

013193

MacLaine  
4/30/91

PERM LICENSE APPLICATION FLOWSHEET

Applicant Name: Cheryl A. Gibson, MD

Date Received 3/18/91 Appl Fee Pd: 125 Oral Fee Pd: \_\_\_\_\_

MEDICAL EDUCATION

SCHOOL: U of VT Col of med DATE GRADUATED 1985

Diploma submitted:  YES  NO COMMENT: read Trans Copy Statement

Internship 1 YR Residency 4 YR Fellow \_\_\_\_\_ YR TOTAL PGY: 4

Postgraduate Training Certificates submitted  YES  NO

Comments: OK

LICENSE BASED ON

If US or Canadian: NBME  FLEX \_\_\_\_\_ LMCC \_\_\_\_\_ STATE EXAM \_\_\_\_\_

If Foreign Grad: ECFMG \_\_\_\_\_ FLEX \_\_\_\_\_ BD CERT obexange

COMMENT: Obexange NBME

DOCUMENTS ON FILE

NBME  FLEX \_\_\_\_\_ STATE EX \_\_\_\_\_ SP BD \_\_\_\_\_ LMCC \_\_\_\_\_ ECFMG \_\_\_\_\_

CERTIFICATE OF MEDICAL EDUCATION

STATE CERTIFICATIONS: read NH

MALPRACTICE: None

PERSONAL DATA: None

LETTERS OF REFERENCE: 1 OK

STILL NEED NH

EXECUTIVE DIRECTOR'S COMMENTS: OK let A 7/15/91 signed to NH license verification by them.

APPROVAL

DR Hedrick [Signature] DATE: 6/12/91 BT Darlington [Signature] DATE: 6/11

BOARD APPROVED  YES  NO DATE: 7/19/91

ORAL EXAM: DATE 11/19 EXAMINER Jim R. MacLaine, Jr. MD

COMMENTS: \_\_\_\_\_

LIST A \_\_\_\_\_

LIST B \_\_\_\_\_

MEETING AGENDA DATE \_\_\_\_\_

Interview 11/1/91 Date  
 Board Review 7/9/91  
 Oral Paid 8/2/91-50  
 Cert. No. 613193  
 Date Issued 11/28/91

L. MacVane, Jr. MD  
 State of Maine  
 BOARD OF REGISTRATION IN MEDICINE  
 State House Station #137  
 Augusta, ME 04333

Date rec'd 3/18/91 Fee 125  
 Medical Ed. EDFMO  
 Int./Res. Cert. Sp. Bd.  
 Form II. Lic. BOFLEX/MCC  
 Letters of Ref. Int. Lic.  
 Act. Act. Lic.  
 AMA  ED

APPLICATION FOR LICENSE TO PRACTICE MEDICINE BY ENDORSEMENT

on the basis of  
 National Board of Medical Examiners Certification # 308479  
 FLEX written in the State of \_\_\_\_\_ on \_\_\_\_\_ 19\_\_\_\_  
 State/Province of Vermont license obtained by written examination.  
 Date of application 3-4 1991

① I hereby apply for licensure to practice medicine and surgery in the State of Maine and in support of this, submit the following information:  
 NAME Gibson Cheryl Ann  
 Last First Middle  
 ADDRESS [REDACTED] Social Security No. [REDACTED]  
 BIRTHPLACE Westerly Rhode Island  
 City State  
 DAYTIME TELEPHONE [REDACTED]  
 PROPOSED RESIDENCE same BIRTHDATE [REDACTED]  
 Month Day Year

② AFFIDAVIT OF APPLICANT  
Cheryl A. Gibson being first duly sworn, depose and say that I am the person described and identified in this application.  
 I have carefully read the questions in the application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I thereby agree that such act shall constitute cause for the denial, suspension or revocation of my license to practice medicine and surgery in the State of Maine.  
 I hereby certify all hospitals, medical institutions or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present) and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to this Licensing Board any information, lists or records required by the Board for its evaluation of my professional and ethical qualifications for licensure in the State of Maine.  
 I hereby authorize the Board of Registration in Medicine to transmit any information contained in this application, or information that may otherwise become available to them, to any agency, organization, hospital, or individual, who, in the judgment of the Board, is entitled to such information.

