C), and will be used by the Department of Taxes and the Department of Employment and Training, in the administration of tax laws, to identify individuals affected by such laws, and by the Office of Child Support.

STATEMENT OF APPLICANT

I certify that the information stated by me in this application is true and accurate to the best of my knowledge. I understand that providing false information or omission of information is unlawful and may jeopardize my license/certification/registration status.

Signature of Applicant

*Stephen Ditch*

Date

2/4/12/20/2004

## EMPLOYMENT CONTRACT

I, Stephanie Stahl, an applicant for  
(Applicant's Name)

Certification as a Physician's Assistant, am employed by

Fletcher Allen Health Center - Department of Gynecology/ Gynecologic Oncology  
(Employer's Name)

for the period beginning 01/03/2005  
(Month/Day/Year)

Termination of my contract will cause my Certification to become null and void.

Stephanie Stahl  
Signature of Physician's Assistant

12/20/04  
(Date)

Cherry Wong  
Signature of Supervising Physician

12/20/04  
(Date)

Print Name of Physician: Cherry Wong

**NOTE: A contract from each separate employer is required.**

VERMONT DEPT OF HEALTH  
BOARD OF MEDICAL PRACTICE  
108 CHERRY ST PO BOX 70  
BURLINGTON VT 05402-0070  
802-657-4220

PRIMARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Wong Cheung  
(Last) (First) (Middle)

Mailing Address UHC / FAHC  
(Office Name)

1 S. Prospect Street  
(Street)

Burlington, VT 05401 802/847-5110  
(City/State) (Zip Code) (Telephone Number)

Vermont License Number: 042-0009968 Number of years you have been practicing medicine: 12 years

Hospital(s) where you have privileges FAHC Hospital(s) Location Burlington, VT Specialty Ob/Gyn

List all physician's assistants names and addresses you currently supervise:

What arrangements have you made for supervision when you are not available or out of town: Dr. Julia Johnson

CERTIFICATE OF SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of

Stephanie Stahl, P.A. while under my supervision. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice. I further certify that notice will be posted that a physician's assistant is used, in accordance with 26 VSA, Chapter 31, Section 1741.

I further certify that I have read the statutes and Board rules governing physician's assistants.

12/20/14  
(Date)

Cheung Wong  
(Signature of Supervising Physician)

Co-signature of PA: Stephanie Stahl

Note: A PA who prescribes controlled drugs must obtain an ID number from DEA. PA's DEA Number: 1751057428

VERMONT DEPT OF HEALTH  
BOARD OF MEDICAL PRACTICE  
108 CHERRY ST PO BOX 70  
BURLINGTON VT 05402-0070  
802-657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Johnson Julia V  
(Last) (First) (Middle)

Mailing Address UHC / FAHC  
(Office Name)  
150 Prospect  
(Street)  
Burlington VT 05401 (802) 847-1400  
(City/State) (Zip Code) (Telephone Number)

Vermont License Number: 8140 Number of years you have been practicing medicine: 14

Hospital(s) where you have privileges FAHC Hospital(s) Location Burlington VT Specialty OB/GYN

List all physician's assistants names and addresses you currently supervise:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of

Stephanie Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician's Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician's assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician's assistants.

12/21/04  
(Date)

Quinn V. Doerner  
(Signature of Secondary Supervising Physician)

# PHYSICIAN ASSISTANT SCOPE OF PRACTICE

WOMEN'S HEALTH CARE SERVICES  
FLETCHER ALLEN HEALTH CARE  
111 COLCHESTER AVENUE  
BURLINGTON, VT 05401

## a) **NARRATIVE**

Fletcher Allen Health Care, Women's Health Care Services is composed of a team of professionals who provide the full scope of OB/GYN services. Physicians certified nurse midwives, nurse practitioners and now a physician assistant work in collaborative arrangement. The physician assistant will provide GYN and OB care to our patient population, as do our existing providers. Resident physicians and students rotate through the Women's Health Care Services during their training.

Physician Assistants practice under the supervision of attending OB/GYN physicians. The primary role of the PA is to provide ongoing care for female patients as determined by the PA's training and experience and by the services provided by the supervising physicians. In addition, Pas are involved in both didactic and clinical training of students.

## b) **SUPERVISION**

Supervision of the PA is provided by the primary supervising physicians or one of the secondary supervising physicians when the primary supervising physicians are not available. One of the primary or secondary supervising physicians is available 24 hours a day, 7 days a week. Supervision may include the following mechanisms:

1. direct supervision by an attending physician
2. consultation with an attending physician in person or by phone
3. retrospective chart review
4. participation in Women's Health Services quality assurance meetings

## c) **SITES OF PRACTICE**

Fletcher Allen Health Care, Women's Health Care Services:  
MCHV Campus, 111 Colchester Avenue, Burlington, VT  
UHC Campus, 1 South Prospect Street, Burlington, VT  
UHC at Blair Park, Williston, VT

## d) **TASKS**

The following list is intended to express a sense of involvement in medical care provision and is not intended to be all inclusive or limiting, except as specifically excluded by the Board of Medical Practice, health care facility, or law. At no time will the physician assistant function in a capacity that exceeds the normal scope of practice of the supervising physicians. The supervising physician may delegate any and all other tasks that by reason of training and experience, the PA can be expected to perform.

1. elicit patient histories
2. perform physical examinations
3. order laboratory exams, radiographic imaging and other diagnostic testing
4. write nursing and other therapeutic orders to be carried out in accordance with hospital policy
5. interpret diagnostic and screening studies
6. provide telephone advice
7. provide education and counseling of patients and arrange for follow-up care and referrals
8. perform euglycemic clamps
9. perform routine gynecologic and obstetric tests, including, but not limited to Pap smears, endometrial biopsies, vulvar biopsies
10. insert IV lines, catheters, obtain venous and arterial blood samples
11. administer or dispense medication in accordance with hospital policy
12. assist in gynecologic surgeries
13. initiate resuscitative measures in accordance with ACLS standards and hospital policy
14. write prescriptions for medications, including controlled drugs and devices in accordance with Vermont law and DEA regulations

e) **PRESCRIPTIVE PRACTICE**

The PA named in this document is authorized to prescribe medications, including controlled drugs, in accordance with this scope of practice, as approved by the Vermont Board of Medical Practice. The PA's DEA number is MS 1857428

Stephanie Stahl  
Signature of Physician Assistant

12/20/04  
Date

[Signature]  
Signature of Supervising Physician

12/20/4  
Date



1. elicit patient histories
2. perform physical examinations
3. order laboratory exams, radiographic imaging and other diagnostic testing
4. write nursing and other therapeutic orders to be carried out in accordance with hospital policy
5. interpret diagnostic and screening studies
6. provide telephone advice
7. provide education and counseling of patients and arrange for follow-up care and referrals
8. perform euglycemic clamps
9. perform routine gynecologic and obstetric tests, including, but not limited to Pap smears, endometrial biopsies, vulvar biopsies
10. insert IV lines, catheters, obtain venous and arterial blood samples
11. administer or dispense medication in accordance with hospital policy
12. assist in gynecologic surgeries
13. initiate resuscitative measures in accordance with ACLS standards and hospital policy
14. write prescriptions for medications, including controlled drugs and devices in accordance with Vermont law and DEA regulations

e) **PRESCRIPTIVE PRACTICE**

The PA named in this document is authorized to prescribe medications, including controlled drugs, in accordance with this scope of practice, as approved by the Vermont Board of Medical Practice. The PA's DEA number is *MS 1057428*

*Stephene Stahl*

Signature of Physician Assistant

*12/24/04*

Date

*[Signature]*

Signature of Supervising Physician

*12/20/04*

Date

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

30719

## SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Viscusi Anne Louise  
(Last) (First) (Middle)  
Mailing Address 71 Knight Lane Vermont Women's  
(Office Name) Wellness  
Wilmington VT (Street)  
(City/State) (Zip Code) 05495 (Telephone Number) (802) 872-7001

Vermont License #: 47 - 0008739

Hospital(s) where you have privileges:	Hospital(s) Location	Specialty
<u>FATC</u>	<u>BURLINGTON, VT</u>	<u>OB/GYN</u>

List all physician's assistants names and addresses you currently supervise:

STEPHANIE STAHL, PA

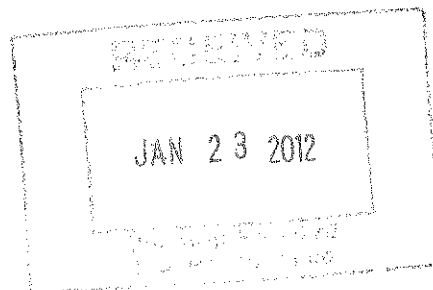
## CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of STEPHANIE STAHL, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician/Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

1/20/2012  
(Date)

[Signature]  
(Signature of Secondary Supervising Physician)



STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

Stephanie Stahl  
055-030719

**SECONDARY SUPERVISING PHYSICIAN APPLICATION**

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Zvulon Hishalah  
(Last) (First) (Middle)

Mailing Address 89 Beaumont Ave. Given David  
(Office Name)

BURLINGTON VT 802-656-2226  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 042-0012200

Hospital(s) where you have privileges: FAHC Hospital(s) Location Specialty

List all physician's assistants names and addresses you currently supervise:

Stephanie Stahl

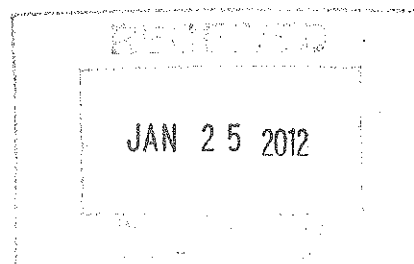
**CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN**

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

1-20-12  
(Date)

[Signature]  
(Signature of Secondary Supervising Physician)



STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Brock Julie  
(Last) (First) (Middle)

Mailing Address Vermont Gynecology  
(Office Name)  
1775 Wilburton Road, Suite 110  
(Street)  
South Burlington, VT 05403 802-428-4663  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 042-0010441

Hospital(s) where you have privileges: Hospital(s) Location Specialty

List all physician's assistants names and addresses you currently supervise:

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stokli, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

1/12/2012  
(Date)

[Signature]  
(Signature of Secondary Supervising Physician)

FEB - 2 2012

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Flaherty Kara  
(Last) (First) (Middle)

Mailing Address Champlain DB-byn  
(Office Name)  
55 Main Street  
(Street)

Essex Junction VT 05452  
(City/State) (Zip Code) (Telephone Number)  
(802) 879-1802

Vermont License #: 042-001570

Hospital(s) where you have privileges: FALC Hospital(s) Location Burlington VT Specialty OB/GYN

List all physician's assistants names and addresses you currently supervise:  
Stephanie Stahl

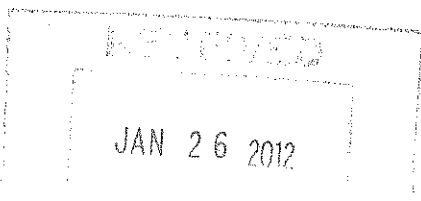
CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

12-20-2011  
(Date)

Kara Flaherty  
(Signature) Secondary Supervising Physician



STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

30719

### SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Boymann Kym MARGARET  
(Last) (First) (Middle)

Mailing Address Vermont Gynecology  
(Office Name)  
1775 Williston Rd. Ste 110  
(Street)  
So. Burlington VT 05403 802 735 1252  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 042-0010597

Hospital(s) where you have privileges: FABC Hospital(s) Location Burlington, VT Specialty Gynecology

List all physician's assistants names and addresses you currently supervise:

Stephanie Stahl, PA

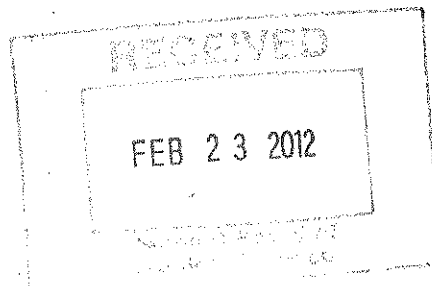
### CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

2/7/12  
(Date)

[Signature]  
(Signature of Secondary Supervising Physician)



STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

307A

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Thibault Amy  
(Last) (First) (Middle)

Mailing Address Master  
(Office Name)

185 Tilley Drive  
(Street)

South Burlington, VT 05403  
(City/State) (Zip Code)

(802) 862-7338  
(Telephone Number)

Vermont License #: 0420010606

Hospital(s) where you have privileges:	Hospital(s) Location	Specialty

List all physician's assistants names and addresses you currently supervise:

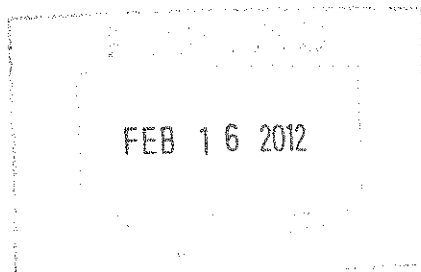
CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stone, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

1/3/12  
(Date)

A. Stukauer  
(Signature of Secondary Supervising Physician)



STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Jones David C  
(Last) (First) (Middle)

Mailing Address Fletcher Allen Health Care Women's Health Care Service  
(Office Name)  
111 Colchester Ave, 4th Floor, All Men Pavilion  
(Street)  
Burlington, VT 05401 802 847-1400  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 042-6010961 10174

Hospital(s) where you have privileges: Hospital(s) Location Specialty

List all physician's assistants names and addresses you currently supervise:

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

27 Jan 2012  
(Date)

[Signature]  
(Signature of Secondary Supervising Physician)



DEPARTMENT OF HEALTH  
BOARD OF MEDICAL PRACTICE  
108 Cherry Street, PO Box 70  
Burlington VT 05402-0070  
802 657-4220 or 800-745-7371

17000

2012 PHYSICIAN ASSISTANT LICENSURE RENEWAL APPLICATION

PART I

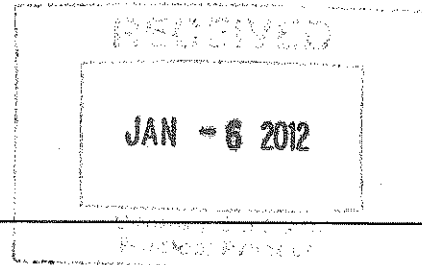
License # 055-0030719

1. Name: Stephanie Beth Stahl PA

2. Other Name(s), if any, under which you were certified or licensed in Vermont and elsewhere:

3. Mailing Address(es):

FAHC-Womens Health Care Services  
111 Colchester Avenue 4th Floor  
BURLINGTON VT 05401



4. Home Address: [REDACTED]

City, State, Zip Code: [REDACTED]

5. Email Address: [REDACTED]

6. Daytime Telephone Number: Area Code:

[REDACTED]

7. Date of Birth:

[REDACTED]

8. Place of Birth: [REDACTED]

9. Certification Examination Taken – (Check box and enter date of examination):

☒ (04/20/09)

NCCPA

☐ (\_\_\_/\_\_\_/\_\_\_)

State Examination-Identify state: \_\_\_\_\_

☐ (\_\_\_/\_\_\_/\_\_\_)

Other Examination specify: \_\_\_\_\_

10. Basis for Vermont Certification – (Check box):

☐ Apprenticeship Trained

☒ University Trained

11. Do you have hospital privileges in Vermont? ☒ Yes ☐ No

Hospital Name(s) and Location(s):

Fletcher Allen (FAHC, MCHV)  
Burlington, VT  
(2005-)

12. In what year did you start working as a physician assistant in Vermont? 2004

13. Were you in active clinical practice in Vermont during the past 12 months? ☒ Yes ☐ No

14. Other states where you now hold an active certification or license to practice:

Application is in process in New York, not yet active (Application approved, license issued 12/22/11, License # 015404-1)

15. States where you previously were certified or licensed to practice:

None

16. Specialty: Gynecology, Gyn. Oncology DEA Number: MS057428

17. Name and office address of current EMPLOYER(S):

FAHC Womens Health Care Services, 111 Colchester Avenue, Burlington, Vt 05401

Name

Address

18. Please list (use additional sheet if necessary) name(s) and address(es) of physicians who currently serve as your PRIMARY and SECONDARY SUPERVISING PHYSICIAN(S). Attach signed sheets for each practice location.

Primary Supervising Physician(s):

Name

Address

Cheung Wong, MD Women's HCS, Gynecologic Oncology 111 Colchester Ave, 4th Floor ACLMP  
Burlington Vt 05401

Secondary Supervising Physician(s):

Name

Address

See Attached list

19. Delegation Agreement: The Board of Medical Practice requires that you and your primary supervising physician(s) review the most current delegation agreement for your practice setting, paying attention to any additions or deletions in duties and procedures. Please review, date and sign your delegation agreement and have your PRIMARY SUPERVISING PHYSICIAN sign it as well. Attach a copy of your signed delegation agreement to this application. This should be done for each practice location and included with this renewal.

a. Has there been a change in your delegation agreement which has not been reviewed by the Board?

☐ Yes ☒ No

20. Please provide a letter from your Supervising Physician attesting to the fact that you have practiced as a Physician Assistant within the past twelve months.

21. Continuing Medical Education (CME) requirements:

a. NCCPA certified Physician Assistant: Attach proof of current NCCPA certification; this will serve as adequate proof of CME completion.

b. For all others, an explanation of requirements and a CME Record form must be completed.

22. Primary Supervising Physician and Second Supervisory Physician forms are provided. They must be completed and returned with this application.

## PART II

"Yes" answers to Questions 23 - 47 require an explanation on Form A.

23. Have you ever applied for and been denied a certificate to practice medicine or any other healing art?  
☐ yes ☒ no
24. Have you ever withdrawn an application for a certificate to practice medicine or any other healing art?  
☐ yes ☒ no
25. Have you ever voluntarily suspended, surrendered or resigned a certificate to practice medicine or any other healing art in lieu of disciplinary action or any other reason?  
☐ yes ☒ no
26. Are any formal disciplinary charges pending or has any disciplinary action ever been taken against you by any governmental authority, by any hospital or health care facility, or by any professional medical association (international, national, state or local)?  
☐ yes ☒ no
27. Have you ever been denied the privilege of taking an examination before any state medical examining board?  
☐ yes ☒ no
28. Have you ever discontinued your education, training, or practice for a period of more than three months?  
☐ yes ☒ no
29. Have you ever been dismissed or suspended from, or asked to leave a residency training program before completion?  
☐ yes ☒ no
30. Have you ever had staff privileges, employment or appointment in a hospital or other health care institution denied, reduced, suspended or revoked, or resigned from a medical staff after a complaint or peer review action was initiated against you?  
☐ yes ☒ no
31. Has your privilege to possess, dispense or prescribe controlled substances ever been suspended, revoked, denied, or restricted by, or surrendered to any jurisdiction or federal agency at any time?  
☐ yes ☒ no
32. Do you currently or have you ever prescribed any prescription medication over the internet? This does not include prescribing you would do using electronic medical records in your practice.  
☐ yes ☒ no
33. Are you presently or have you ever been a defendant in a criminal proceeding?  
☐ yes ☒ no

### PART III

(Unless otherwise ordered by a court, your responses to the questions in Part III are considered exempt from public disclosure.)

Any "yes" response to the questions below must be fully explained on the enclosed Form A.

34. To your knowledge, are you the subject of an investigation by any other licensing board under which you have not been charged as of the date of this application?  
[REDACTED]

35. To your knowledge, are you presently the subject of a criminal investigation under which you have not been charged?  
[REDACTED]

The following definitions are provided to assist you in answering questions 36 through 38.

"Ability to practice medicine" - This term includes:

The cognitive capacity to make appropriate clinical diagnoses and exercise reasoned medical judgments, and to learn and keep abreast of medical developments; and

The ability to communicate those judgments and medical information to patients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and

The physical capability to perform medical tasks such as physical examination and surgical procedures, with or without the use of aids or devices, such as corrective lenses or hearing aids.

"Medical condition" - Includes physiological, mental or psychological conditions or disorders, such as, but not limited to, orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, hepatitis, HIV disease, tuberculosis, drug addiction, and alcoholism.

"Currently" - This term means recently enough to have a real or perceived impact on one's functioning as a licensee.

"Chemical substances" - This term is to be construed to include alcohol, drugs, or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.

"Controlled substances" - This term means those drugs listed on Schedules I through V of Section 202 of the Controlled Substances Act (21 USC § 812).

"Illegal use of controlled substances" - This term means the use of drugs, the possession or distribution of which is unlawful under the Controlled Substances Act, as periodically updated by the Food and Drug Administration. This term does not include the use of a drug taken under the supervision of a licensed health care professional or other uses authorized by the Controlled Substances Act or other provisions of federal law.

36. Do you have a medical condition that potentially or in any way impairs or limits your ability to practice medicine in your field of practice with reasonable skill and safety?

In explaining a "Yes" answer on Form A, please provide reasonable assurances that your medical condition is reduced or ameliorated because, for example, you have received or do receive ongoing treatment (with or without medication) or have participated or do participate in a monitoring program.

37. Are you currently engaged in the use of alcohol or other chemical substances that potentially or in any way impairs your ability to practice medicine in your field of practice with reasonable skill and safety?

In explaining a "Yes" answer on Form A, please provide reasonable assurances that your use is reduced or ameliorated because, for example, you have received or do receive ongoing treatment (with or without medication) or have participated or do participate in a monitoring program.

38. Are you currently engaged in the illegal use of controlled substances?

In explaining a "Yes" answer on Form A, please provide reasonable assurances that such use is not a real and ongoing problem in your practice of medicine.

#### IMPORTANT

Since 1999, Board fees have been used to create and maintain the Vermont Practitioners Health Program, a confidential program for the identification, treatment and rehabilitation of practitioners, including physician assistants, affected by the disease of substance abuse. If you wish further information about this program, a service of the Vermont Medical Society, call 802-223-0400 (a confidential line).

#### Part IV - Statutory Profile Questions

The following questions are required by Vermont law, 26 VSA § 1368, to update and maintain a data repository within the Department of Health and to make individual profiles on all health care professionals licensed, certified, or registered by the Department available to the public. Your practitioner profile is located at the following website [http://healthvermont.gov/hc/med\\_board/profile\\_search.aspx](http://healthvermont.gov/hc/med_board/profile_search.aspx).

**Please include photocopies of court papers, licensing authority decisions, and any other relevant documents if your answers to questions 39 through 44 have changed since your last application. We cannot process your application**

without them.

Stephane Stach  
Lic # 055.0030719

39. Criminal Convictions [See 26 VSA § 1368(a)(1)] ☒ Check here if none *DD 1/6/12*

Please provide a description of all crimes (felonies and misdemeanors; this includes DUI but not speeding or parking tickets) of which you have been convicted within the past 10 years **Please provide complete copies of documentation for each matter.**

JAN 12 2012

(Conviction Date) (Court) (City/State) (Crime)

40. Nolo Contendere/Matters Continued [See 26 VSA § 1368(a)(2)] ☒ Check here if none *DD 1/6/12*

Please provide a description of all charges to which you pleaded "nolo contendere" ("I will not contest it") or where sufficient facts of guilt were found and the matter was continued without a finding by a court of competent jurisdiction. **Please provide complete copies of documentation for each matter.**

(Conviction Date) (Court) (City/State) (Charge)

41. Vermont Board of Medical Practice Matters [See 26 VSA § 1368(a)(3)] ☒ Check here if none *DD 1/6/12*

Please provide a description of all formal charges served, findings, conclusions, and orders of the Board of Medical Practice (including stipulations), and final disposition of such matters by the courts, if appealed.

(Date) (Final Disposition - Summary)

42. Licensing or Certification Authority Matters in Other States [See 26 VSA § 1368(a)(4)]

☒ Check here if none

Please provide a description of all formal charges served by licensing or certification authorities of other states, the findings, conclusions, and orders of such authorities, and final disposition of such matters by the courts, if appealed, in those states. **Please provide complete copies of documentation for each matter.**

(Date of Final Disposition) (Licensing or Certification Authority) (Court) (City/State) (Nature of Charge)

43. Restriction of Hospital Privileges [See 26 VSA § 1368(a)(5)] ☒ Check here if none

Revocation/Involuntary Restrictions

Please provide a description of any revocation or involuntary restriction of your hospital privileges that were related to competence or character and were issued by the hospital's governing body or any other official of the hospital after procedural due process (opportunity for hearing) was afforded to you. **Please provide complete copies of documentation for each matter.**

(Date) (Hospital) (State) (Nature of Restriction) (Reason for Restriction)

- B. Other Restrictions ☒ Check here if none

Please provide a description of all resignations from, or non-renewal of, medical staff membership or the restriction of privileges at a hospital taken in lieu of, or in settlement of, a pending disciplinary case related to competence or character in that hospital. **Please provide complete copies of documentation for each matter.**

(Date)	(Hospital)	(State)
--------	------------	---------

(Nature of Action) (Action) \_\_\_\_\_ ☐ In lieu  
☐ In settlement  
 (Reason for Action)

44. Medical Malpractice Court Judgments/Settlements [See 26 VSA § 1368(a)(6A)]

A. Judgments ☒ Check here if none

Please complete the attached Form A and provide a description of all medical malpractice court judgments against you and all medical malpractice arbitration awards against you within the past 10 years (10 years from payment date) in which a payment was awarded to a complaining party if not listed below. **Please provide complete copies of documentation, to include final disposition and, if possible, a copy of the complaint for each matter.**

None reported

☐ Judgment ☐ Arbitration

(Date)	(Court)	(State)	(Nature of Case)	(Amount Assessed Against You)
--------	---------	---------	------------------	-------------------------------

☐ Judgment ☐ Arbitration

(Date)	(Court)	(State)	(Nature of Case)	(Amount Assessed Against You)
--------	---------	---------	------------------	-------------------------------

B. Settlements ☒ Check here if none

Please provide a description of all settlements of medical malpractice claims against you within the past 10 years (10 years from payment date) in which a payment was awarded to a complaining party if not listed below. **Please provide complete copies of documentation, to include final disposition and, if possible, a copy of the complaint for each matter.**

None reported

(Date)	(Court)	(State)	(Amount of Settlement Against You)
--------	---------	---------	------------------------------------

(Date)	(Court)	(State)	(Amount of Settlement Against You)
--------	---------	---------	------------------------------------

45. Years of Practice [See 26 VSA § 1368(a)(10)] **2004**

What month and year did you start practicing as a Physician Assistant? 01/2004

46. Appointments/Teaching [See 26 VSA § 1368(a)(12)] Note: Answering #46 is optional. By answering, you are granting permission to have this information posted on the web. (This form follows the statutory wording. Since most appointments are teaching appointments, these questions may overlap.)

A. Appointments

Please provide information about your appointments to medical school or professional school faculties.

University of Vermont

Burlington, VT

Clinical Instructor

2005

(School)	(City)	(State)	(Nature of Appointment)	From (year)	To (year)
----------	--------	---------	-------------------------	-------------	-----------

(School)	(City)	(State)	(Nature of Appointment)	From (year)	To (year)
----------	--------	---------	-------------------------	-------------	-----------

B. Teaching

Please provide information regarding your responsibility for teaching graduate medical education within the past 10 years.

University of Vermont

Burlington, VT

Precepting Medical Students

2005

(School/Institution)	(City)	(State)	(Nature of Teaching)	From (year)	To (year)
----------------------	--------	---------	----------------------	-------------	-----------

47. Publications [See 26 VSA § 1368(a)(13)]

Note: Answering #47 is optional. By answering, you are granting permission to have this information posted on the web. Please provide information regarding your publications in peer-reviewed medical literature within the past 10 years.

None reported

(Publication)	(Year)	(Title)
---------------	--------	---------

(Publication)	(Year)	(Title)
---------------	--------	---------

48. Activities [See 26 VSA § 1368(a)(14)]

Note: Answering #48 is optional. By answering, you are granting permission to have this information posted on the web. Please provide information regarding your professional or community service activities and awards.

None reported

(Activities or Awards)
------------------------

49. Practice Setting [See 26 VSA § 1368(a)(15)]

What is the location of your primary practice setting? **Burlington, VT**

Town/City, State

50. Translating Services [See 26 VSA § 1368(a)(16)]

Please identify any translating services available at your primary practice location.

Are any translating services available at your primary practice location? ☒ Yes ☐ No

If yes, please describe the translating services available:

None

We have a 1-800 number available for obtaining a translator by phone, and

51. Medicaid/New Patients [See 26 VSA § 1368(a)(17)]

translators are available for many languages to  
accompany patients to their appointments

A. Medicaid participation

Do you participate in the Medicaid program?

☒ Yes ☐ No

B. New Medicaid Patients

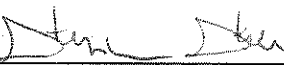
Are you currently accepting new Medicaid patients?

☒ Yes ☐ No

**Part V**

I hereby affirm that the information provided above is true and accurate, and that I have answered the questions to the best of my knowledge and ability.

Date: 12/28/10

  
Applicant's Signature

Reminder - You must also complete the enclosed Applicant's Statement Regarding Child Support and Taxes, regardless of whether or not you have children



Vermont Department of Health - Board of Medical Practice  
Form A

PLEASE PROVIDE EXPLANATIONS TO "YES" ANSWERS ON THIS FORM

**(Questions 23 and 24) Withdrawal or denial of License - Attach documents**

State \_\_\_\_\_ Year \_\_\_\_\_  
Circumstances under which license was withdrawn, denied, revoked, not renewed, or otherwise terminated \_\_\_\_\_  
\_\_\_\_\_

**(Question 25) Voluntarily surrendered or resigned a license to practice medicine or any healing art - Attach documents**

State \_\_\_\_\_ Year \_\_\_\_\_  
Circumstances \_\_\_\_\_  
\_\_\_\_\_

**(Question 26) Disciplinary charges or action - Attach documents**

Name of organization involved \_\_\_\_\_ Date \_\_\_\_\_  
Duration \_\_\_\_\_

Action taken (circle all that apply)

- |   |   |
|---|---|
| 01 Revocation of right or privilege         | 12 Leave of absence                       |
| 02 Suspension of right or privilege         | 13 Withdrawal of an application           |
| 03 Censure                                  | 14 Termination or non-renewal of contract |
| 04 Written reprimand or admonition          | 15 Medical Records Suspension             |
| 05 Restriction of right or privilege        | 16 Probation                              |
| 06 Non-renewal of right or privilege        | 17 Assurance of Discontinuance            |
| 07 Fine                                     | 18 Consent Agreement                      |
| 08 Required performance of public service   | 19 Letter of Agreement                    |
| 09 Education/Training/Counseling/Monitoring | 20 Expulsion from Membership              |
| 10 Denial of rights or privilege            | 21 Reprimand                              |
| 11 Resignation                              | 22 Other (specify) _____                  |

Circumstances \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(Question 27) Denial of examination privileges - Attach documents**

State \_\_\_\_\_ Year \_\_\_\_\_  
Circumstances under which examination privileges denied \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(Questions 28 and 29) Residency Training Program(s) not completed - discontinued education, training, practice - Attach documents**

Residency Training Program(s) \_\_\_\_\_  
Location of Programs \_\_\_\_\_ Year \_\_\_\_\_  
Circumstances \_\_\_\_\_  
\_\_\_\_\_

**(Question 30) Affecting Health Care Institution Staff Privileges, Employment or Appointment - Attach documents**

Institution involved \_\_\_\_\_  
Location \_\_\_\_\_ Year \_\_\_\_\_  
Circumstances \_\_\_\_\_  
\_\_\_\_\_

**(Question 31) Privilege to prescribe controlled substances - Attach documents**

Name of organization involved \_\_\_\_\_  
Type of restriction \_\_\_\_\_ Date \_\_\_\_\_  
Circumstances of restriction \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(Question 32) Internet prescribing**

**Please provide a general description of your practice of internet prescribing**

\_\_\_\_\_  
\_\_\_\_\_

**(Questions 33 and 35) Criminal Investigation - Proceeding - Attach documents**

Court \_\_\_\_\_  
City and State \_\_\_\_\_  
Charge \_\_\_\_\_  
Description \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Status \_\_\_\_\_  
\_\_\_\_\_

Conviction? \_\_\_\_ Yes \_\_\_\_ No Date \_\_\_\_\_

Plea? \_\_\_\_ Yes \_\_\_\_ No Date \_\_\_\_\_

**(Question 34) Investigation by any other licensing board - Attach documents**

Name of Licensing Board \_\_\_\_\_ Date \_\_\_\_\_

Location of Licensing Board \_\_\_\_\_

Circumstances \_\_\_\_\_

**(Questions 36-38) Medical condition, treatment, use of chemical or illegal substances**

Treating organization \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Type of diagnosis, condition or treatment - field of practice - use of chemical substances  
\_\_\_\_\_  
\_\_\_\_\_

Dates of illness or dependency \_\_\_\_\_ to \_\_\_\_\_

Dates of treatment \_\_\_\_\_ to \_\_\_\_\_

Name of Rehabilitation/Professional Assistance or Monitoring Program \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Contact person at Program \_\_\_\_\_

**(Question 44) Medical Malpractice Claim**

Please provide the following information regarding each instance of alleged malpractice. This section should be photo copied and filled out separately for each claim. Additional sheets may be obtained/used if necessary.

Insurer \_\_\_\_\_

Claimant name \_\_\_\_\_

Description of alleged claim (allegations only): This does not constitute an admission of fault or liability.

Please indicate:

1. Patient's condition at point of your involvement;
2. Patient's condition at end of treatment;
3. The nature and extent of your involvement with the patient;
4. Your degree of responsibility for the course of treatment in leading to the claim; and
5. Narrative of event.

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If the incident resulted in patient's death, indicate cause of death according to autopsy or patient chart:

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Your role (circle one):

- |                           |                                     |
|---------------------------|-------------------------------------|
| 01 Anesthesiologist       | 11 PGY 4                            |
| 02 Primary Care Physician | 12 PGY 5                            |
| 03 Referring Physician    | 13 PGY 6                            |
| 04 Attending Physician    | 14 PGY 7                            |
| 05 Consultant Specialist  | 15 Workmen's Compensation Evaluator |
| 06 Surgeon                | 16 Court Psychiatrist               |
| 07 Fellow                 | 17 On-Call Physician                |
| 08 PGY 1                  | 18 Group Practitioner/Partner       |
| 09 PGY 2                  | 19 Other: Specify _____             |
| 10 PGY 3                  | 20 Unknown                          |

Your Legal Representative in this matter (include name, address and telephone number)

Name \_\_\_\_\_

Firm \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

**Indicate Decision, Appeal, Settlement, Dismissal:**

If a Court or Arbitration Panel heard your case, indicate the following:

Court \_\_\_\_\_

Court's location \_\_\_\_\_

Docket number \_\_\_\_\_

Date the action was filed \_\_\_\_\_

Decision determined by (check one): \_\_\_\_\_ Judge \_\_\_\_\_ Jury \_\_\_\_\_ Arbitration Panel

Decision: \_\_\_\_\_ Award: \_\_\_\_\_

If your case was appealed, indicate the following: Date appeal filed (month, day, year) \_\_\_\_/\_\_\_\_/\_\_\_\_

Date appeal decided: (month, day, year) \_\_\_\_/\_\_\_\_/\_\_\_\_

If your case was settled, indicate the following:

Settlement amount paid on your behalf: \_\_\_\_\_

Total settlement amount: \_\_\_\_\_

Date of settlement: (month, day, year) \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ Case dismissed against you \_\_\_\_\_ Against all defendants

**Important: In addition to the above information, please attach a copy of the complaint and final judgment, settlement and release, or other final disposition of the claim. This information can be obtained from your legal representative.**

**Additional information, if any:**

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**State of Vermont**  
**Department of Health**  
**Board of Medical Practice**

**Statement of Good Standing**

**Regarding Any Unpaid Judgment Issued by the Judicial Bureau or District Court for Fines  
or Penalties for a Violation or Criminal Offense**

I hereby state that I am in good standing with respect to any unpaid judgment issued by the judicial bureau or district court for fines or penalties for a violation or criminal offense.

I understand that a license may not be issued or renewed without such a statement.

I further understand that, for the purposes of this section, a person is in good standing with respect to any unpaid judgment issued by the judicial bureau or district court for fines or penalties for a violation or criminal offense if:

- (1) 60 days or fewer have elapsed since the date a judgment was issued; or
- (2) the person is in compliance with a repayment plan approved by the judiciary.

Signature: 

Date: 12/28/11

Vermont Department of Health - Board of Medical Practice

APPLICANT'S STATEMENT REGARDING CHILD SUPPORT AND TAXES

You must answer questions 1 and 2

Regarding Child Support

Title 15 § 795 requires that: A professional license or other authority to conduct a trade or business may not be issued or renewed unless the person certifies that he or she is in good standing with respect to or in full compliance with a plan to pay any and all child support payable under a support order as of the date the application is filed. "Good standing" means that less than one-twelfth of the annual support obligation is overdue; or liability for any support payable is being contested in a judicial or quasi-judicial proceeding; or he or she is in compliance with a repayment plan approved by the office of child support or agreed to by the parties; or the licensing authority determines that immediate payment of support would impose an unreasonable hardship. (15 V.S.A. § 795)

1. You must check one of the two statements below regarding child support regardless whether or not you have children:

☒ I hereby certify that, as of the date of this application: (a) I am not subject to any support order or (b) I am subject to a support order and I am in good standing with respect to it, or (c) I am subject to a support order and I am in full compliance with a plan to pay any and all child support due under that order.

or

☐ I hereby certify that I am NOT in good standing with respect to child support dues as of the date of this application and I hereby request that the licensing authority determine that immediate payment of child support would impose an unreasonable hardship. Please forward an "Application for Hardship".