APPLICANT MUST SIGN HIS FULL NAME IN THE PRESENCE OF A NOTARY PUBLIC WHO MUST COMPLETE THE AFFIDAVIT AND AFFIX NOTARIAL SEAL OVER A PORTION OF THE PHOTOGRAPH

Subscribed and sworn to before me this  
4th day of March 1991  
 Notary Signature [Signature]  
 Notary Public for the State of Vermont  
 My Commission Expires 2/10/95



[Signature]  
 (Signature of Notary Public)



**③ MEDICAL LICENSURE**

List licenses applied for or held in the U.S. or Canada currently or in the past:

State	Cert. No.	Date Issued	State	Cert. No.	Date Issued
Vermont	42-0007465	1986			
New Hampshire	7539	1987			

**④ MEDICAL EDUCATION**

List names and locations of Medical schools attended:

Name and Location	Title of Degree (M.D., M.B., B.S.)	Date Conferred
University of Vermont College of Medicine	MD	5/85

4A SPECIALTY OB-gyn American Board Certified:  Yes  No ECFMG No. \_\_\_\_\_  
 4B NAME OF AMERICAN SPECIALTY BOARD Am. Coll. OB-gyn <sup>eligible</sup> Date \_\_\_\_\_

**⑤ EXAMINATIONS TAKEN**

	Most Recent Date Taken	Pass/Fail	Identification Number
1 ECFMG	19		ECFMG
2 VQE	19		VQE
3 FMGE/MS	19		FMGE/MS
4 FLEX	19		FIN
5 <del>WBSE</del>	<del>19 86</del>	<del>Pass</del>	NBME 308479
6 <del>USCC</del>	<del>19</del>		REG. #
7 <del>OTHER</del>	<del>19</del>		

**⑥ PERSONAL DATA**

If any of the following questions are answered "Yes", full details must be furnished on separate sheet and attached.

- 1 Have you ever been called before any state board for interrogation concerning any violation of the Medical Practice Act or unethical conduct? Yes No
- 2 Have you ever had a license to practice medicine revoked or suspended?  Yes  No
- 3 Have you ever been convicted of a felony or misdemeanor other than traffic violations?  Yes  No
- 4 Have you ever received psychiatric treatment or treatment for mental illness?  Yes  No
- 5 Have you ever been addicted to or treated for addiction to narcotic drugs? Alcohol?  Yes  No
- 6 Have you ever been convicted of a violation of any narcotic law?  Yes  No
- 7 Have you ever been denied a license, or the privilege of taking the examination for licensure by any state medical board?  Yes  No
- 8 Have you ever been denied hospital privileges, or have your hospital privileges ever been limited?  Yes  No
- 9 Have you ever been denied a DEA registration number or have you been issued a restricted DEA registration?  Yes  No
- 10 Have you ever had any malpractice suits filed against you?  Yes  No

**7** PROFESSIONAL TRAINING AND EXPERIENCE

List in chronological order all professional education and experience including college and/or university, medical school, internship, residencies\* and practice. Include ALL periods of time from the date of graduation from medical school to the present, whether or not engaged in activities related to medicine. INCLUDE THE MONTH AND YEAR in CHRONOLOGICAL ORDER.

\* Notarized copy of certificate(s) must accompany application.

From Mo. Yr.	To Mo. Yr.	Name of Hospital/Institution	Address (Street, City, State/Province, Zip Codes)	Certificate, Degree, or Nature of Experience	Office Use Only
9/22	9/77	Univ of Vermont	Burlington Vermont 05401	B.S.	S R
1/78	9/78	New Jersey College of Med/Dentistry	Newark New Jersey	Cert Hospital Admin Practitioner	
9/81	5/85	Univ of Vermont College of Medicine	Burlington Vermont 05401	M.D.	
6/85	6/89	<del>Dr. Robert H. Hilditch, MD</del> Medical Ctr. Hosp of Vermont	Colchester Ave Burlington Vermont 05401	OB-GYN Residency	4/17/86
9/89	Present	Univ of Vermont College of Med Dept 25 - SYN University Associates in ob/gyn MCHV - MFCU - 541	Burlington, Vermont 05401 150 Prospect St Burlington VT 05405	Assistant Prof OB-GYN Practice OB-GYN	1/1/91

**8** HOSPITAL AFFILIATIONS

List names and addresses of all U. S. or Canadian Hospitals/Institutions where you are or were a member of the staff (if not included in above listing.)