Regarding Taxes

Title 32 § 3113 requires that: A professional license or other authority to conduct a trade or business shall not be issued or renewed unless the person certifies that he or she is in good standing with the Department of Taxes. "Good standing" means that no taxes are due and payable and all returns have been filed, the tax liability is on appeal, the taxpayer is in compliance with a payment plan approved by the Commissioner of Taxes, or the licensing authority determines that immediate payment of taxes would impose an unreasonable hardship. (32 V.S.A. § 3113)

2. You must check one of the two statements below regarding taxes:

☒ I hereby certify, under the pains and penalties or perjury, that I am in good standing with respect to or in full compliance with a plan to pay any and all taxes due to the State of Vermont as of the date of this application. (The maximum penalty for perjury is fifteen years in prison, a \$10,000.00 fine or both).

or

☐ I hereby certify that I am NOT in good standing with respect to taxes due to the State of Vermont as of the date of this application and I hereby request that the licensing authority determine that immediate payment of taxes would impose an unreasonable hardship. Please forward an "Application for Hardship".

☐

Social Security #

Date of Birth

\* The disclosure of your social security number is mandatory; it is solicited by the authority granted by 42 U.S.C. § 405 (c)(2)(C), and will be used by the Department of Taxes in the administration of Vermont tax laws, to identify individuals affected by such laws, and by the Office of Child Support.

STATEMENT OF APPLICANT

I certify that the information stated by me in this application is true and accurate to the best of my knowledge and that I understand providing false information or omission of information is unlawful and may jeopardize my license/certification/registration status.

Signature of Applicant



Date

12/28/11



**GYNCOLOGIC ONCOLOGY**

**MEDICAL CENTER CAMPUS**

352MP4

111 Colchester Avenue  
Burlington, VT 05401

**PHONE** (802) 847-5110

**FAX** (802) 847-0496

**Gynecologic Oncologists**  
Cheung Wong, MD, Director  
Emmanuel Soultanakis, MD

December 23, 2011

To Whom It May Concern:

Please allow this letter to serve as verification that Stephanie Stahl, P.A.-C has been employed full time as a physician assistant with our practice since February 14, 2005. She works as a physician assistant with our inpatient gynecology and gynecologic oncology service, and also sees patients in our ambulatory care clinic for routine gynecologic care, as well as helping to care for our gynecologic oncology patients who are receiving active treatment and are in long term follow up.

Please feel free to contact me with any questions.

Sincerely,

Cheung Wong, MD  
Director, Gynecologic Oncology  
Fletcher Allen Health Care  
111 Colchester Avenue  
Burlington, VT 05401  
802-847-5110



## Personal Certification Record

Stephanie Beth Stahl

NCCPA Identification #: 1059860

Initial Certification Date: September 19,  
2003

Expiration Date: December 31, 2013

**You have outstanding requirements for the 2011-2013 cycle. Use the links below to learn more about how to maintain certification.**

## CME Info

Certified PAs must earn and log 100 CME hours, including 50 Category I hours.

Earning CME for the 2011-2013 cycle begins on 05/01/2011 and ends on 12/31/2013.

Earning CME for the 2013-2015 cycle begins on 05/01/2013 and ends on 12/31/2015.

**You have not logged all required CME for the 2011-2013 cycle.**

[> Log New CME](#)[> View CME  
Summary](#)

## Exam Notes

Certified PAs can take the recertification exam in the 5th or 6th years of their certification maintenance cycle.

Your 5th Year: 2014 Your 6th Year: 2015

## Your Contact Info

**Address:** [> Make corrections](#)**E-mail:**

## Fees &amp; Payments

**You have an outstanding balance for the 2011-2013 cycle. Please verify that you have logged your CME hours to earn the \$50 discount before you pay.**

[> View details about your fees & payments](#)

## Legal

**You have answered 'no' to the three background questions. No further action will be required.**

## Important Dates &amp; Deadlines

**06/30/2013: Last day to earn and log 2011-2013 CME hours and pay the discounted certification maintenance fee.**

**12/31/2013: Last day to fulfill any outstanding CME requirements and pay the \$130 certification maintenance fee for the 2011-2013 cycle.**

Tools for Marketing Your Credential, [click here](#) for more information.

Not registered for a specialty Certificate of Added Qualification (CAQ) yet? [Click here](#) to learn how.

Stephanie Stahl, PA-C. VT license # 055-0030719  
PHYSICIAN ASSISTANT SCOPE OF PRACTICE

WOMEN'S HEALTH CARE SERVICES  
FLETCHER ALLEN HEALTH CARE  
111 COLCHESTER AVENUE  
BURLINGTON, VT 05401

a) NARRATIVE

Fletcher Allen Health Care, Women's Health Care Services is composed of a team of professionals who provide the full scope of OB/GYN services. Physicians, certified nurse midwives, nurse practitioners, and a physician assistant work in collaborative arrangement. The physician assistant provides Gyn and OB care to our patient population, as do our existing providers. Resident physicians and students rotate through the Women's Health Care Services during their training.

Physician Assistants practice under the supervision of attending OB/Gyn physicians. The primary role of the PA is to provide ongoing care for female patients as determined by the PA's training and experience and by the services provided by the supervising physicians. In addition, PA's are involved in both didactic and clinical training of students.

b) SUPERVISION

Supervision of the PA is provided by the primary supervising physicians or one of the secondary supervising physicians when caring for their patients. One of the primary or secondary supervising physicians is available 24 hours a day, 7 days a week.

Supervision may include the following mechanisms:

- 1) direct supervision by an attending physician
- 2) consultation with an attending physician in person or by phone
- 3) retrospective chart review
- 4) participation in Women's Health Services quality assurance meetings

c) SITES OF PRACTICE

Fletcher Allen Health Care, Women's Health Care Services  
MCHV Campus, 111 Colchester Avenue, Burlington, VT  
ACC Campus, 4<sup>th</sup> floor, Main Pavilion, Burlington, VT  
Alice Hyde Hospital, Gynecologic Oncology outreach clinic  
183 Park St. Suite 8 Malone, NY

d) TASKS

The following list is intended to express a sense of involvement in medical care provision and is not intended to be all inclusive or limiting, except as specifically excluded by the Board of Medical Practice, health care facility, or law. At no time will the physician assistant function in a capacity that exceeds the normal scope of practice of the supervising physicians. The supervising physician may

delegate any and all tasks that by reason of training and experience, the PA can be expected to perform.

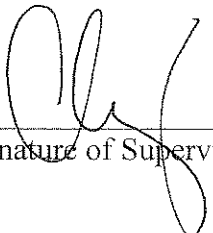
1. Elicit patient histories
2. Perform physical examinations
3. Order laboratory test, radiographic imaging, and other diagnostic testing.
4. Write nursing and other therapeutic orders to be carried out in accordance with hospital policy
5. Interpret diagnostic and screening studies
6. Provide advice over the telephone
7. Provide education and counseling of patients and arrange for follow up care and referrals
8. Insertion of IUDs
9. Perform routine gynecologic and obstetric tests, including, but not limited to pap smears, endometrial biopsies, vulvar biopsies
10. Insert IV lines, catheters, obtain venous and arterial blood samples, and nasogastric tubes
11. Administer or dispense medication in accordance with hospital policy
12. Assist in gynecologic surgeries
13. Initiate resuscitative measures in accordance with ACLS standards and hospital policy
14. Write prescriptions for medications, including controlled drugs and devices in accordance with Vermont law and DEA regulations.

e) PRESCRIPTIVE PRACTICE

The PA named in this document is authorized to prescribe medications, including controlled drugs, in accordance with this scope of practice as approved by the Vermont Board of Medical Practice. The PA's DEA number is MS 1057428

  
\_\_\_\_\_  
Signature of Physician Assistant

12/28/11  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature of Supervising Physician

1/3/12  
\_\_\_\_\_  
Date

Secondary Supervising Physicians for  
 Stephen Stohl, PA  
 055-0030719

Primary

MD	Practice	Signed
Cheung Wong	FAHC WHCS, 4th Floor ACC, 111 Colchester Ave. Burlington VT 05401	✓
Elizabeth Bonney	FAHC WHCS, 4th Floor ACC, 111 Colchester Ave. Burlington VT 05401	✓
Robert Hayward	FAHC WHCS, 4th Floor ACC, 111 Colchester Ave. Burlington VT 05401	✓
Elisabeth Wegner	FAHC WHCS, 4th Floor ACC, 111 Colchester Ave. Burlington VT 05401	✓
Roger Young	FAHC WHCS, 4th Floor ACC, 111 Colchester Ave. Burlington VT 05401	✓
Eleanor Capeless	FAHC WHCS, 4th Floor ACC, 111 Colchester Ave. Burlington VT 05401	✓
David Jones	FAHC WHCS, 4th Floor ACC, 111 Colchester Ave. Burlington VT 05401	
Marjorie Meyer	FAHC WHCS, 4th Floor ACC, 111 Colchester Ave. Burlington VT 05401	✓
Mark Phillippe	FAHC WHCS, 4th Floor ACC, 111 Colchester Ave. Burlington VT 05401	✓
John Brumsted	FAHC WHCS, 4th Floor ACC, 111 Colchester Ave. Burlington VT 05401	✓
Peter Casson	FAHC WHCS, 4th Floor ACC, 111 Colchester Ave. Burlington VT 05401	✓
Christine Murray	FAHC WHCS, 4th Floor ACC, 111 Colchester Ave. Burlington VT 05401	
Emmanuel Soultanakis	FAHC WHCS, 4th Floor ACC, 111 Colchester Ave. Burlington VT 05401	
Stephen Brown	FAHC WHCS, 4th Floor ACC, 111 Colchester Ave. Burlington VT 05401	✓
Tracy Maurer	FAHC WHCS, 4th Floor ACC, 111 Colchester Ave. Burlington VT 05401	✓
Ira Bernstein	FAHC WHCS, 4th Floor ACC, 111 Colchester Ave. Burlington VT 05401	✓
Diane Charland	FAHC WHCS, 4th Floor ACC, 111 Colchester Ave. Burlington VT 05401	
Elise Everett	FAHC WHCS, 4th Floor ACC, 111 Colchester Ave. Burlington VT 05401	✓
Christy Broadwell	FAHC WHCS, 4th Floor ACC, 111 Colchester Ave. Burlington VT 05401	✓
Erica Hammer	FAHC WHCS, 4th Floor ACC, 111 Colchester Ave. Burlington VT 05401	✓
Brian Nielsen	FAHC WHCS, 4th Floor ACC, 111 Colchester Ave. Burlington VT 05401	✓
Julie Phillips	FAHC WHCS, 4th Floor ACC, 111 Colchester Ave. Burlington VT 05401	✓
Renju Raj	FAHC WHCS, 4th Floor ACC, 111 Colchester Ave. Burlington VT 05401	✓
George Till	FAHC WHCS, 4th Floor ACC, 111 Colchester Ave. Burlington VT 05401	✓
Hishalah Zvulon	FAHC WHCS, 4th Floor ACC, 111 Colchester Ave. Burlington VT 05401	
Anne Viselli	Vermont Urogynecology, 71 Knight lane, Suite 1. Williston, VT 05495	
Patrick Clifford	Affiliates in OB Gyn, 96 Colchester Ave, Burlington VT 05401	✓
Dale LaCroix	Affiliates in OB Gyn, 96 Colchester Ave, Burlington VT 05401	✓
Kimberly Blake	Affiliates in OB Gyn, 96 Colchester Ave, Burlington VT 05401	✓
Greta Hanson	Affiliates in OB Gyn, 96 Colchester Ave, Burlington VT 05401	✓
John Gallagher	Champlain OB Gyn, 55 Main Street, Essex Junction VT 05452	✓

Jill Jertson	Champlain OB Gyn, 55 Main Street, Essex Junction VT 05452	✓
Sally Stockwell	Champlain OB Gyn, 55 Main Street, Essex Junction VT 05452	
Kara Flaherty	Champlain OB Gyn, 55 Main Street, Essex Junction VT 05452	
Paula Miner	Champlain OB Gyn, 55 Main Street, Essex Junction VT 05452	✓
Maria Carracino	Champlain OB Gyn, 55 Main Street, Essex Junction VT 05452	✓
		~~~~~
Amy Thibault	Maitri 185 Tilley Drive, South Burlington, VT 05403	
Julia Brock	Maitri 185 Tilley Drive, South Burlington, VT 05403	
Jennie Lowell	Maitri 185 Tilley Drive, South Burlington, VT 05403	✓
Julie Wade	Maitri 185 Tilley Drive, South Burlington, VT 05403	✓
Rosa Mojdehi	Maitri 185 Tilley Drive, South Burlington, VT 05403	✓
		~~~~~
Chery Gibson	Vt women's Choice 1775 Williston Road, Suite 110, South Burlington, VT 05403	✓
Kym Boyman	Vt women's Choice 1775 Williston Road, Suite 110, South Burlington, VT 05403	
Susan Smith	Vt women's Choice 1775 Williston Road, Suite 110, South Burlington, VT 05403	✓
Julia Brock	Vt women's Choice 1775 Williston Road, Suite 110, South Burlington, VT 05403	
Nancy Fisher <i>Carlson</i>		✓

Former supervising physicians

Gamal Eltabbakh	Lake Champlain Gynecologic Oncology, 364 dorset Street. So Burlington, VT 05403	
Kristen Wright	FAHC WHCS, 4th Floor ACC, 111 Colchester Ave. Burlington VT 05401	
Daniel Riddick	FAHC WHCS, 4th Floor ACC, 111 Colchester Ave. Burlington VT 05401	
Jule LaCombe	FAHC WHCS, 4th Floor ACC, 111 Colchester Ave. Burlington VT 05401	
Peter Cherouny	FAHC WHCS, 4th Floor ACC, 111 Colchester Ave. Burlington VT 05401	

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Soultanakis Emmanuel  
(Last) (First) (Middle)

Mailing Address FAHC Women's HCS, Division of Gyn-Oncology  
(Office Name)  
111 Colchester Avenue, 4th floor ACC Main Pavilion  
(Street)  
Burlington Vt 05401 (802) 847-5110  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 040-0010087

Hospital(s) where you have privileges:	Hospital(s) Location	Specialty
<u>Fletcher Allen</u>	<u>Burlington, Vt</u>	<u>Gyn-Oncology</u>

List all physician's assistants names and addresses you currently supervise:

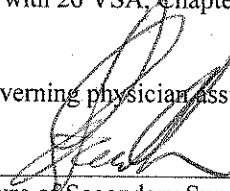
NA

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

1/10/12  
(Date)

  
(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Cherland Diane  
(Last) (First) (Middle)

Mailing Address Fletcher Allen Health Care, Lebanon's Health Care Service  
(Office Name)  
111 Colchester Ave, 4th Floor, ACC, Main Pavilion  
(Street)  
Burlington, VT 05401 (802) 847-1400  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 042 0010080

Hospital(s) where you have privileges: Hospital(s) Location Specialty

List all physician's assistants names and addresses you currently supervise:

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

1/4/12  
(Date)

(Signature)  
(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full LaCroix Dale Jeanne  
(Last) (First) (Middle)

Mailing Address Affiliates in OB-Gyn  
96 Colchester Ave (Office Name)  
Burlington VT (Street) 05401  
(City/State) (Zip Code) 802-658-4791  
(Telephone Number)

Vermont License #: 0420010133

Hospital(s) where you have privileges: Fletcher Allen Healthcare Hospital(s) Location Burlington, VT Specialty OB/GYN

List all physician's assistants names and addresses you currently supervise:

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

12/16/11  
(Date)

D LaCroix MD  
(Signature of Secondary Supervising Physician)



STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Murray Christine  
(Last) (First) (Middle)

Mailing Address Fletcher Allen Health Care Women's Health Care Service  
(Office Name)  
111 Colchester Ave 4th Floor ACC Main Pavilion  
(Street)  
Burlington VT 05401 802 847-1400  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 042-0009874

Hospital(s) where you have privileges: Hospital(s) Location Specialty

List all physician's assistants names and addresses you currently supervise:

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

1/3/2012  
(Date)

(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

PRIMARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Wong Cheng  
(Last) (First) (Middle)

Mailing Address FAHC - Women's HCS, Division of Gynecologic Oncology  
(Office Name)  
111 Colchester Avenue, 4th Floor ACU MP  
(Street)  
Burlington, VT 05401 (802) 847-5110  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 042-0009968

Hospital(s) where you have privileges:	Hospital(s) Location	Specialty
FAHC	111 Colchester Ave Burlington VT 05401	Gyn - Oncology
Central Vermont Hospital	130 Fisher Road Berlin, VT 05602	Gyn - Oncology
Alice Hyde Medical Center	183 Park Street Malone NY	Gyn - Oncology

What arrangements have you made for supervision when you are not available or out of town:  
Coverage by the other Gyn Oncologists (Emanuel Sorkinich or Elise Everett)

CERTIFICATE OF SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahl, P.A. while under my supervision. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice. I further certify that notice will be posted that a physician assistant is used, in accordance with 26 VSA, Chapter 31, Section 1741.

I further certify that I have read the statutes and Board rules governing physician assistants.

12/16/11  
(Date)

[Signature]  
(Signature of Supervising Physician)

Co-signature of PA: Stephanie Stahl

Note: A PA who prescribes controlled drugs must obtain an ID number from DEA. PA's DEA Number M51057428

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Bernstein Ira  
(Last) (First) (Middle)

Mailing Address Fletcher Allen Health Care Women's Health Care Service  
(Office Name)  
111 Colchester Ave, 4th Floor, All Main Pavilion  
(Street)  
Burlington, VT 05401 (802) 847-1400  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 042-0007565

Hospital(s) where you have privileges: Hospital(s) Location Specialty

List all physician's assistants names and addresses you currently supervise:

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

12/8/11

(Date)

[Signature]  
(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Blake Kimberly  
(Last) (First) (Middle)

Mailing Address Affiliated in OB-GYN  
96 Colchester Ave (Office Name)  
(Street)  
Burlington VT 05401 802-658-4791  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 042-0008805

Hospital(s) where you have privileges:	Hospital(s) Location	Specialty
<u>FAHC</u>	<u>Burlington VT</u>	<u>OB/GYN</u>

List all physician's assistants names and addresses you currently supervise:

Stephanne Stahl

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanne Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

12/16/11

(Date)

[Signature]  
(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Bonney Elizabeth  
(Last) (First) (Middle)

Mailing Address Fletcher Allen Health Care Women's Health Care Service  
(Office Name)  
111 Colchester Ave 4th Floor All Men Pavilion  
(Street)  
Burlington VT 05401 802 847-1400  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 042-0010491

Hospital(s) where you have privileges: Hospital(s) Location Specialty

List all physician's assistants names and addresses you currently supervise:

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

12-9-11  
(Date)

[Signature]  
(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Broadwell Cherry  
(Last) (First) (Middle)

Mailing Address FAHC - Women's HCS  
(Office Name)

111 Colchester Ave 4th Floor All MB  
(Street)  
Burlington VT 05401 (802) 847-1400  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 042-0011584

Hospital(s) where you have privileges: Hospital(s) Location Specialty

List all physician's assistants names and addresses you currently supervise:

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

12/16/2011  
(Date)

[Signature]  
(Signature of Secondary Supervising Physician)

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Brown Stephen  
(Last) (First) (Middle)  
Mailing Address Fletcher Allen Health Care Women's Health Care Service  
(Office Name)  
111 Colchester Ave, 4th Floor All Men Pavilion  
(Street)  
Burlington, VT 05401 (802) 847-1400  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 042-0011186

Hospital(s) where you have privileges:	Hospital(s) Location	Specialty

List all physician's assistants names and addresses you currently supervise:  
N  
 

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

11/21/2011  
(Date)

[Signature]  
(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Brumsted John  
(Last) (First) (Middle)

Mailing Address Fletcher Allen Health Care Women's Health Care Service  
(Office Name)  
111 Colchester Ave 4th Floor Acc Men Pavilion  
(Street)  
Burlington VT 05401 (802) 847-1400  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 042-0007101

Hospital(s) where you have privileges: Hospital(s) Location Specialty

List all physician's assistants names and addresses you currently supervise:

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

12/5/11  
(Date)

[Signature]  
(Signature of Secondary Supervising Physician)



SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Copelisi Fletcher  
(Last) (First) (Middle)  
Mailing Address Fletcher Allen Health Care Women's Health Care Service  
(Office Name)  
111 Colchester Ave, 4th Floor ACC Main Pavilion  
(Street)  
Burlington, VT 05401 802 847-1400  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 042-0006511

Hospital(s) where you have privileges: Hospital(s) Location Specialty

List all physician's assistants names and addresses you currently supervise:

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

11/22/11  
(Date)

[Signature]  
(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Carlson Nancy A  
(Last) (First) (Middle)

Mailing Address 1775 Westminster Rd  
(Office Name)

S. Burlington VT 05403  
(City/State) (Street) (Zip Code) (Telephone Number)

Vermont License #: 042-0008079

Hospital(s) where you have privileges: FATE Hospital(s) Location Burlington VT Specialty GYN

List all physician's assistants names and addresses you currently supervise:

No additional PAs  
Lisa Kelley MD P

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

12/20/11 Nancy A. Carlson  
(Date) (Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Carracino Maria G  
(Last) (First) (Middle)

Mailing Address Champlain OB-GYN  
(Office Name)  
55 Main Street  
(Street)  
Essex Junction, VT 05452  
(City/State) (Zip Code) (Telephone Number)  
(802) 879-1802

Vermont License #: 042-0012266

Hospital(s) where you have privileges: Fletcher Allen Healthcare Hospital(s) Location Burlington, VT Specialty OB-GYN

List all physician's assistants names and addresses you currently supervise:  
Stephanie Stahl

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

12/16/11  
(Date)

[Signature]  
(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Casson Peter  
(Last) (First) (Middle)  
Mailing Address Fletcher Allen Health Care Women's Health Care Service  
(Office Name)  
111 Colchester Ave, 4th Floor, All Men Pavilion  
(Street)  
Burlington, VT 05401 802 847-1400  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 042-0009989

Hospital(s) where you have privileges:	Hospital(s) Location	Specialty

List all physician's assistants names and addresses you currently supervise:

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

12/14/11 [Signature]  
(Date) (Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Chifford Patrick  
(Last) (First) (Middle)

Mailing Address Affiliates in OB-GYN  
(Office Name)

96 Colchester Ave  
(Street)

Burlington, VT 05401 802-658-4791  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 042-0007412

Hospital(s) where you have privileges:	Hospital(s) Location	Specialty

List all physician's assistants names and addresses you currently supervise:

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

12/19/11  
(Date)

[Signature]  
(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full EVERETT Elise  
(Last) (First) (Middle)

Mailing Address Fletcher Allen Health Care Women's Health Care Service  
(Office Name)  
111 Colchester Ave, 4th Floor ACC, Main Pavilion  
(Street)  
Burlington, VT 05401 (802) 847-1400  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 042-0012288

Hospital(s) where you have privileges: Hospital(s) Location Specialty

List all physician's assistants names and addresses you currently supervise:

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

11/22/11 (Date)  
[Signature] MD  
(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Gallagher John  
(Last) (First) (Middle)

Mailing Address Champlain DB-bus  
(Office Name)  
55 Main Street  
(Street)

Essex Junction VT 05452 (802) 879-1802  
(City/State) (Zip Code) (Telephone Number)

Vermont License # 042-0007040

Hospital(s) where you have privileges: Fletcher-Alton Healthcare Hospital(s) Location Burlington VT Specialty OB/Gyn

List all physician's assistants names and addresses you currently supervise:

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stolt, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

12/10/10  
(Date)

[Signature]  
(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Gibson Cheryl  
(Last) (First) (Middle)

Mailing Address Vermont Gynecology  
(Office Name)  
1775 Wilburton Road Suite 110  
(Street)  
South Burlington, VT 05403 802-428-4663  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: VT 7465

Hospital(s) where you have privileges:	Hospital(s) Location	Specialty

List all physician's assistants names and addresses you currently supervise:


CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahs, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

12/20/11  
(Date)

[Signature]  
(Signature of Secondary Supervising Physician)



SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Kammer Eslee  
(Last) (First) (Middle)  
Mailing Address FAKE - Women's HCS  
(Office Name)  
111 Colchester Ave  
(Street)  
Burlington VT 05401 (802) 847-1400  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 042-0012103

Hospital(s) where you have privileges: Hospital(s) Location Specialty

List all physician's assistants names and addresses you currently supervise:

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

12/9/11 [Signature]  
(Date) (Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Hanson Greta  
(Last) (First) (Middle)

Mailing Address Affiliates in OB-Gyn  
96 Colchester Ave  
(Office Name)  
Burlington VT 05401  
(City/State) (Zip Code) 802.658.4791  
(Telephone Number)

Vermont License #: 420011559

Hospital(s) where you have privileges: FAHC  
Hospital(s) Location Burl, VT 05401 Specialty OB/GYN

List all physician's assistants names and addresses you currently supervise:  
No others.

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

12/22/11  
(Date)

[Signature]  
(Signature of Secondary Supervising Physician)

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Maynard Robert  
(Last) (First) (Middle)  
Mailing Address Fletcher Allen Health Care Women's Health Care Service  
(Office Name)  
111 Colchester Ave, 4th Floor, All Men's Pavilion  
(Street)  
Burlington, VT 05401 (802) 847-1400  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 042-0006592

Hospital(s) where you have privileges: FAC Hospital(s) Location OR-GYN Specialty

List all physician's assistants names and addresses you currently supervise:

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

12/9/11  
(Date)

[Signature] MD  
(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Jertson John  
(Last) (First) (Middle)

Mailing Address Champlain OB-Gyn  
(Office Name)

55 Main Street  
(Street)

Essex Junction, VT 05452 (802) 879-1802  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 042-0009290

Hospital(s) where you have privileges:	Hospital(s) Location	Specialty

List all physician's assistants names and addresses you currently supervise:

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stork, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

2/21/11  
(Date)

[Signature]  
(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Lowell Jennise  
(Last) (First) (Middle)

Mailing Address Ma. tr.  
(Office Name)  
185 Tilley Drive  
(Street)  
South Burlington, VT 05403 (802) 862-7338  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: \_\_\_\_\_

Hospital(s) where you have privileges:	Hospital(s) Location	Specialty

List all physician's assistants names and addresses you currently supervise:

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

12/19/11  
(Date)

[Signature]  
(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Messer Tracy  
(Last) (First) (Middle)

Mailing Address Fletcher Allen Health Care Woman's Health Care Service  
(Office Name)  
111 Colchester Ave 4th Floor All Men Pavilion  
(Street)  
Burlington VT 05401 802 847-1400  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 042-0010177

Hospital(s) where you have privileges: Hospital(s) Location Specialty

List all physician's assistants names and addresses you currently supervise:

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

12/15/11  
(Date)

S. Mann MD  
(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Meyer Margorie  
(Last) (First) (Middle)

Mailing Address Fletcher Allen Health Care Women's Health Care Service  
(Office Name)  
111 Colchester Ave, 4th Floor All Men Pavilion  
(Street)  
Burlington VT 05401 (802) 847-1400  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 042-0007765

Hospital(s) where you have privileges: Hospital(s) Location Specialty

List all physician's assistants names and addresses you currently supervise:

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

11/21/11  
(Date)

[Signature]  
(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Miner Paula  
(Last) (First) (Middle)

Mailing Address Champlain OB Gyn  
(Office Name)  
55 Main Street  
(Street)  
Essex Junction, VT 05452 (802) 879-1802  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 042-0011466

Hospital(s) where you have privileges:	Hospital(s) Location	Specialty
<u>FANC</u>	<u>Burlington VT</u>	<u>OB-GYN</u>

List all physician's assistants names and addresses you currently supervise:

Stephanie Stahl

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

12/29/11  
(Date)

[Signature]  
(Signature of Secondary Supervising Physician)



STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Masadeh Rose  
(Last) (First) (Middle)

Mailing Address Ma. to,  
(Office Name)

185 Tilley Drive  
(Street)

South Burlington, VT 05403 (802) 862-7338  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 0420012010

Hospital(s) where you have privileges: Hospital(s) Location Specialty

List all physician's assistants names and addresses you currently supervise:

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stohi, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

12/19/11

(Date)

nm  
(Signature of Secondary Supervising Physician)

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Nieds Brian  
(Last) (First) (Middle)  
Mailing Address FANC - Women's HCS  
(Office Name)  
111 Colchester Ave 4th Floor All MR  
(Street)  
Burlington VT 05401 (802) 847-1400  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 042-0012157

Hospital(s) where you have privileges: Hospital(s) Location Specialty

List all physician's assistants names and addresses you currently supervise:

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

12-9-11  
(Date)

[Signature]  
(Signature of Secondary Supervising Physician)

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Phillippe Mark  
(Last) (First) (Middle)  
Mailing Address Fletcher Allen Health Care Women's Health Care Service  
(Office Name)  
111 Colchester Ave, 4th Floor, Acc. Men's Pavilion  
(Street)  
Burlington, VT 05401 802 847-1400  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 042-0010320

Hospital(s) where you have privileges: Hospital(s) Location Specialty

List all physician's assistants names and addresses you currently supervise:

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

12/5/11  
(Date)

[Signature]  
(Signature of Secondary Supervising Physician)

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Phillips Julie  
(Last) (First) (Middle)

Mailing Address FAMC - Women's HCS  
(Office Name)  
111 Colchester Ave. 4th Floor All MB  
(Street)  
Burlington VT 05401 (802) 847-1400  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 042-0011596

Hospital(s) where you have privileges:	Hospital(s) Location	Specialty

List all physician's assistants names and addresses you currently supervise:

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

12/6/11 (Date) J Phillips (Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Raj Renju  
(Last) (First) (Middle)  
Mailing Address FAHC - Women's HCS  
(Office Name)  
111 Colchester Ave. 4th Floor All MB  
(Street)  
Burlington VT 05401 (802) 847-1400  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 042-0012086

Hospital(s) where you have privileges: Hospital(s) Location Specialty

List all physician's assistants names and addresses you currently supervise:

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

12/09/11  
(Date)

RENJU RAJ MD.  
(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Smith Susan  
(Last) (First) (Middle)

Mailing Address Vermont Gynecology  
(Office Name)  
1775 Williston Road, Suite 110  
(Street)  
South Burlington, VT 05403 802-428-4663  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 042-0005990

Hospital(s) where you have privileges: Fletcher Allen Health Hospital(s) Location Burlington Specialty Gynecology

List all physician's assistants names and addresses you currently supervise:  
0

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stokely, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

12/21/11

(Date)

Susan Smith  
(Signature of Secondary Supervising Physician)

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Till George  
(Last) (First) (Middle)

Mailing Address FANC - Women's HCS  
(Office Name)  
111 Colchester Ave 4th Floor All MR  
(Street)  
Burlington VT 05401 (802) 847-1400  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 042-0007744

Hospital(s) where you have privileges: Hospital(s) Location Specialty

List all physician's assistants names and addresses you currently supervise:

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

12/15/2011  
(Date)

George W Till MD  
(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Wade Julie MA  
(Last) (First) (Middle)

Mailing Address Marble  
(Office Name)

185 Tilley Drive  
(Street)  
South Burlington, VT 05403  
(City/State) (Zip Code) (Telephone Number) (802) 862-7338

Vermont License #: 042-0011126

Hospital(s) where you have privileges: Hospital(s) Location Specialty

Fletcher Allen Health Care

List all physician's assistants names and addresses you currently supervise:

Stephanie Stahl, PA  
Kristen Wanner, CNM

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

12/19/11  
(Date)

Julie Wade MD  
(Signature of Secondary Supervising Physician)



SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Weyner Elisabeth  
(Last) (First) (Middle)

Mailing Address Fletcher Allen Health Care, Women's Health Care Service  
(Office Name)  
111 Colchester Ave, 4th Floor, All. Main Pavilion  
(Street)  
Burlington, VT 05401 802 847-1400  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 042-0009221

Hospital(s) where you have privileges:	Hospital(s) Location	Specialty

List all physician's assistants names and addresses you currently supervise:

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

12-12-2011 (Date)

[Signature] (Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Young Roger  
(Last) (First) (Middle)  
Mailing Address Fletcher Allen Health Care Women's Health Care Service  
(Office Name)  
111 Colchester Ave, 4th Floor, All Men Pavilion  
(Street)  
Burlington, VT 05401 802 847-1400  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 042-0011205

Hospital(s) where you have privileges: Hospital(s) Location Specialty

List all physician's assistants names and addresses you currently supervise:

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

12/14/11  
(Date)

Roger Young  
(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Flaherty John Kara Ann  
(Last) (First) (Middle)

Mailing Address Champlain DB-bus  
(Office Name)

55 Main Street  
(Street)

Essex Junction, VT 05452  
(City/State) (Zip Code)

(802) 879-1802  
(Telephone Number)

Vermont License #: 042-0010570

Hospital(s) where you have privileges:

Hospital(s) Location

Specialty

Fletcher Allen 06/64N

List all physician's assistants names and addresses you currently supervise:

Stephanie Stahl

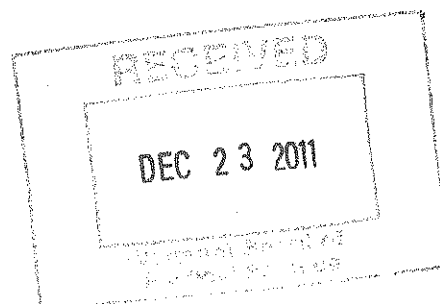
CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

12/19/11  
(Date)

Kara Flaherty  
(Signature of Secondary Supervising Physician)



Hi Tracy,

Here are some additional signatures for my license (Stephanie Stahl, # 055-0030719).

I still have 6 others to get, and will send them to you as soon as I have them.

Included in this batch are:

Elizabeth Bonney

Paula Miner

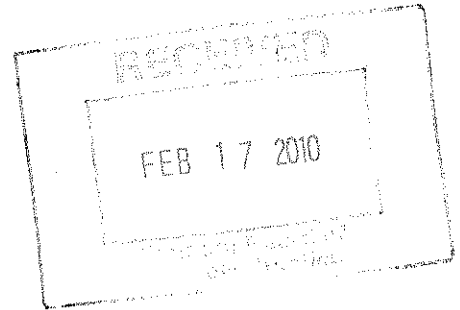
Elisabeth Wegner

Stephen Brown

Jill Jertson

John Gallagher

Jane Lowell



Thanks! Please call me (page through PAS at [REDACTED]) with any questions.