From Mo. Yr.	To Mo. Yr.	Name of Hospital/Institution	Address (Street, City, State/Province, Zip Codes)	Certificate, Degree, or Nature of Experience	Office Use Only
9/89	Present	Medical Center Hosp of Vermont	Burlington Vermont 05401	Staff attending ob/gyn	S R



### INSTRUCTIONS FOR COMPLETING THE APPLICATION

Before you complete this application, please review the enclosed Requirements for Medical Licensure in the State of Maine. Application fees are **NOT RETURNABLE**.

**This application**, together with supporting documents and a certified check or postal money order in the amount of \$125.00 must be filed with the Board of Registration in Medicine at least sixty days prior to the date of the Board meeting at which you wish your application to be considered.

Incomplete applications or those received without the required fee or documents will not be accepted.

Please type or print clearly in ink. Answer all questions. All supporting documents must be **NOTARIZED** with the statement: **This is a true copy of the original.**

#### Procedures:

1. Complete sections 1, 3, 4, 5, 6, 7 and 8;
  - a. Provide complete addresses of institutions listed in Sections 3 and 6;
  - b. Enclose notarized photocopies of supporting documents: medical school diploma, U.S. or Canadian residency programs\*, specialty boards;  
\*If certificates are unavailable, provide letters from Directors of Medical Education.
  - c. Provide documentation of ANY NAME CHANGE.
2. Complete, in the presence of a notary public, section 2.
3. Forward to your Medical School for completion, the Certificate of Medical Education with instructions that it be returned directly to the Board of Registration in Medicine. A sealed transcript is required to be returned with the certificate. The school may require a transcript fee.
4. Certification by other states/provinces (Form):

If you have ever been licensed by another state based on a written examination by that state or by a Canadian Province through examination of the provincial medical council:

  - a. Use Form II. Complete identification and authorization/release. Send to State or province agency which holds record of your exam score. Note, many charge a fee for certifying your examination score to Maine.
  - b. If you are applying to Maine for your first medical license, return Form II incomplete. You will be required to take FLEX or to have taken NBME exam.
5. Certification by FLEX, NBME, or LMCC:

If you have been licensed in another state based on scores obtained on FLEX or NBME examination, or in Canada by examination of the LMCC, you must request that the examining agency send certification of your scores to the Maine Board. The addresses of and certifying fees of those agencies are:

  - a. National Board of Medical Examiners, 3930 Chestnut St., Philadelphia, PA 19104.  
Fee \$40;
  - b. FLEX - Federation of State Medical Boards, 6000 Western Place, Suite 707, Fort Worth, TX 76107. Fee \$35 in certified check;
  - c. Medical Council of Canada, 1867 Alta Vista Drive, Box 8234, Ottawa, Canada K1G3H7  
Fee \$15 Canadian.
6. FOREIGN MEDICAL GRADUATES must provide documentation of having passed the VISA Qualifying Examination (VQE) OR the Educational Commission for Foreign Medical Graduates (ECFMG) and must provide a notarized copy of their Standard ECFMG Certificate.
7. ORAL EXAMINATION: The Board will acknowledge receipt of your application within two weeks. As soon as your application has been processed, the Board will send you information regarding the oral examination. All applicants are required to appear for oral examination before licensure may be issued. An additional fee of \$50 will be added for the oral examination. Board meetings are held on the second Tuesday of January, March, May, July, September and November.

Curriculum Vitae

Cheryl A. Gibson, M.D.

EMPLOYMENT HISTORY

Sept 1989 - present      Assistant Professor  
Department of Obstetrics & Gynecology  
University of Vermont College of Medicine  
Burlington, Vermont

Director, Colposcopy Services  
Department of Obstetrics & Gynecology  
University of Vermont College of Medicine  
Burlington, Vermont

Medical Director  
Vermont Women's Health Center  
Burlington, Vermont

July 1988 - June 1989      Clinical Instructor  
Department of Obstetrics & Gynecology  
University of Vermont College of Medicine  
Burlington, Vermont

July 1987 - present      Medical Director (part time)  
Planned Parenthood of Northern New England  
Burlington, Vermont

1978 - 1986  
(part time 1981-1986)      OB-GYN Nurse Practitioner and Clinical Supervisor  
Planned Parenthood of Vermont  
Burlington, Vermont

1977 - 1978      Nurse Coordinator  
Planned Parenthood of Vermont  
Burlington, Vermont

PROFESSIONAL CERTIFICATIONS

Board Eligible, American College of OB-GYN  
National Board of Medical Examiners; Certification 1986.  
NAACOG Certification as Outpatient OB-GYN Nurse Practitioner; 1980.