Stephanie Stahl

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Bonney Elizabeth  
(Last) (First) (Middle)

Mailing Address Fletcher Allen Health Care - Women's Health Care Service  
(Office Name)

111 Colchester Ave  
(Street)  
Burlington VT 05401  
(City/State) (Zip Code) 802 847-1400  
(Telephone Number)

Vermont License #: 0420010991

Hospital(s) where you have privileges: FHC Hospital(s) Location Burlington VT Specialty OB/GYN

List all physician's assistants names and addresses you currently supervise:

Stephanie Stale

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stale, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

12-15-09 (Date) [Signature] (Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Minn Paula  
(Last) (First) (Middle)

Mailing Address Champlain DB Lym  
(Office Name)  
55 Main Street  
(Street)  
Essex Junction, VT 05452  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 0412-0011466

Hospital(s) where you have privileges:	Hospital(s) Location	Specialty
<u>FAMC</u>	<u>Burlington, VT</u>	<u>OB-GYN</u>

List all physician's assistants names and addresses you currently supervise:

Stephanie Stahl, PA

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

12/29/09  
(Date)

[Signature]  
(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Wesner Elizabeth  
(Last) (First) (Middle)

Mailing Address Fletcher Allen Health Care - Women's Health Care Service  
(Office Name)  
111 Colchester Ave  
(Street)  
Burlington VT 05401 802 847-1400  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 042-0009221

Hospital(s) where you have privileges:	Hospital(s) Location	Specialty
<u>Fletcher Allen Health Care</u>	<u>Burlington, VT</u>	<u>OB/Gyn</u>

List all physician's assistants names and addresses you currently supervise:

Stephanie Stahl

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

12-14-09  
(Date)

Elizabeth Wesner  
(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Brown Stephen  
(Last) (First) (Middle)

Mailing Address Fletcher Allen Health Care - Women's Health Care Service  
(Office Name)  
111 Colchester Ave  
(Street)  
Burlington VT 05401  
(City/State) (Zip Code) 802 847-1400  
(Telephone Number)

Vermont License #: 042 0011186

Hospital(s) where you have privileges: HACE Hospital(s) Location Burlington VT Specialty OB/GYN

List all physician's assistants names and addresses you currently supervise:

Stephanie Stahl

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

12/18/09  
(Date)

[Signature]  
(Signature of Secondary Supervising Physician)



STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Jordan Jill  
(Last) (First) (Middle)

Mailing Address Champlain OB Gyn  
(Office Name)  
55 Main Street  
(Street)  
Essex Junction, VT 05452  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 042-0009290

Hospital(s) where you have privileges: FAHC Hospital(s) Location Burlington, VT Specialty OB/GYN

List all physician's assistants names and addresses you currently supervise:

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

11/11/09  
(Date)

[Signature]  
(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Gelagher John  
(Last) (First) (Middle)

Mailing Address Champlain OB Gyn  
(Office Name)  
55 Main Street  
(Street)  
Essex Junction, VT 05452  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 000 7040

Hospital(s) where you have privileges: Hospital(s) Location Specialty  
Fitch Allen Health Care Burlington, VT  
OB GYN

List all physician's assistants names and addresses you currently supervise:  
Stephanie Stahl

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

12/15/09  
(Date) (Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Lowell Jennie (Jane)  
(Last) (First) (Middle)

Mailing Address Mark's  
(Office Name)

185 Tilley Drive  
(Street)  
South Burlington VT 05403 802-862-7338  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 92-0010721

Hospital(s) where you have privileges:	Hospital(s) Location	Specialty
<u>Fletcher Allen Health Care</u>	<u>Burlington VT</u>	<u>OB-GYN</u>

List all physician's assistants names and addresses you currently supervise:

Stephanie Stahl

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

12-21-09  
(Date)

JAN LOWELL  
(Signature of Secondary Supervising Physician)

VERMONT DEPARTMENT OF HEALTH  
BOARD OF MEDICAL PRACTICE  
108 Cherry Street, PO Box 70  
Burlington VT 05402-0070  
802 657-4220 or 800-745-7371

115.00

2010 PHYSICIAN ASSISTANT CERTIFICATION RENEWAL APPLICATION

PART I

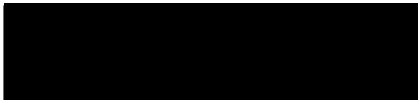
Certificate #055-0030719

1. Name: Stephanie Beth Stahl PA

2. Other Name(s), if any, under which you were certified or licensed in Vermont and elsewhere:

N/A

3. Work Address:



Fletcher Allen Health Care  
111 Colchester Ave, 4th Floor ACC Main Pavilion  
Burlington VT 05401

4. Home Address:



City, State, Zip Code:



Please check your preferred mailing address: ☐ Home ☒ Work  
(This address will be public and listed on the Board's website)

5. Email Address:



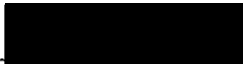
6. Daytime Telephone Number: Area Code:



7. Date of Birth:



8. Place of Birth:



9. Certification Examination Taken – (Check box and enter date of examination):

☒ (04/22/09)

NCCPA

☐ ( / / )

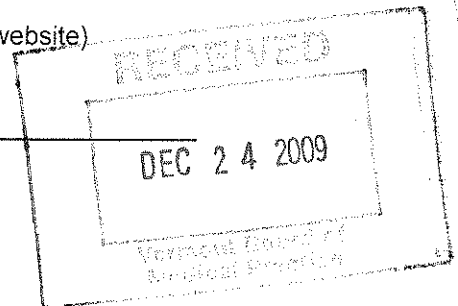
State Examination-Identify state: \_\_\_\_\_

☐ ( / / )

Other Examination specify: \_\_\_\_\_

10. Basis for Vermont Certification – (Check box):

☐ Apprenticeship Trained  
☒ University Trained



11. Do you have hospital privileges in Vermont? ☒ Yes ☐ No

Hospital Name(s) and Location(s):

Fletcher Allen Health Care, 111 Colchester Ave Burlington VT 05401

12. In what year did you start working as a physician assistant in Vermont? 2004

13. Were you in active clinical practice in Vermont during the past 12 months? ☒ Yes ☐ No

14. Other states where you now hold an active certification or license to practice:

None

15. States where you previously were certified or licensed to practice:

None

16. Specialty: Women's Health DEA Number: M21057408

17. Name and office address of current EMPLOYER:

Name

Address

Fletcher Allen Health Care

111 Colchester Ave, Burlington VT 05401

18. Please list (use additional sheet if necessary) name(s) and address(es) of physicians who currently serve as your PRIMARY and SECONDARY SUPERVISING PHYSICIAN(S).

Primary Supervising Physician(s):

Name

Address

Cheng Wang MD

111 Colchester Ave, Burlington VT 05401

Secondary Supervising Physician(s):

Name

Address

See Attached

19. Scope of Practice: The Board of Medical Practice requires that you and your primary supervising physician(s) review the most current scope of practice for your practice setting, paying attention to any additions or deletions in duties and procedures. Please review, date and sign your scope of practice and have your PRIMARY SUPERVISING PHYSICIAN sign it as well. Attach a copy of your signed scope of practice to this application.

a. Has there been a change in your scope of practice which has not been reviewed by the Board?

☐ Yes ☒ No

20. Please provide a letter from your Supervising Physician attesting to the fact that you have practiced as a Physician Assistant within the past twelve months.

21. Continuing Medical Education (CME) requirements:

- a. NCCPA certified Physician Assistant: Attach proof of current NCCPA certification; this will serve as adequate proof of CME completion.
- b. For all others, an explanation of requirements and a CME Record form must be completed.

22. Primary Supervising Physician and Second Supervisory Physician forms are provided. They must be completed and returned with this application.

**PART II**

"Yes" answers to Questions 23 - 47 require an explanation on Form A.

23. Have you ever applied for and been denied a certificate to practice medicine or any other healing art?

☐ yes ☒ no

24. Have you ever withdrawn an application for a certificate to practice medicine or any other healing art?

☐ yes ☒ no

25. Have you ever voluntarily suspended, surrendered or resigned a certificate to practice medicine or any other healing art in lieu of disciplinary action or any other reason?

☐ yes ☒ no

26. Are any formal disciplinary charges pending or has any disciplinary action ever been taken against you by any governmental authority, by any hospital or health care facility, or by any professional medical association (international, national, state or local)?

☐ yes ☒ no

27. Have you ever been denied the privilege of taking an examination before any state medical examining board?

☐ yes ☒ no

28. Have you ever discontinued your education, training, or practice for a period of more than three months?

☐ yes ☒ no

29. Have you ever been dismissed or suspended from, or asked to leave a residency training program before completion?

☐ yes ☒ no

30. Have you ever had staff privileges, employment or appointment in a hospital or other health care institution denied, reduced, suspended or revoked, or resigned from a medical staff after a complaint or peer review action was initiated against you?

☐ yes ☒ no

31. Has your privilege to possess, dispense or prescribe controlled substances ever been suspended, revoked, denied, or restricted by, or surrendered to any jurisdiction or federal agency at any time?

☐ yes ☒ no

32. Do you currently or have you ever prescribed any prescription medication over the internet? This does not include prescribing you would do using electronic medical records in your practice.

☐ yes ☒ no

33. Are you presently or have you ever been a defendant in a criminal proceeding?

☐ yes ☒ no

### PART III

(Unless otherwise ordered by a court, your responses to the questions in Part III are considered exempt from public disclosure.)

Any "yes" response to the questions below must be fully explained on the enclosed Form A.

34. To your knowledge, are you the subject of an investigation by any other licensing board under which you have not been charged as of the date of this application? [REDACTED]

35. To your knowledge, are you presently the subject of a criminal investigation under which you have not been charged? [REDACTED]

The following definitions are provided to assist you in answering questions 36 through 38.

"Ability to practice medicine" - This term includes:

The cognitive capacity to make appropriate clinical diagnoses and exercise reasoned medical judgments, and to learn and keep abreast of medical developments; and

The ability to communicate those judgments and medical information to patients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and

The physical capability to perform medical tasks such as physical examination and surgical procedures, with or without the use of aids or devices, such as corrective lenses or hearing aids.

"Medical condition" - Includes physiological, mental or psychological conditions or disorders, such as, but not limited to, orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, hepatitis, HIV disease, tuberculosis, drug addiction, and alcoholism.

"Currently" - This term means recently enough to have a real or perceived impact on one's functioning as a licensee.

"Chemical substances" - This term is to be construed to include alcohol, drugs, or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.

"Controlled substances" - This term means those drugs listed on Schedules I through V of Section 202 of the Controlled Substances Act (21 USC § 812).

"Illegal use of controlled substances" - This term means the use of drugs, the possession or distribution of which is unlawful under the Controlled Substances Act, as periodically updated by the Food and Drug Administration. This term does not include the use of a drug taken under the supervision of a licensed health care professional or other uses authorized by the Controlled Substances Act or other provisions of federal law.

36. Do you have a medical condition that potentially or in any way impairs or limits your ability to practice medicine in your field of practice with reasonable skill and safety?

[REDACTED]  
In explaining a "Yes" answer on Form A, please provide reasonable assurances that your medical condition is reduced or ameliorated because, for example, you have received or do receive ongoing treatment (with or without medication) or have participated or do participate in a monitoring program.

37. Are you currently engaged in the use of alcohol or other chemical substances that potentially or in any way impairs your ability to practice medicine in your field of practice with reasonable skill and safety?

[REDACTED]  
In explaining a "Yes" answer on Form A, please provide reasonable assurances that your use is reduced or ameliorated because, for example, you have received or do receive  
Vermont Department of Health – Board of Medical Practice – 2010-2012 Physician Assistant Certification Renewal

ongoing treatment (with or without medication) or have participated or do participate in a monitoring program.

38. Are you currently engaged in the illegal use of controlled substances?

In explaining a "Yes" answer on Form A, please provide reasonable assurances that such use is not a real and ongoing problem in your practice of medicine.

**IMPORTANT**

Since 1999, Board fees have been used to create and maintain the Vermont Practitioners Health Program, a confidential program for the identification, treatment and rehabilitation of practitioners, including physician assistants, affected by the disease of substance abuse. If you wish further information about this program, a service of the Vermont Medical Society, call 802-223-0400 (a confidential line).

**Part IV - Statutory Profile Questions**

The following questions are required by Vermont law, 26 VSA § 1368, to update and maintain a data repository within the Department of Health and to make individual profiles on all health care professionals licensed, certified, or registered by the Department available to the public. Your practitioner profile is located at the following website [http://healthvermont.gov/hc/med\\_board/profile\\_search.aspx](http://healthvermont.gov/hc/med_board/profile_search.aspx).

**Please include photocopies of court papers, licensing authority decisions, and any other relevant documents if your answers to questions 38 through 43 have changed since your last application. We cannot process your application without them.**

39. Criminal Convictions [See 26 VSA § 1368(a)(1)] ☒ Check here if none

Please provide a description of all crimes (felonies and misdemeanors; this includes DUI but not speeding or parking tickets) of which you have been convicted within the past 10 years. **Please provide complete copies of documentation for each matter.**

(Conviction Date)	(Court)	(City/State)	(Crime)
-------------------	---------	--------------	---------

40. Nolo Contendere/Matters Continued [See 26 VSA § 1368(a)(2)] ☒ Check here if none

Please provide a description of all charges to which you pleaded "nolo contendere" ("I will not contest it") or where sufficient facts of guilt were found and the matter was continued without a finding by a court of competent jurisdiction. **Please provide complete copies of documentation for each matter.**

(Conviction Date)	(Court)	(City/State)	(Charge)
-------------------	---------	--------------	----------



41. Vermont Board of Medical Practice Matters [See 26 VSA § 1368(a)(3)] ☒ Check here if none

Please provide a description of all formal charges served, findings, conclusions, and orders of the Board of Medical Practice (including stipulations), and final disposition of such matters by the courts, if appealed.

(Date)	(Final Disposition - Summary)
--------	-------------------------------

42. Licensing or Certification Authority Matters in Other States [See 26 VSA § 1368(a)(4)]

☒ Check here if none

Please provide a description of all formal charges served by licensing or certification authorities of other states, the findings, conclusions, and orders of such authorities, and final disposition of such matters by the courts, if appealed, in those states. **Please provide complete copies of documentation for each matter.**

(Date of Final Disposition)	(Licensing or Certification Authority)	(Court)	(City/State)	(Nature of Charge)
-----------------------------	--	---------	--------------	--------------------

43. Restriction of Hospital Privileges [See 26 VSA § 1368(a)(5)] ☒ Check here if none

Revocation/Involuntary Restrictions

Please provide a description of any revocation or involuntary restriction of your hospital privileges that were related to competence or character and were issued by the hospital's governing body or any other official of the hospital after procedural due process (opportunity for hearing) was afforded to you. **Please provide complete copies of documentation for each matter.**

(Date)	(Hospital)	(State)	(Nature of Restriction)	(Reason for Restriction)
--------	------------	---------	-------------------------	--------------------------

B. Other Restrictions ☒ Check here if none

Please provide a description of all resignations from, or non-renewal of, medical staff membership or the restriction of privileges at a hospital taken in lieu of, or in settlement of, a pending disciplinary case related to competence or character in that hospital. **Please provide complete copies of documentation for each matter.**

(Date)	(Hospital)	(State)
--------	------------	---------

(Nature of Action)	(Action)
	<input type="checkbox"/> In lieu <input type="checkbox"/> In settlement
(Reason for Action)	

44. Medical Malpractice Court Judgments/Settlements [See 26 VSA § 1368(a)(6A)]

A. Judgments ☒ Check here if none

Please complete the attached Form A and provide a description of all medical malpractice court judgments against you and all medical malpractice arbitration awards against you within the past 10 years (10 years from payment date) in which a payment was awarded to a complaining party if not listed below. **Please provide complete copies of documentation, to include final disposition and, if possible, a copy of the complaint for each matter.**

**None reported**

☐ Judgment    ☐ Arbitration

(Date)	(Court)	(State)	(Nature of Case)	(Amount Assessed Against You)
--------	---------	---------	------------------	-------------------------------

☐ Judgment    ☐ Arbitration

(Date)	(Court)	(State)	(Nature of Case)	(Amount Assessed Against You)
--------	---------	---------	------------------	-------------------------------

B. Settlements    ☒ Check here if none

Please provide a description of all settlements of medical malpractice claims against you within the past 10 years (10 years from payment date) in which a payment was awarded to a complaining party if not listed below. **Please provide complete copies of documentation, to include final disposition and, if possible, a copy of the complaint for each matter.**

**None reported**

(Date)	(Court)	(State)	(Amount of Settlement Against You)
--------	---------	---------	------------------------------------

(Date)	(Court)	(State)	(Amount of Settlement Against You)
--------	---------	---------	------------------------------------

45. Years of Practice [See 26 VSA § 1368(a)(10)]    **2004**

What month and year did you start practicing as a Physician Assistant?    01/2004

46. Appointments/Teaching [See 26 VSA § 1368(a)(12)] Note: Answering #46 is optional. By answering, you are granting permission to have this information posted on the web. (This form follows the statutory wording. Since most appointments are teaching appointments, these questions may overlap.)

A. Appointments

Please provide information about your appointments to medical school or professional school faculties.

**University of Vermont**

**Burlington, VT**

**Clinical Instructor**

**2005**

(School)	(City)	(State)	(Nature of Appointment)	From (year)	To (year)
----------	--------	---------	-------------------------	-------------	-----------

(School)	(City)	(State)	(Nature of Appointment)	From (year)	To (year)
----------	--------	---------	-------------------------	-------------	-----------

**B. Teaching**

Please provide information regarding your responsibility for teaching graduate medical education within the past 10 years.

**University of Vermont**

**Burlington, VT**

**Precepting Medical Students**

**2005**

(School/Institution)	(City)	(State)	(Nature of Teaching)	From (year)	To (year)
----------------------	--------	---------	----------------------	-------------	-----------

**47. Publications [See 26 VSA § 1368(a)(13)]**

Note: Answering #47 is optional. By answering, you are granting permission to have this information posted on the web. Please provide information regarding your publications in peer-reviewed medical literature within the past 10 years.

**None reported**

(Title)	(Publication)	(Year)
---------	---------------	--------

(Title)	(Publication)	(Year)
---------	---------------	--------

**48. Activities [See 26 VSA § 1368(a)(14)]**

Note: Answering #48 is optional. By answering, you are granting permission to have this information posted on the web. Please provide information regarding your professional or community service activities and awards.

**None reported**

(Activities or Awards)
------------------------

**49. Practice Setting [See 26 VSA § 1368(a)(15)]**

What is the location of your primary practice setting? **Burlington, VT**

Town/City, State

50. Translating Services [See 26 VSA § 1368(a)(16)]

Please identify any translating services available at your primary practice location.

Are any translating services available at your primary practice location? ☒ Yes ☐ No

If yes, please describe the translating services available: **None**

We have a teleconference service available to obtain translators for any language.

51. Medicaid/New Patients [See 26 VSA § 1368(a)(17)]

A. Medicaid participation

Do you participate in the Medicaid program? ☒ Yes ☐ No

B. New Medicaid Patients

Are you currently accepting new Medicaid patients? ☒ Yes ☐ No

**Part V**

I hereby affirm that the information provided above is true and accurate, and that I have answered the questions to the best of my knowledge and ability.

Date: 11/26/2009

Stephen Deane  
Applicant's Signature

Reminder - You must also complete the enclosed Applicant's Statement Regarding Child Support, Taxes, Unemployment Compensation Contributions regardless of whether or not you have children

**State of Vermont**  
**Department of Health**  
**Board of Medical Practice**

**Statement of Good Standing**

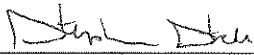
**Regarding Any Unpaid Judgment Issued by the Judicial Bureau or District Court  
for Fines or Penalties for a Violation or Criminal Offense**

I hereby state that I am in good standing with respect to any unpaid judgment issued by the judicial bureau or district court for fines or penalties for a violation or criminal offense.

I understand that a license may not be issued or renewed without such a statement.

I further understand that, for the purposes of this section, a person is in good standing with respect to any unpaid judgment issued by the judicial bureau or district court for fines or penalties for a violation or criminal offense if:

- (1) 60 days or fewer have elapsed since the date a judgment was issued; or
- (2) the person is in compliance with a repayment plan approved by the judiciary.

Signature: 

Date: 12/1/09

APPLICANT'S STATEMENT REGARDING CHILD SUPPORT, TAXES,  
UNEMPLOYMENT COMPENSATION CONTRIBUTIONS

You must answer questions 1, 2, and 3.

Regarding Child Support

Title 15 § 795 requires that: A professional license or other authority to conduct a trade or business may not be issued or renewed unless the person certifies that he or she is in good standing with respect to or in full compliance with a plan to pay any and all child support payable under a support order as of the date the application is filed. "Good standing" means that less than one-twelfth of the annual support obligation is overdue; or liability for any support payable is being contested in a judicial or quasi-judicial proceeding; or he or she is in compliance with a repayment plan approved by the office of child support or agreed to by the parties; or the licensing authority determines that immediate payment of support would impose an unreasonable hardship. (15 V.S.A. § 795)

1. You must check one of the two statements below regarding child support regardless whether or not you have children:

☒ I hereby certify that, as of the date of this application: (a) I am not subject to any support order or (b) I am subject to a support order and I am in good standing with respect to it, or (c) I am subject to a support order and I am in full compliance with a plan to pay any and all child support due under that order.

or

☐ I hereby certify that I am NOT in good standing with respect to child support dues as of the date of this application and I hereby request that the licensing authority determine that immediate payment of child support would impose an unreasonable hardship. Please forward an "Application for Hardship".