STATE LICENSURES

State of Vermont; 1986 - present    #42-0007465  
State of New Hampshire; 1987 - present    #7539



Cheryl A. Gibson, M.D.

#### EDUCATION

##### Post Graduate Medical Education

OB-GYN Residency, Medical Center Hospital of Vermont June/85 - June/89  
Administrative liaison to Department Chairman - Chief Resident year.  
Resident Teacher Award 1987, 1988.

##### Medical Education

University of Vermont College of Medicine Burlington, Vermont  
Graduated May 1985 - Ranked 1st of 89 graduates.

Awards: Lamb Fellowship Award to graduating Senior demonstrating the ideal physician-patient relationship;  
Carabee OB-GYN Departmental Award to graduating Senior demonstrating potential for contributing to the field.

Honors: Alpha Omega Alpha, Junior year

Coursework Honors: Human Sexuality, Surgery, Medicine, Epidemiology, Pediatrics, Community OB-GYN, Reproductive Endocrinology

Activities: Student Council - President 1983-84, Vice President 1982-83, Treasurer 1981-82.

Instructor - Pelvic exam for basic clerkship 1981-1983.

##### Post Graduate Education

New Jersey College of Medicine and Dentistry / Planned Parenthood - World Population Certificate, Family Planning Nurse Practitioner Graduated 1978.

##### Undergraduate Education

University of Vermont Burlington, Vermont B.S., Professional Nursing  
Graduated 1977 Dean's List, three semesters

#### PROFESSIONAL MEMBERSHIPS

American Society of Gynecologic Laparoscopists; 1989 - present

ACOG, Junior Fellow; 1986 - present

Vermont State Medical Society; 1985 - present

Physicians for Social Responsibility; 1984 - 1985

American Nurses Association; 1977 - 1986

Vermont State Nurses Association 1977-1986 (Vice President, District 1; 1980)

#### BIBLIOGRAPHY

Brunsted, J., Kessler, C., Gibson, C., Nakajima, S., Riddick, D., Gibson, M.  
"Comparison of Laparoscopy and Laparotomy for Treatment of Ectopic Pregnancy"; Obstetrics and Gynecology, May 1988.  
Gibson, C., "From Policy to Preventive Services: A Successful Teenage Contraceptive Program", 1980 Papers, September 1980.

# The University of Vermont

DEPARTMENT OF OBSTETRICS AND GYNECOLOGY  
MEDICAL CENTER HOSPITAL OF VERMONT  
SHEPARDSON 4 SOUTH  
BURLINGTON, VERMONT 05401-1435



April 25, 1991

RECEIVED

MAY 06 1991

BOARD OF REGISTRATION  
IN MEDICINE

Bernice Mansir  
Licensure Coordinator  
State of Maine  
Board of Registration in Medicine  
State House Station #137  
Augusta, ME 04333

Dear Ms. Mansir: RE: Cheryl Gibson, M.D.

This letter is to verify the information contained on the enclosed affidavit regarding Dr. Cheryl Gibson. She is a member in excellent standing in the Department of Obstetrics and Gynecology at the Medical Center Hospital of Vermont and is an Assistant Professor at the University of Vermont College of Medicine. I have the highest regard for her both clinically and personally and recommend her to you without any hesitation for licensure to practice medicine in the State of Maine.

With best regards,

Sincerely yours,

Daniel H. Riddick, M.D., Ph.D.  
Professor and Chairman

DHR/ds

An Equal Opportunity/Affirmative Action Employer



# THE UNIVERSITY OF MICHIGAN

To all whom these presents may come with greetings  
I shew the Faculty of the College and the University salute  
and commendation

Charles Ann Gibbon, D.D.

As having completed the studies assigned and passed the examinations  
required by the Statutes of the University by virtue of the authority vested  
in us by the Legislature you have the degree of  
**Doctor of Medicine**

and admit her to all the rights, privileges and honors appertaining thereto  
As witness I shew the seal of the University and the signature  
of the President of the same and the Secretary on her behalf signed

Wm. H. Ruggles, President of the University  
Geo. B. Kearsley, Secretary of the University



Given at Ann Arbor  
this 10th day of June 1851

Wm. H. Ruggles

POOR COPY

The University of Vermont College of Medicine  
and the  
Medical Center Hospital of Vermont

Cheryl A. Gibson, M.D.

has satisfactorily served as

Resident in Obstetrics and Gynecology

from June 23, 1985 to June 30, 1989.

is awarded this certificate

on this first day of July, nineteen hundred and  
eighty-nine, at Burlington, Vermont.



William H. Hamblett, M.D.  
Dean of the College

*William H. Hamblett, M.D.*  
Dean of the College



*Cheryl A. Gibson, M.D.*  
Resident in Obstetrics and Gynecology  
June 23, 1985 to June 30, 1989



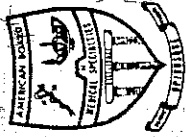
**The American Board of Obstetrics and Gynecology, Inc.**

**CHERYL ANN GIBSON**

has completed the required graduate medical education in obstetrics and gynecology and has passed the written examination required by The American Board of Obstetrics and Gynecology, Inc.

This physician is an **ACTIVE CANDIDATE** for certification and may become a Diplomate of this Board after fulfilling all requirements and passing the oral examination by December 31, 1995.

Dated June 26, 1989



*Dave D.D. Miller*  
PRESIDENT

*Jane A. Merrill*  
EXECUTIVE DIRECTOR

NO. 89-6716-500480

*I have certified Cheryl Ann Gibson  
I have signed the certificate  
with my name and title.*

# The University of Vermont

COLLEGE OF MEDICINE, OFFICE OF THE DEAN  
GIVEN BUILDING, BURLINGTON, VERMONT 05405  
TEL. (802) 850-2150



## OFFICIAL TRANSCRIPT OF GRADES

RECEIVED

MAR 08 1991

304 REGISTRAR  
IN MEDICINE

RECORD OF GIBSON, Cheryl Ann CLASS 1985

PERMANENT ADDRESS [REDACTED]

University of Vermont  
COLLEGE OF MEDICINE  
Burlington, Vermont

BIRTH DATE [REDACTED] SOCIAL SECURITY NO. [REDACTED]

COLLEGES ATTENDED 1972-1977 BSN University of Vermont

**BASIC SCIENCE CORE**  
8/31/81 to 6/18/82  
9/1/82 to 12/17/82

**CLINICAL SCIENCE CORE**  
1/3/83 to 12/16/83

**SENIOR MAJOR PROGRAM**  
2/1/84 to 4/30/85

Anatomy, Gross	PASS
Anatomy, Microscopic	PASS
Basic Clerkship	PASS
Biochemistry	PASS
Human Behavior	PASS
Medical Microbiology	PASS
Medical Sexuality	HONORS
Neurosciences	PASS
Pathology, General	PASS
Pathology, Systemic	PASS
Pharmacology	PASS
Physiology	PASS

Medicine	HONORS
Obstetrics and Gynecology	PASS
Pediatrics	HONORS
Psychiatry	PASS
Surgery	HONORS
<b>ADVANCED BASIC SCIENCE CORE</b> 1/3/84 to 1/27/84	
Biopsychosocial Medicine	PASS
Clinical Nutrition	PASS
Clinical Pharmacology	PASS
Epidemiology	HONORS
Laboratory Medicine	PASS
Medical Genetics	PASS

CP/Ob-Gyn/Burlington	PASS
Fdn of Medicine	PASS
Reproductive Endo	HONORS
Medicine AI, MMC	HONORS
X/Ob-Gyn/WomensH-USG	PASS
Anat Dissection	PASS
Medicine AI	PASS
CP/FP/Kayenta, AZ	PASS
X/ER/Boston City	PASS
XRay Clkshp	PASS
Gyn Oncology	PASS
Anesth/ICU	PASS
Dermatology	HONORS

Alpha Omega Alpha

M.D. DEGREE GRANTED May 18, 1985

For an explanation of this transcript, see reverse side.

*[Signature]*  
AUTHORIZED SIGNATURE

An Equal Opportunity/Affirmative Action Employer



#### KEY TO TRANSCRIPT

Prior to September 1967, the work of students was evaluated on the basis of 100 percent. The lowest passing grade was percent except in the case of minor subjects. In the first and second years, the passing grade for each minor subject was 75 percent. In the third year, a grade of 60 percent was accepted for individual minor subjects, but the average for a group of minor subjects must have been 75 percent.

September 1967-August 1969, the work of the students was evaluated on the basis of A, B, C, and F. The lowest passing grade was C.