Regarding Taxes

Title 32 § 3113 requires that: A professional license or other authority to conduct a trade or business shall not be issued or renewed unless the person certifies that he or she is in good standing with the Department of Taxes. "Good standing" means that no taxes are due and payable and all returns have been filed, the tax liability is on appeal, the taxpayer is in compliance with a payment plan approved by the Commissioner of Taxes, or the licensing authority determines that immediate payment of taxes would impose an unreasonable hardship. (32 V.S.A. § 3113)

2. You must check one of the two statements below regarding taxes:

☒ I hereby certify, under the pains and penalties or perjury, that I am in good standing with respect to or in full compliance with a plan to pay any and all taxes due to the State of Vermont as of the date of this application. (The maximum penalty for perjury is fifteen years in prison, a \$10,000.00 fine or both).

or

☐ I hereby certify that I am NOT in good standing with respect to taxes due to the State of Vermont as of the date of this application and I hereby request that the licensing authority determine that immediate payment of taxes would impose an unreasonable hardship. Please forward an "Application for Hardship".

Regarding Unemployment Compensation Contributions

Title 21 § 1378 requires that: No agency of the state shall grant, issue or renew any license or other authority to conduct a trade or business (including a license to practice a profession) to, or enter into, extend or renew any contract for the provision of goods, services, or real estate space with any employing unit unless such employing unit shall first sign a written declaration, under the pains and penalties of perjury, that the employing unit is in good standing with respect to or in full compliance with a plan to pay any and all contributions or payments in lieu of contributions due as of the date such declaration is made. For the purposes of this section, a person is in good standing with respect to any and all contributions or payments in lieu of contributions payable if: (1) no contributions or payments in lieu of contributions are due and payable; (2) the liability for any contributions or payments in lieu of contributions due and payable is on appeal; (3) the employing unit is in compliance with a payment plan approved by the Commissioner; or (4) in the case of a licensee, the agency finds that requiring immediate payment of contributions or payments in lieu of contributions due and payable would impose an unreasonable hardship.

3. You must check one of the three statements below regarding unemployment contributions or payments in lieu of unemployment contributions:

☐ I hereby certify, under the pains and penalties of perjury, that I am in good standing with respect to or in full compliance with a payment plan approved by the Commissioner of Employment and Training to pay any and all unemployment contributions or payments in lieu of unemployment contributions to the Vermont Department of Employment and Training due as of the date of this application. (The maximum penalty for perjury is 15 years in prison, a \$10,000.00 fine or both).

or

☐ I hereby certify that I am NOT in good standing with respect to unemployment contributions or payments in lieu of unemployment contributions due to the Vermont Department of Employment and Training as of the date of this application and I hereby request that the licensing authority determine that requiring immediate payment of unemployment contributions or payments in lieu of unemployment contributions would impose an unreasonable hardship. Please forward an Application for Hardship.

or

☒ I hereby certify that 21 V.S.A. § 1378 is not applicable to me because I am not now, nor have I ever been, an employer.

Social Security #

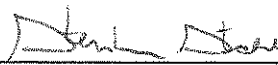
Date of Birth

\* The disclosure of your social security number is mandatory, it is solicited by the authority granted by 42 U.S.C. § 405 (c)(2)(C), and will be used by the Department of Taxes and the Department of Employment and Training in the administration of Vermont tax laws, to identify individuals affected by such laws, and by the Office of Child Support.

STATEMENT OF APPLICANT

I certify that the information stated by me in this application is true and accurate to the best of my knowledge and that I understand providing false information or omission of information is unlawful and may jeopardize my license/certification/registration status.

Signature of Applicant



Date

11/30/2009

MD	Practice	Signed
Cheung Wong	FAHC WHCS, 4th Floor ACC, 111 Colchester Ave. Burlington VT 05401	✓
Elizabeth Bonney	FAHC WHCS, 4th Floor ACC, 111 Colchester Ave. Burlington VT 05401	
Robert Hayward	FAHC WHCS, 4th Floor ACC, 111 Colchester Ave. Burlington VT 05401	✓
Elisabeth Wegner	FAHC WHCS, 4th Floor ACC, 111 Colchester Ave. Burlington VT 05401	
Roger Young	FAHC WHCS, 4th Floor ACC, 111 Colchester Ave. Burlington VT 05401	✓
Eleanor Capeless	FAHC WHCS, 4th Floor ACC, 111 Colchester Ave. Burlington VT 05401	✓
David Jones	FAHC WHCS, 4th Floor ACC, 111 Colchester Ave. Burlington VT 05401	✓
Marjorie Meyer	FAHC WHCS, 4th Floor ACC, 111 Colchester Ave. Burlington VT 05401	✓
Mark Phillippe	FAHC WHCS, 4th Floor ACC, 111 Colchester Ave. Burlington VT 05401	✓
John Brumsted	FAHC WHCS, 4th Floor ACC, 111 Colchester Ave. Burlington VT 05401	✓
Peter Casson	FAHC WHCS, 4th Floor ACC, 111 Colchester Ave. Burlington VT 05401	✓
Christine Murray	FAHC WHCS, 4th Floor ACC, 111 Colchester Ave. Burlington VT 05401	
Daniel Riddick	FAHC WHCS, 4th Floor ACC, 111 Colchester Ave. Burlington VT 05401	✓
Jule LaCombe	FAHC WHCS, 4th Floor ACC, 111 Colchester Ave. Burlington VT 05401	
Emmanuel Soultanakis	FAHC WHCS, 4th Floor ACC, 111 Colchester Ave. Burlington VT 05401	✓
Stephen Brown	FAHC WHCS, 4th Floor ACC, 111 Colchester Ave. Burlington VT 05401	
Tracy Maurer	FAHC WHCS, 4th Floor ACC, 111 Colchester Ave. Burlington VT 05401	✓
Ira Bernstein	FAHC WHCS, 4th Floor ACC, 111 Colchester Ave. Burlington VT 05401	✓
Peter Cherouny	FAHC WHCS, 4th Floor ACC, 111 Colchester Ave. Burlington VT 05401	✓
Kristen Wright	FAHC WHCS, 4th Floor ACC, 111 Colchester Ave. Burlington VT 05401	✓
Gamal Eltabbakh	Lake Champlain Gynecologic Oncology, 364 Dorset Street. So Burlington, VT 05403	
Kelley Clark		✓
Anne Viselli	Vermont Urogynecology, 71 Knight Lane, Suite 1. Williston, VT 05495	
Diane Charland	Vermont Urogynecology, 71 Knight Lane, Suite 1. Williston, VT 05495	✓
Patrick Clifford	Affiliates in OB Gyn, 96 Colchester Ave, Burlington VT 05401	✓
Dale LaCroix	Affiliates in OB Gyn, 96 Colchester Ave, Burlington VT 05401	✓
Kimberly Blake	Affiliates in OB Gyn, 96 Colchester Ave, Burlington VT 05401	
Greta Hanson	Affiliates in OB Gyn, 96 Colchester Ave, Burlington VT 05401	✓
George Till	Champlain OB Gyn, 55 Main Street, Essex Junction VT 05452	✓
John Gallagher	Champlain OB Gyn, 55 Main Street, Essex Junction VT 05452	
Jill Jertson	Champlain OB Gyn, 55 Main Street, Essex Junction VT 05452	
Sally Stockwell	Champlain OB Gyn, 55 Main Street, Essex Junction VT 05452	✓
Kara Flaherty	Champlain OB Gyn, 55 Main Street, Essex Junction VT 05452	
Paula Miner	Champlain OB Gyn, 55 Main Street, Essex Junction VT 05452	

This is a list of  
my 1<sup>st</sup> & 2<sup>nd</sup> supervising  
physicians I am still  
obtaining documents on  
the ones not checked  
& will forward them when  
they arrive

Thanks!

Steph  
DK

Amy Thibault	Maitri, 96 Colchester Ave, Burlington VT 05401	✓
Julia Brock	Maitri, 96 Colchester Ave, Burlington VT 05401	✓
Jennie Lowell	Maitri, 96 Colchester Ave, Burlington VT 05401	
Julie Wade	Maitri, 96 Colchester Ave, Burlington VT 05401	
Chery Gibson	Vt Womens Choice, 23 Mansfield Ave, Burlington VT 05401	✓
Kym Boyman	Vt Womens Choice, 23 Mansfield Ave, Burlington VT 05401	✓
Susan Smith	Vt Womens Choice, 23 Mansfield Ave, Burlington VT 05401	✓
Nancy Fisher		



STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

PRIMARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Wong Cheng  
(Last) (First) (Middle)

Mailing Address Fletcher Allen Health Care, 4th Floor All MF  
(Office Name)

111 Colchester Avenue  
(Street)  
Burlington VT 05401  
(City/State) (Zip Code) (Telephone Number) 802 847-5110

Vermont License #: 012-0009768

Hospital(s) where you have privileges: Fletcher Allen Health Care Hospital(s) Location Burlington, VT Specialty Gynecologic Oncology

What arrangements have you made for supervision when you are not available or out of town:

Stephanie is also supervised by all other attendings in the Women's  
Health Care Center

CERTIFICATE OF SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahl, P.A. while under my supervision. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice. I further certify that notice will be posted that a physician assistant is used, in accordance with 26 VSA, Chapter 31, Section 1741.

I further certify that I have read the statutes and Board rules governing physician assistants.

12/21/09  
(Date)

[Signature]  
(Signature of Supervising Physician)

Co-signature of PA: [Signature]

Note: A PA who prescribes controlled drugs must obtain an ID number from DEA. PA's DEA Number \_\_\_\_\_

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
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(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Gibson Cheryl  
(Last) (First) (Middle)

Mailing Address Vermont Women's Choice  
(Office Name)

23 Mansfield Ave  
(Street)

Burlington VT 05401  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 7465

Hospital(s) where you have privileges: Fletcher Allen Health Care Hospital(s) Location Burlington VT Specialty OB/Gyn

List all physic Below is the list of current VT PA's:

- 1. Amy Borgman, 90 Washington Street, Barre, VT 05641
- 2. Johanna Hauser 23 Mansfield Ave, Burl, VT 05401
- 3. Anne Hildreth, 6 Roberts North, Rutland, VT 05701
- 4. Cate Nicholas, 23 Mansfield Ave, Burl.
- 5. Katja Von Sitas, 80 Fairfield Street, St. Albans, VT 05478
- 6. Janet Young, Mansfield Ave, Burl.
- 7. August Burns PA, 55 So. Main St, Waterbury VT 05676

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahl PA, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

12/8/09  
(Date)

[Signature]  
(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
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(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Borgman Kym Margaret  
(Last) (First) (Middle)

Mailing Address Vermont Women's Choice  
(Office Name)  
23 Mansfield Ave  
(Street)  
Burlington VT 05401  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 042-0010597

Hospital(s) where you have privileges: FATHC Hospital(s) Location Burlington, VT Specialty OB/GYN

List all physician assistants:  
1. Amy Borgman, 90 Washington Street, Barre, VT 05641  
2. Johanna Hauser 23 Mansfield Ave, Burl, VT 05401  
3. Anne Hildreth, 6 Roberts North, Rutland, VT 05701  
4. Cate Nicholas, 23 Mansfield Ave, Burl.  
5. Katja Von Sitas, 80 Fairfield Street, St. Albans, VT 05478  
6. Janet Young, Mansfield Ave, Burl.  
7. Angus Burns, PA 51 So. Main St, Waterbury, VT

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

12/7/09  
(Date)

[Signature]  
(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Smith Susan  
(Last) (First) (Middle)

Mailing Address Vermont Women's Choice  
(Office Name)  
23 Mansfield Ave  
(Street)  
Burlington VT 05401  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 042-0005990

Hospital(s) where you have privileges: Fletcher Allen Health Care Hospital(s) Location Specialty Gynecology

- Below is the list of current VT PA's: I am the secondary supervising physician for
- 1. Amy Borgman, 90 Washington Street, Barre, VT 05641
  - I 2. Johanna Hauser 23 Mansfield Ave, Burl, VT 05401
  - 3. Anne Hildreth, 6 Roberts North, Rutland, VT 05701
  - 4. Cate Nicholas, 23 Mansfield Ave, Burl.
  - 5. Katja Von Sitas, 80 Fairfield Street, St. Albans, VT 05478
  - 6. Janet Young, Mansfield Ave, Burl.
  - 7. August Burns, Rt 88 So Main St Waterbury

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

12/9/09  
(Date)

Susan Smith  
(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Phillippe Mark  
(Last) (First) (Middle)

Mailing Address Fletcher Allen Health Care - Women's Health Care Service  
(Office Name)  
111 Colchester Ave  
(Street)  
Burlington VT 05401  
(City/State) (Zip Code) 802 847-1403  
(Telephone Number)

Vermont License #: 042-0010320

Hospital(s) where you have privileges:	Hospital(s) Location	Specialty
<u>Fletcher Allen</u>	<u>Burlington VT</u>	<u>OB/GYN</u>

List all physician's assistants names and addresses you currently supervise:

Stephanie Stahl

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of STEPHANIE STAHL, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

12/7/09  
(Date)

[Signature]  
(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Bernstein Ira  
(Last) (First) (Middle)

Mailing Address Fletcher Allen Health Care - Women's Health Care Service  
(Office Name)  
111 Colchester Ave  
(Street)  
Burlington VT 05401 802 847-1400  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 042-0007565

Hospital(s) where you have privileges:	Hospital(s) Location	Specialty
<u>Fletcher Allen Health Care</u>	<u>Burlington VT</u>	<u>OB/GYN</u>

List all physician's assistants names and addresses you currently supervise:

Stephanie Stahl, PA.

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

12/9/09  
(Date)

[Signature] MD  
(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Clark Kelley  
(Last) (First) (Middle)

Mailing Address Fletcher Allen Health Care - Women's Health Care Service  
(Office Name)

111 Colchester Ave  
(Street)  
Burlington VT 05401  
(City/State) (Zip Code) 802 847-1400  
(Telephone Number)

Vermont License #: 042-0010419

Hospital(s) where you have privileges:	Hospital(s) Location	Specialty
<u>FAHC</u>	<u>Burlington VT</u>	<u>MEFM</u>

List all physician's assistants names and addresses you currently supervise:

Stephanie Stahl  
 

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby/certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

12/7/09  
(Date)

Clark  
(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
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BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Till George  
(Last) (First) (Middle)

Mailing Address Fletcher Allen Health Care - Women's Health Care Service  
(Office Name)  
111 Colchester Ave  
(Street)  
Burlington VT 05401 802 847-1400  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 7744

Hospital(s) where you have privileges: Fletcher Allen Health Care Hospital(s) Location Burlington VT Specialty OB/Gyn

List all physician's assistants names and addresses you currently supervise:

Stephanie Stahl

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

12/7/09  
(Date)

George N Till  
(Signature of Secondary Supervising Physician)



STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
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BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Jones David  
(Last) (First) (Middle)

Mailing Address Fletcher Allen Health Care - Women's Health Care Service  
(Office Name)  
111 Colchester Ave  
(Street)  
Burlington VT 05401  
(City/State) (Zip Code) 802 847-1400  
(Telephone Number)

Vermont License #: 042-0010174

Hospital(s) where you have privileges:	Hospital(s) Location	Specialty
<u>Fletcher Allen Health Care</u>	<u>Burlington VT</u>	<u>OB/GYN / MFM</u>

List all physician's assistants names and addresses you currently supervise:

Stephane Stahl

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephane Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

12/7/09  
(Date)

[Signature]  
(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Riddick Daniel  
(Last) (First) (Middle)

Mailing Address Fletcher Allen Health Care - Women's Health Care Service  
(Office Name)  
111 Colchester Ave  
(Street)  
Burlington VT 05401  
(City/State) (Zip Code) 802 847-1400  
(Telephone Number)

Vermont License #: 042-0007329

Hospital(s) where you have privileges: FAHC Hospital(s) Location Burlington VT Specialty OB/GYN

List all physician's assistants names and addresses you currently supervise:

Stephanie Stahl, PA

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

12/8/09  
(Date)

[Signature]  
(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Maynard Robert  
(Last) (First) (Middle)

Mailing Address Fletcher Allen Health Care - Women's Health Care Service  
(Office Name)  
111 Colchester Ave  
(Street)  
Burlington VT 05401 802 847-1400  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 6592

Hospital(s) where you have privileges:	Hospital(s) Location	Specialty
<u>FANC</u>	<u>Burlington</u>	<u>OB/GYN</u>

List all physician's assistants names and addresses you currently supervise:

Stephanie Stahl FANC/Women's NCS, 111 Colchester Ave  
Burlington, VT 05401

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

12/9/09  
(Date)

[Signature]  
(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Casson Peter  
(Last) (First) (Middle)

Mailing Address Fletcher Allen Health Care - Women's Health Care Service  
(Office Name)  
111 Colchester Ave  
(Street)  
Burlington VT 05401 802 847-1400  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 042-9989

Hospital(s) where you have privileges: Fletcher Allen Health Care Hospital(s) Location OR/UGO Specialty

List all physician's assistants names and addresses you currently supervise:

Suzanne Stahl

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Suzanne Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

12/9/09  
(Date)

[Signature]  
(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Meyer Morison  
(Last) (First) (Middle)

Mailing Address Fletcher Allen Health Care - Women's Health Care Service  
(Office Name)  
111 Colchester Ave  
(Street)  
Burlington VT 05401  
(City/State) (Zip Code) (Telephone Number)  
802 847-1400

Vermont License #: 042-0007765

Hospital(s) where you have privileges: FAHC Hospital(s) Location Burlington VT Specialty OB/GYN

List all physician's assistants names and addresses you currently supervise:

Stephanie Stahl, PA

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

12/10/09  
(Date)

[Signature]  
(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Wright Kristen  
(Last) (First) (Middle)

Mailing Address Fletcher Allen Health Care - Women's Health Care Service  
(Office Name)  
111 Colchester Ave  
(Street)  
Burlington VT 05401 802 847-1400  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 042-001180

Hospital(s) where you have privileges:	Hospital(s) Location	Specialty
<u>Fletcher Allen Health Care</u>	<u>Burlington, VT</u>	<u>OB/GYN</u>

List all physician's assistants names and addresses you currently supervise:

Stephanie Stahl

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

12/15/09  
(Date)

KJ  
(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Cherobsky Peter  
(Last) (First) (Middle)

Mailing Address Fletcher Allen Health Care - Women's Health Care Service  
(Office Name)  
111 Colchester Ave  
(Street)  
Burlington VT 05401  
(City/State) (Zip Code) 802 847-1400  
(Telephone Number)

Vermont License #: 42-008556

Hospital(s) where you have privileges: Fletcher Allen Health Care Hospital(s) Location Burlington VT Specialty OB/GYN

List all physician's assistants names and addresses you currently supervise:

Stephanie Stahl

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

12/9/09  
(Date)

[Signature]  
(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Young Roger  
(Last) (First) (Middle)

Mailing Address Fletcher Allen Health Care - Women's Health Care Service  
(Office Name)  
111 Colchester Ave  
(Street)  
Burlington VT 05401  
(City/State) (Zip Code) 802 847-1400  
(Telephone Number)

Vermont License #: 042-0011205

Hospital(s) where you have privileges:	Hospital(s) Location	Specialty
<u>Fletcher Allen</u>	<u>Burlington VT</u>	<u>OB/GYN</u>

List all physician's assistants names and addresses you currently supervise:

Stephanie Stahl, PA

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

12/10/09  
(Date)

[Signature]  
(Signature of Secondary Supervising Physician)



STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Soultanakis Emmanuel  
(Last) (First) (Middle)

Mailing Address Fletcher Allen Health Care - Women's Health Care Service  
(Office Name)  
111 Colchester Ave  
(Street)  
Burlington VT 05401  
(City/State) (Zip Code) 802 847-1400  
(Telephone Number)

Vermont License #: 042-0010089

Hospital(s) where you have privileges:	Hospital(s) Location	Specialty
<u>Fletcher Allen</u>	<u>Burlington, VT</u>	<u>OB/GYN</u>

List all physician's assistants names and addresses you currently supervise:

Stephanie Stahl

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

12/10/09  
(Date)

[Signature]  
(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Brumsted John  
(Last) (First) (Middle)

Mailing Address Fletcher Allen Health Care - Women's Health Care Service  
(Office Name)  
111 Colchester Ave  
(Street)  
Burlington VT 05401  
(City/State) (Zip Code) 802 847-1400  
(Telephone Number)

Vermont License #: 042-0007101

Hospital(s) where you have privileges:	Hospital(s) Location	Specialty
<u>FALHC</u>	<u>Burl. VT</u>	<u>OB/GYN</u>

List all physician's assistants names and addresses you currently supervise:

Stephanie Stahl

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

12/11/09  
(Date)

[Signature]  
(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Capeless Eleonor  
(Last) (First) (Middle)

Mailing Address Fletcher Allen Health Care - Women's Health Care Service  
(Office Name)  
111 Colchester Ave  
(Street)  
Burlington VT 05401 802 847-1400  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 042 - 0006511

Hospital(s) where you have privileges:	Hospital(s) Location	Specialty
<u>FAC</u>		

List all physician's assistants names and addresses you currently supervise:

Stephanie Stahl

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

12/15/09  
(Date)

[Signature]  
(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full LaCruz Dale  
(Last) (First) (Middle)

Mailing Address Affiliates in OB Gyn  
(Office Name)  
96 Colchester Ave  
(Street)  
Burlington VT 05401  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 0420010133

Hospital(s) where you have privileges: Fletcher Allen Healthcare Hospital(s) Location Burlington, VT Specialty OB/GYN

List all physician's assistants names and addresses you currently supervise:

Stephanie Stahle  
FAHC, Burlington, VT.

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahle, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

12/14/09  
(Date)

D. LaCruz MD  
(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Clifford Patrick  
(Last) (First) (Middle)

Mailing Address Affiliates in OB Gyn  
96 Colchester Ave  
(Office Name)  
(Street)  
Burlington VT 05401  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 042-00072 12

Hospital(s) where you have privileges:	Hospital(s) Location	Specialty
<u>FAC</u>	<u>Burlington VT</u>	<u>OB Gyn</u>

List all physician's assistants names and addresses you currently supervise:

Stephanie Stahl FAC  
 

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

12/15/09  
(Date)

[Signature]  
(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Brock Julie  
(Last) (First) (Middle)

Mailing Address Mount. Health Care for Women P.C.  
(Office Name)

185 Tilley Drive  
(Street)  
South Burlington VT 05482 802.862.7338  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 42-0010441

Hospital(s) where you have privileges:	Hospital(s) Location	Specialty
<u>Fletcher Allen Health Care</u>	<u>Burlington VT</u>	<u>OBGYN</u>

List all physician's assistants names and addresses you currently supervise:

0 PAs except Stephanie Stahl  
CNM Kristen Weger

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

12/15/09  
(Date)

[Signature]  
(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Cherland Diane  
(Last) (First) (Middle)

Mailing Address Vermont Urogynecology  
(Office Name)  
71 Knight Lane, Suite 1  
(Street)  
Williston VT 05495  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 042-0010080

Hospital(s) where you have privileges: Hospital(s) Location Specialty  
Fletcher Allen Health Care Burlington VT GYN

List all physician's assistants names and addresses you currently supervise:

Stephanie Stahl

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

12/16/09  
(Date)

[Signature]  
(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Monson Greta  
(Last) (First) (Middle)

Mailing Address Affiliates in OB Gyn  
(Office Name)  
96 Colchester Ave  
(Street)  
Burlington VT 05401  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 0420011559

Hospital(s) where you have privileges: Fletcher Allen Health Care Hospital(s) Location Burlington VT Specialty OB/Gyn

List all physician's assistants names and addresses you currently supervise:

None

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

12/17/09  
(Date)

[Signature]  
(Signature of Secondary Supervising Physician)



STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Stockwell Sally  
(Last) (First) (Middle)

Mailing Address Champlain OB Gyn  
(Office Name)  
55 Main Street  
(Street)  
Essex Junction, VT 05452  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 5620

Hospital(s) where you have privileges:	Hospital(s) Location	Specialty
<u>Fletcher Allen</u>	<u>Burlington VT</u>	<u>Gyn.</u>

List all physician's assistants names and addresses you currently supervise:

Stephanie Stahl  
 

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

12/16/09  
(Date)

Sally Stockwell  
(Signature of Secondary Supervising Physician)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Maurer Tracy  
(Last) (First) (Middle)

Mailing Address Fletcher Allen Health Care - Women's Health Care Service  
(Office Name)  
111 Colchester Ave  
(Street)  
Burlington VT 05401 802 847-1400  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: 42-0010177

Hospital(s) where you have privileges: FABC Hospital(s) Location Burlington, VT Specialty OB/Gyn.

List all physician's assistants names and addresses you currently supervise:

Stephanie Stahl PA → same as above

CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahl, P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

12/11/09  
(Date)

[Signature]  
(Signature of Secondary Supervising Physician)

## PHYSICIAN ASSISTANT SCOPE OF PRACTICE

WOMEN'S HEALTH CARE SERVICES  
FLETCHER ALLEN HEALTH CARE  
111 COLCHESTER AVENUE  
BURLINGTON, VT 05401

### a) NARRATIVE

Fletcher Allen Health Care, Women's Health Care Services is composed of a team of professionals who provide the full scope of OB/GYN services. Physicians, certified nurse midwives, nurse practitioners, and a physician assistant work in collaborative arrangement. The physician assistant provides Gyn and OB care to our patient population, as do our existing providers. Resident physicians and students rotate through the Women's Health Care Services during their training.

Physician Assistants practice under the supervision of attending OB/Gyn physicians. The primary role of the PA is to provide ongoing care for female patients as determined by the PA's training and experience and by the services provided by the supervising physicians. In addition, PA's are involved in both didactic and clinical training of students.

### b) SUPERVISION

Supervision of the PA is provided by the primary supervising physicians or one of the secondary supervising physicians when caring for their patients. One of the primary or secondary supervising physicians is available 24 hours a day, 7 days a week.

Supervision may include the following mechanisms:

- 1) direct supervision by an attending physician
- 2) consultation with an attending physician in person or by phone
- 3) retrospective chart review
- 4) participation in Women's Health Services quality assurance meetings

### c) SITES OF PRACTICE

Fletcher Allen Health Care, Women's Health Care Services  
MCHV Campus, 111 Colchester Avenue, Burlington, VT  
ACC Campus, 4<sup>th</sup> floor, Main Pavilion, Burlington, VT  
UHC at Blair Park, Williston, VT

### d) TASKS

The following list is intended to express a sense of involvement in medical care provision and is not intended to be all inclusive or limiting, except as specifically excluded by the Board of Medical Practice, health care facility, or law. At no time will the physician assistant function in a capacity that exceeds the normal scope of practice of the supervising physicians. The supervising physician may

delegate any and all tasks that by reason of training and experience, the PA can be expected to perform.


1. Elicit patient histories
2. Perform physical examinations
3. Order laboratory test, radiographic imaging, and other diagnostic testing.
4. Write nursing and other therapeutic orders to be carried out in accordance with hospital policy
5. Interpret diagnostic and screening studies
6. Provide advice over the telephone
7. Provide education and counseling of patients and arrange for follow up care and referrals
8. Insertion of IUDs
9. Perform routine gynecologic and obstetric tests, including, but not limited to pap smears, endometrial biopsies, vulvar biopsies
10. Insert IV lines, catheters, obtain venous and arterial blood samples, and nasogastric tubes
11. Administer or dispense medication in accordance with hospital policy
12. Assist in gynecologic surgeries
13. Initiate resuscitative measures in accordance with ACLS standards and hospital policy
14. Write prescriptions for medications, including controlled drugs and devices in accordance with Vermont law and DEA regulations.

e) PRESCRIPTIVE PRACTICE

The PA named in this document is authorized to prescribe medications, including controlled drugs, in accordance with this scope of practice as approved by the Vermont Board of Medical Practice. The PA's DEA number is MS 1057428

  
\_\_\_\_\_  
Signature of Physician Assistant

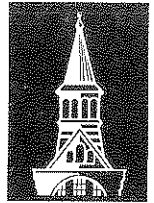
12/17/09  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature of Supervising Physician

12/21/09  
\_\_\_\_\_  
Date

# The University of Vermont

DIVISION OF GYNECOLOGIC ONCOLOGY  
AMBULATORY CARE CENTER  
111 COLCHESTER AVENUE  
MAIN PAVILION, LEVEL 4  
BURLINGTON, VT 05401  
PH: (802) 847-5110; FAX: (802) 847-0496



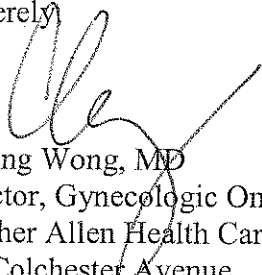
December 1, 2009

To Whom It May Concern:

Please allow this letter to serve as verification that Stephanie Stahl, P.A.-C has been employed full time as a physician assistant with our practice since February 14, 2005. She works as a physician assistant with our inpatient gynecology and gynecologic oncology service, and also sees patients in our ambulatory care clinic for routine gynecologic care.

Please feel free to contact me with any questions.

Sincerely,



Cheung Wong, MD  
Director, Gynecologic Oncology  
Fletcher Allen Health Care  
111 Colchester Avenue  
Burlington, VT 05401  
802-847-5110

## Certification Status Report

NCCPA      [nccpa@nccpa.net](mailto:nccpa@nccpa.net) • (678) 417-8100 • 12000 Findley Road Suite 200 • Duluth, GA 30095

Stephanie Stahl is currently certified by NCCPA and holds identification no.1059860.

Identification no. 1059860 will remain valid until 12/31/2011. This PA was initially certified on 9/19/2003. However, this PA may or may not have been continuously certified during this timeframe.

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STATE OF VERMONT - BOARD OF MEDICAL PRACTICE  
108 CHERRY STREET  
BURLINGTON, VT 05401  
(802) 657-4220

SECONDARY SUPERVISING PHYSICIAN APPLICATION

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name in full Thibault Amy  
(Last) (First) (Middle)

Mailing Address Medi.  
(Office Name)

185 Tilley Drive  
(Street)  
South Burlington VT 05403 802 862-7338  
(City/State) (Zip Code) (Telephone Number)

Vermont License #: \_\_\_\_\_

Hospital(s) where you have privileges: FATHC Hospital(s) Location Specialty

List all physician's assistants names and addresses you currently supervise:

Stephanie Stahl

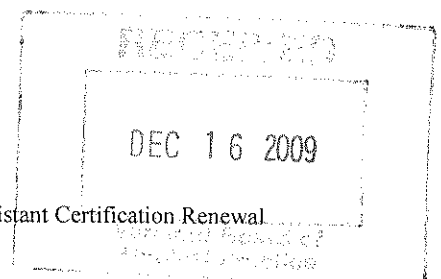
CERTIFICATE OF SECONDARY SUPERVISING PHYSICIAN

I hereby certify that, in accordance with 26 VSA, Chapter 31, I shall be legally responsible for all medical activities of Stephanie Stahl P.A. only when the primary supervising physician is unavailable and only when consulted by the aforesaid Physician Assistant. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 31, Section 1741, the use of a physician assistant has been posted.

I further certify that I have read the statutes and Board rules governing physician assistants.

12/14/09  
(Date)

[Signature]  
(Signature of Secondary Supervising Physician)



**Renewal - 055.0030719**

Name	Stephanie Beth Stahl
Credential	055.0030719

**Fee Details**

Renewal	\$170.00
	<b>\$170.00</b>

**Renewal Introduction**

VERMONT DEPARTMENT OF HEALTH  
 BOARD OF MEDICAL PRACTICE  
 PO BOX 70, Burlington, VT 05402  
 Phone: 802-657-4223  
 Fax: 802-657-4227  
 Toll: 800-745-7371  
[www.healthvermont.gov](http://www.healthvermont.gov)

Physician Assistant License Renewal

This application includes your Physician Assistant License Renewal Application. Please follow the instructions below and submit the completed application with uploaded documentation and credit card payment. If you have any questions or need additional information do not hesitate to contact us at 802-657-4220, 800-745-7371 or [medicalboard@state.vt.us](mailto:medicalboard@state.vt.us). **Your licensure will lapse if we have not received your completed application and fee by the due date.**

**INSTRUCTIONS**

You may download all forms that must be submitted to complete this application [here](#).

- enter, correct, or update all information
- answer all questions completely, even if you believe the information is already on file with the Board
- provide explanations to "yes" answers in Parts II – IV
- do not delegate this important task to any other person. False statements on this form may be grounds for charges of unprofessional conduct

**Be sure to complete, submit or upload:**

- completed application and appropriate attachments, e.g. Primary and Secondary Supervising Physician Applications, CME Form, [NCCPA Certificate](#), Scope of Practice, etc.

**Please send all appropriate documentation to the Board and submit the completed application, attachments and fee no later than January 15 to facilitate timely processing and avoid an interruption in your ability to practice because of a lapsed license.**

**Please Note:**

Licensees have a continuing obligation during each two-year renewal period to promptly notify the Board of any change or new information including, but not limited to, disciplinary or other action limiting or conditioning their license or ability to practice in any jurisdiction. Failure to do so may subject the licensee to disciplinary action by the Board. Thank you.

**Renewal Part I**

1. Last Name:  
Stahl

2. First Name:  
Stephanie

3. Middle Name:  
Beth

4. All other names used:

Previous Name	From Month	From Year	To Month	To Year	Reason for Change
			September	2012	



5. Enter your MAILING ADDRESS information:

**Attention**  
**Street**   
**City**  **State**  **Zip**  **Country** United States  
**E-mail Address**   
**Telephone**  **Alternate Phone (e.g. Pager)**

6. Enter your PUBLIC ACCESS address information:

**Attention** FAHC-Womens Health Care Services  
**Street** 111 Colchester Avenue 4th Floor  
**City** BURLINGTON **State** VT **Zip** 05401  
**Country** United States  
**Telephone** (802) 878-7651  
**E-mail Address**   
**Alternate Phone (e.g. Pager)**

7. Date of Birth:

8. Birth City:

9. Birth State/Province:

10. Birth Country:

United States

11. Select the certification examination taken (verification must be sent directly to this office from the Examining Agency):

University Trained - NCCPA Examination

12. Date NCCPA Examination was taken (if applicable):

04/22/2009

13. Date VT Apprenticeship Examination was taken (if applicable):

14. Basis for Vermont Certification:

University Trained

15. Do you have hospital privileges in Vermont?

Yes

16. List all hospitals where you have, or previously have had, privileges:

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

17. In what year did you start working as a physician assistant in Vermont?

2004

18. Were you in active clinical practice in the past 12 months?

Yes

19. Other states where you either now hold an active certification or license or previously were certified or licensed to practice:

State	Profession	License Number	Issue Date	Expiration Date	Status
New York	PA	015404-1		11/30/2014	Active

20. Specialty:

Women's Health/gynecologic oncology

21. DEA Number:

MS 1057428

22. Enter information for all Primary and Secondary Supervising Physicians. If you are to be supervised by a Doctor of Osteopathic Medicine please provide your response(s) in the next question. Enter **ONLY** those supervisor(s) who **ARE NOT** Doctor(s) of Osteopathic Medicine here.

Supervisor	Relationship Type	Practice Location
042.0009968 : WONG CHEUNG	Primary Supervising Professional	FAHC - Womens Health Care Services
042.0010080 : CHARLAND DIANE	Secondary Supervising Professional	FAHC - Womens Health Care Services
042.0010133 : LACROIX DALE	Secondary Supervising Professional	FAHC - Womens Health Care Services
042.0009874 : MURRAY CHRISTINE	Secondary Supervising Professional	FAHC - Womens Health Care Services
042.0007565 : BERNSTEIN IRA	Secondary Supervising Professional	FAHC - Womens Health Care Services
042.0008805 : BLAKE KIMBERLY	Secondary Supervising Professional	FAHC - Womens Health Care Services
042.0010491 : BONNEY ELIZABETH	Secondary Supervising Professional	FAHC - Womens Health Care Services
042.0011186 : BROWN STEPHEN	Secondary Supervising Professional	FAHC - Womens Health Care Services
042.0007101 : BRUMSTED JOHN	Secondary Supervising Professional	FAHC - Womens Health Care Services
042.0006511 : CAPELESS ELEANOR	Secondary Supervising Professional	FAHC - Womens Health Care Services
042.0008079 : CARLSON NANCY	Secondary Supervising Professional	FAHC - Womens Health Care Services
042.0012266 : CARRACINO MARIA	Secondary Supervising Professional	FAHC - Womens Health Care Services
042.0009989 : CASSON PETER	Secondary Supervising Professional	FAHC - Womens Health Care Services
042.0007412 : CLIFFORD PATRICK	Secondary Supervising Professional	FAHC - Womens Health Care Services
042.0012288 : EVERETT ELISE	Secondary Supervising Professional	FAHC - Womens Health Care Services
042.0007040 : GALLAGHER JOHN	Secondary Supervising Professional	FAHC - Womens Health Care Services
042.0007465 : GIBSON CHERYL	Secondary Supervising Professional	FAHC - Womens Health Care Services
042.0012103 : HAMMER ERICA	Secondary Supervising Professional	FAHC - Womens Health Care Services
042.0011559 : HANSON GRETA	Secondary Supervising Professional	FAHC - Womens Health Care Services
042.0006592 : HAYWARD ROBERT	Secondary Supervising Professional	FAHC - Womens Health Care Services
042.0010721 : LOWELL JANE	Secondary Supervising Professional	FAHC - Womens Health Care Services
042.0010177 : MAURER TRACEY	Secondary Supervising Professional	FAHC - Womens Health Care Services
042.0007765 : MEYER MARJORIE	Secondary Supervising Professional	FAHC - Womens Health Care Services
042.0011466 : MINER PAULA	Secondary Supervising Professional	FAHC - Womens Health Care Services
042.0012157 : NIELSEN BRIAN	Secondary Supervising Professional	FAHC - Womens Health Care Services
042.0011596 : PHILLIPS JULIE	Secondary Supervising Professional	FAHC - Womens Health Care Services
042.0012086 : RAJ RENJU	Secondary Supervising Professional	FAHC - Womens Health Care Services
042.0005990 : SMITH SUSAN	Secondary Supervising Professional	FAHC - Womens Health Care Services
042.0007744 : TILL GEORGE	Secondary Supervising Professional	FAHC - Womens Health Care Services
042.0011126 : WADE JULIE	Secondary Supervising Professional	FAHC - Womens Health Care Services
042.0009221 : WEGNER ELISABETH	Secondary Supervising Professional	FAHC - Womens Health Care Services
042.0010570 : FLAHERTY KARA	Secondary Supervising Professional	FAHC - Womens Health Care Services
042.0008739 : VISELLI ANNE	Secondary Supervising Professional	FAHC - Womens Health Care Services
042.0010606 : THIBAUT AMY	Secondary Supervising Professional	FAHC - Womens Health Care Services
042.0010174 : JONES DAVID	Secondary Supervising Professional	FAHC - Womens Health Care Services
042.0010597 : BOYMAN KYM	Secondary Supervising Professional	FAHC Womens Health Care Services

23. If you are to be supervised by a Doctor of Osteopathic Medicine, enter the information for those Primary and Secondary Supervising Physicians. Enter **ONLY** those supervisors who **ARE** Doctor(s) of Osteopathic Medicine here.

DO Supervisor	Relationship Type	Practice Location
---------------	-------------------	-------------------

24. Has there been a change in your scope of practice which has not been reviewed by the Board?

No

**Continuing Medical Education (CME) Requirements**

25. NCCPA certified Physician Assistant: Upload proof of current NCCPA certification; this will serve as adequate proof of CME completion.

[NCCPA certification verification.pdf](#)

26. For all others, an explanation of requirements and a CME Record form must be completed and uploaded here.

**Primary Supervising Physician and Second Supervisory Physician forms are available [here](#). They must be completed and returned to the Board to complete this application.**

**Renewal Part II**

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**ANY "YES" RESPONSE TO THE QUESTIONS BELOW MUST BE FULLY EXPLAINED.**

---

27. Have you ever applied for and been denied a license or certificate to practice medicine or any other healing art?  
No

28. State:

29. Year:

30. Circumstances under which you applied and were denied a certificate to practice medicine or any other healing art:

31. Denied certificate to practice medicine or any other healing art - Upload documents

32. Have you ever withdrawn an application for a license or certificate to practice medicine or any other healing art?  
No

33. State:

34. Year:

35. Circumstances under which license or certificate was withdrawn, denied, revoked, not renewed, or otherwise terminated:

36. Withdrawal or denial of license or certificate - Upload documents:

37. Have you ever voluntarily surrendered or resigned a license or certificate to practice medicine or any other healing art in lieu of disciplinary action or any other reason?  
No

38. State:

39. Year:

40. Circumstances:

41. Voluntary surrendered or resigned a license or certificate to practice medicine or any healing art - Upload documents:

42. Are any formal disciplinary charges pending or has any disciplinary action ever been taken against you by any governmental authority, by any hospital or health care facility, or by any professional medical association (international, national, state or local)?

No

43. Name of organization involved:

44. Date:

45. Duration:

46. Action Taken (add all that apply):

47. Circumstances:

48. Disciplinary charges or actions - Upload documents:

49. Have you ever been denied the privilege of taking an examination before any state medical examining board?

No

50. State:

51. Circumstances under which examination privileges denied:

52. Denial of examination privileges - Upload documents:

53. Have you ever discontinued your education, training, or clinical practice for a period of more than three (3) months NOT including premedical education?

No

54. If yes, please explain and include the dates over which your education, training, or clinical practice was discontinued:

55. Discontinued Education, Training, or Clinical Practice - Upload documents:

56. Have you ever been dismissed or suspended from, or asked to leave a training program before completion?

No

57. Training program(s):

58. Location of program(s):

59. Year:

60. Circumstances:

61. Have you ever had staff privileges, employment or appointment in a hospital or other health care institution denied, reduced, suspended or revoked, or resigned from a medical staff after a complaint or peer review action was initiated against you?

No

62. Institution involved:

63. Location:

64. Year:

65. Circumstances:

66. Affecting health care institution staff privileges, employment or appointment - Upload documents:

67. Has your privilege to possess, dispense or prescribe controlled substances ever been suspended, revoked, denied, or restricted by, or surrendered to any jurisdiction or federal agency at any time?

No

68. Name of organization involved:

69. Type of restriction:

70. Date:

71. Circumstances:

72. Privilege to prescribe controlled substances - Upload documents:

73. Do you currently, or have you ever, prescribed any prescription medication over the internet? This does not include any prescribing you would do using electronic medical records in your practice.

No

74. Please provide a general description of your practice of internet prescribing:

75. Are you presently, or have you ever been, a defendant in a criminal proceeding?

No

76. Court:

77. City and state:

78. Charge:

79. Description:

80. Status:

### Renewal Part III

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(Unless otherwise ordered by a court, your responses to the questions in Part III are considered exempt from public disclosure.)

**Any "yes" response to the questions below must be fully explained.**

81. To your knowledge, are you the subject of an investigation by any other licensing or certification board under which you have not been charged as of the date of this application?

■

82. Licensing or certification board:

83. Date:

84. Location of Licensing Board:

85. Circumstances:

**86. Investigation by other licensing or certification board - proceeding - Upload documents**

87. To your knowledge, are you presently the subject of a criminal investigation under which you have not been charged?



88. Court:

89. City and state:

90. Charge:

91. Description:

92. Status:

93. Date:

**94. Criminal Investigation - proceeding - Upload documents**

### MEDICAL QUESTIONS

Please answer "Yes" or "No" to the questions below. Definitions are provided to assist you in answering. Please explain any "Yes" answers.

### DEFINITIONS

In answering the following questions, please use these definitions:

**"Ability to practice medicine"** - This term includes:

1. The cognitive capacity to make and exercise reasoned medical judgments, and to learn and keep abreast of medical developments; and
2. The ability to communicate those judgments and medical information to patients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and
3. The physical capability to perform medical tasks and procedures, with or without the use of aids or devices, such as corrective lenses or hearing aids.

**"Medical condition"** - Includes physiological, mental or psychological conditions or disorders, such as, but not limited to, orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, hepatitis, HIV disease, tuberculosis, drug addiction, and alcoholism.

**"Currently"** - This term means recently enough to have a real or perceived impact on one's functioning as a Physician Assistant licensee.

**"Chemical substances"** - This term is to be construed to include alcohol, drugs, or medications, including those taken pursuant to a

valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.

**"Controlled substances"** - This term means those drugs listed on Schedules I through V of Section 202 of the Controlled Substances Act (21 USC § 812).

**"Illegal use of controlled substances"** - This term means the use of drugs, the possession or distribution of which is unlawful under the Controlled Substances Act, as periodically updated by the Food and Drug Administration. This term does not include the use of a drug taken under the supervision of a licensed health care professional or other uses authorized by the Controlled Substances Act or other provisions of federal law.

95. Do you have a medical condition that in any way impairs or potentially impairs or limits your ability to practice medicine in your field of practice with reasonable skill and safety?



96. In explaining "Yes" answer to the previous question, please provide reasonable assurances that your medical condition is reduced or ameliorated because, for example, you have received or do receive ongoing treatment (with or without medication) or have participated or do participate in a monitoring program.

97. Please upload any documents you have that are relevant to this matter.

98. Are you currently engaged in the use of alcohol or other chemical substances that in any way impairs or potentially impairs your ability to practice medicine in your field of practice with reasonable skill and safety?



99. In explaining a "Yes" answer to the previous question, please provide reasonable assurances that your use is reduced or ameliorated because, for example, you have received or do receive ongoing treatment (with or without medication) or have participated or do participate in a monitoring program.

100. Please upload any documents you have that are relevant to this matter.

101. Are you currently engaged in the illegal use of controlled substances?



102. In explaining a "Yes" answer to the previous question, please provide reasonable assurances that such use is not a real and ongoing problem in your practice of medicine.

103. Please upload any documents you have that are relevant to this matter.

## IMPORTANT

Since 1999, part of each physician license fee has been used to create and maintain the **Vermont Practitioners Health Program**, a **confidential** program for the identification, treatment and rehabilitation of practitioners affected by the disease of substance abuse. If you wish further information about this program, a service of the Vermont Medical Society, call 802-223-0400 (a confidential line).

## Renewal Part IV

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### Statutory Profile Questions

Vermont law, 26 VSA § 1368, creates a data repository within the Department of Health. Under this law, the Department must collect certain information to create individual profiles on all health care professionals licensed, certified, or registered by the Department pursuant to Title 26 of the VSA. Please try to answer the following questions as best as you can.

104. **Criminal Convictions** [See 26 VSA § 1368(a)(1)] Have you been convicted of any crimes (felonies and misdemeanors; this includes DUI but not speeding or parking tickets)? For purposes of this question, "convicted" means that you pleaded guilty or that you were found adjudged guilty by a court of competent jurisdiction.

No

105. **Criminal Convictions** [See 26 VSA § 1368(a)(1)] Please provide a description of all crimes (felonies and misdemeanors; this

includes DUI but not speeding or parking tickets) of which you have been convicted. For purposes of this question, "convicted" means that you pleaded guilty or that you were found adjudged guilty by a court of competent jurisdiction. **Please provide copies of papers fully documenting the convictions.**

Date of Conviction	Court of Conviction	City	State	Description
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106. Nolo Contendere/Matters Continued [See 26 VSA § 1368(a)(2)]

Have there been any charges to which you pleaded "nolo contendere" ("I will not contest it") or where sufficient facts of guilt were found and the matter was continued without finding by a court of competent jurisdiction?

No

107. Nolo Contendere/Matters Continued [See 26 VSA § 1368(a)(2)]

Please provide a description of all charges to which you pleaded "nolo contendere" ("I will not contest it") or where sufficient facts of guilt were found and the matter was continue without finding by a court of competent jurisdiction.

Date of Charges	Court	City	State	Description of Charges
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108. Vermont Board of Medical Practice Matters [See 26 VSA § 1368(a)(3)]

Have there been any formal charges served, findings, conclusions, and/or orders of the Board of Medical Practice (including stipulations), and/or final disposition of such matters by the courts, if appealed?

No

109. Vermont Board of Medical Practice Matters [See 26 VSA § 1368(a)(3)]

Please provide a description of all formal charges served, findings, conclusions, and orders of the Board of Medical Practice (including stipulations), and final disposition of such matters by the courts, if appealed.

Date	Final Disposition Summary
------	---------------------------

110. Licensing Authority Matters in Other States [See 26 VSA § 1368(a)(4)]

Have there been any formal charges served against you by licensing or certification authorities of other states?

No

111. Licensing Authority Matters in Other States [See 26 VSA § 1368(a)(4)]

Please provide a description of all formal charges served by licensing or certification authorities of other states, the findings, conclusions, and orders of such authorities, and final disposition of such matters by the courts, if appealed, in those states. **Please provide copies of papers fully documenting these matters.**

Date of Disposition	Licensing Authority	City	State	Description of Disposition
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#### **Restriction of Hospital Privileges** [See 26 VSA § 1368(a)(5)]

112. Have your hospital privileges ever been revoked or involuntary restricted in relation to competence or character?

No

113.

##### **A. Revocation/Involuntary Restrictions**

Please provide a description of any revocation or involuntary restriction of your hospital privileges that were related to competence or character and were issued by the hospital's governing body or any other official of the hospital after procedural due process (opportunity for hearing) was afforded to you. Please upload copies of papers fully documenting these matters.

Date of Restriction	Hospital Name	State	Nature of Restriction	Reason for Restriction
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114. Have your hospital privileges ever been restricted, or have you ever resigned or not renewed your medical staff membership at a hospital in lieu of, or in settlement of, a pending disciplinary case related to competence or character in that hospital?

No

115.

##### **B. Other Restrictions**

Please provide a description of all resignations from, or nonrenewal of, medical staff membership or the restriction of privileges at a hospital taken in lieu of, or in settlement of, a pending disciplinary case related to competence or character in that hospital. Please upload copies of papers fully documenting these matters.

Date	Hospital Name	State	Action	Nature of Action	In Lieu or In Settlement
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116. **Medical Malpractice Court Judgments/Settlements** [See 26 VSA § 1368(a)(6A)] Have you ever been involved in a Malpractice Liability Claim? Please provide a description of all medical malpractice court judgments against you and all medical malpractice arbitration awards against you, and any pending malpractice cases.

No

...



**A. Judgments**

Please provide a description of all medical malpractice court judgments against you and all medical malpractice arbitration awards against you, and any pending malpractice cases.

<b>Date of Judgment</b>
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118.

**B. Settlements** Please provide a description of all settlements of all pending settlements and settlements of medical malpractice claims against you. Please complete the below information and provide copies of papers fully documenting these matters.

<b>Date Of Settlement</b>
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**Medical Malpractice Claim**

For each response provided in the previous Medical Malpractice Judgements and/or Settlements questions you must complete the form located [here](#). Please download the form, complete it for each response, and then upload to each respective response. **This information is required for each and every response provided for Judgements and/or Settlements.**

119. **Years of Practice**

What year did you start practicing as a medical professional?

2004

120. **Hospital Privileges** [See 26 VSA § 1368(a)(11)] List all hospitals where you currently have hospital staff privileges:

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

**Appointments/Teaching** [See 26 VSA § 1368(a)(12)]

Note: Providing the following Appointments and Teaching information is optional. By answering, you are granting permission to have this information posted on the web. (This form follows the statutory wording. Since most appointments are teaching appointments, these questions may overlap.)

121.

**A. Appointments**

Please provide information about your appointments to medical school or professional school facilities.

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

122.

**B. Teaching**

Please provide information regarding your responsibility for teaching graduate medical education within the past 10 years.

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

123. **Publications** [See 26 VSA § 1368(a)(13)]

Note: Answering this question is optional. By answering, you are granting permission to have this information posted on the web. Please provide information regarding your publication in peer-reviewed medical literature within the past 10 years.

Title	Publication	Publication Date
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124. **Activities** [See 26 VSA § 1368(a)(14)]

Note: Answering this question is optional. By answering, you are granting permission to have this information posted on the web. Please provide information regarding your professional or community service activities and awards.

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

125. Provide the following information for each practice location. Be sure to indicate which is to be your primary practice location.

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

**Statement of Good Standing**

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126.

**State of Vermont  
Department of Health  
Board of Medical Practice****Statement of Good Standing****Regarding Any Unpaid Judgment Issued by the Judicial Bureau or District Court for Fines or Penalties for a Violation or Criminal Offense**

I hereby state that either:

A. This does not apply to me because I don't have any unpaid judgment issued by the judicial bureau or district court for fines or penalties for a violation or criminal offense, or

B. I am in good standing with respect to any unpaid judgment issued by the judicial bureau or district court for fines or penalties for a violation or criminal offense.

I understand that a license may not be issued or renewed without such a statement.

I further understand that, for the purposes of this section, a person is in good standing with respect to any unpaid judgment issued by the judicial bureau or district court for fines or penalties for a violation or criminal offense if:

1. 60 days or fewer have elapsed since the date a judgment was issued; or
2. the person is in compliance with a repayment plan approved by the judiciary.

Yes

127. Date:

12/13/2013

**Statement Regarding Child Support, Taxes**

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**Vermont Department of Health - Board of Medical Practice****APPLICANT'S STATEMENT REGARDING CHILD SUPPORT AND TAXES**You must answer these questions.**Regarding Child Support**

Title 15 § 795 requires that: A professional license or other authority to conduct a trade or business may not be issued or renewed unless the person certifies that he or she is in good standing with respect to or in full compliance with a plan to pay any and all child support payable under a support order as of the date the application is filed. "Good standing" means that less than one-twelfth of the annual support obligation is overdue; or liability for any support payable is being contested in a judicial or quasi-judicial proceeding; or he or she is in compliance with a repayment plan approved by the office of child support or agreed to by the parties; or the licensing authority determines that immediate payment of support would impose an unreasonable hardship. (15 V.S.A. § 795)

128. You must select one of the two statements below regarding child support regardless whether or not you have children:

I hereby certify that, as of the date of this application: (a) I am not subject to any support order or (b) I am subject to a support order and I am in good standing with respect to it, or (c) I am subject to a support order and I am in full compliance with a plan to pay any and all child support due under that order.

**Regarding Taxes**

Title 32 § 3113 requires that: A professional license or other authority to conduct a trade or business shall not be issued or renewed unless the person certifies that he or she is in good standing with the Department of Taxes. "Good standing" means that no taxes are due and payable and all returns have been filed, the tax liability is on appeal, the taxpayer is in compliance with a payment plan approved by the Commissioner of Taxes, or the licensing authority determines that immediate payment of taxes would impose an unreasonable hardship. (32 V.S.A. § 3113)

129. You must select one of the two statements below regarding taxes:

to pay any and all taxes due to the State of Vermont as of the date of this application. (The maximum penalty for perjury is fifteen years in prison, a \$10,000.00 fine or both.)

*The disclosure of your social security number is mandatory, it is solicited by the authority granted by 42 U.S.C. § 405 (c)(2)(C), and will be used by the Department of Taxes and the Department of Employment and Training in the administration of Vermont tax laws, to identify individuals affected by such laws, and by the Office of Child Support.*

130. Social Security Number:

██████████

131. Date of Birth:

██████████

132. I certify that the information stated by me in this application is true and accurate to the best of my knowledge and that I understand providing false information or omission of information is unlawful and may jeopardize my license/certification/registration status.

Yes

133. Date:

12/13/2013

### **Workforce Survey**

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You must complete the workforce survey before you may complete your application to renew your license. The mandatory workforce survey is accessed by clicking [here](#)

134. I hereby certify that I have completed the workforce survey per the above instructions

Yes

### **Renewal Payment**

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135. You must choose one of the following payment options to complete your application. Note: Your application will NOT be processed by the Medical Board until payment is received. If you are a commissioned officer on active duty in the armed forces, you must submit a copy of your current active duty orders.

Self / Credit Card

### **Review**

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