In September of 1969, the College adopted a pass/fail method of student evaluation:

P or Pass = satisfactory completion of all course work  
F or Fail = less than satisfactory performance  
Fail/Pass = less than satisfactory performance in initial endeavor, course repeated and makeup work evaluated as satisfactory.

Beginning with the class entering in September 1981 (Class of 1985 and those following), student performance is graded in courses and clinical rotations taught or supervised by the faculty of the University of Vermont College of Medicine on the basis of honors, pass, or fail; other courses or clinical rotations will be graded on the basis of pass or fail.

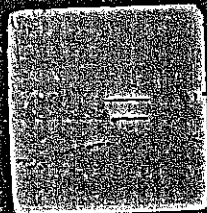
Course work completed only when grades appear. All courses without grades have not yet been completed.

#### RELEASE OF INFORMATION

The information provided on the reverse side of this document is being forwarded to you at the request of the student with the understanding that it will not be released to other parties. The Family Educational Rights and Privacy Act of 1974 prohibits release of this information without the student's written consent. Please return this material to us if you are unable to comply with this condition of release.

#### AUTHENTICATION OF THE RECORD

This transcript is not official without the original impression of the University of Vermont seal and signature of authorized person in the Office of the Dean, College of Medicine.



STATE OF MAINE

BOARD OF REGISTRATION IN MEDICINE

RECEIVED  
MAR 23 1991

PLEASE FORWARD TO YOUR MEDICAL SCHOOL



CERTIFICATE OF MEDICAL EDUCATION

THIS CERTIFIES THAT Cheryl A. Gibson M.D.  
OF Underhill Vermont ENROLLED IN University of Vermont College of Medicine  
Burlington Vermont ON THE 3<sup>rd</sup> DAY OF September 1981  
Location Name of Medical School Month Year

AND WAS GRANTED THE FOLLOWING CREDITS ON ENROLLMENT:

PREMEDICAL EDUCATION. TWO YEARS OF PREPROFESSIONAL POSTSECONDARY  
EDUCATION, INCLUDING THE SUBJECTS OF PHYSICS, CHEMISTRY, AND BIOLOGY.  
University of Vermont BSN 1977-1979  
Educational Institution Dates

ADVANCED CREDITS, CREDITS PREVIOUSLY OBTAINED AT AN APPROVED MEDICAL SCHOOL:

Medical School Total Credits Dates

TRANSCRIPTS OF ADVANCED CREDITS AND  
MEDICAL SCHOOL CREDITS MUST BE SUPPLIED WITH THIS CERTIFICATE

THE UNDERSIGNED FURTHER CERTIFIES THAT THE RECORDS OF THIS INSTITUTION SHOW THAT 5 HE  
ATTENDED IN THIS INSTITUTION 4 COURSES OF RESIDENT INSTRUCTION DURING A TOTAL OF  
164 WEEKS, AND THAT 5 HE WAS GRANTED THE DEGREE Doctor of Medicine  
BY THE ABOVE MENTIONED MEDICAL SCHOOL ON THE 18 DAY OF May 1985  
Number of Weeks Specify # Title of Degree  
Month

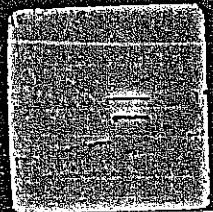
SIGNED AND THE COLLEGE SEAL AFFIXED THIS 5 DAY OF March 1991

AFFIX  
SEAL  
HERE

BY David M. Tormey  
David M. Tormey M.D. Associate Dean for Student Affairs and Alumni Relations  
President, Secretary, Dean

\*Each Medical School Attended Must Complete One Of These Forms Covering Period of Attendance.

RETURN THIS FORM DIRECTLY TO: BOARD OF REGISTRATION IN MEDICINE  
State House Station 137  
Augusta, Maine 04333



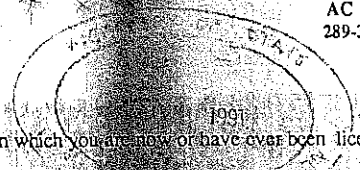




STATE OF MAINE

BOARD OF REGISTRATION IN MEDICINE
State House Station #137
Augusta, ME 04333

AC 207
289-3604



Complete top section of section of form and mail to the Board of each state in which you are now or have ever been licensed to practice. If needed, you may make duplicates of this form.

SECRETARY: I am applying for medical licensure in the State of Maine. The Board of Registration in Medicine requires that your Board complete this form in order that I may be considered for licensure.

This is my authorization to release any information in your files, favorable or otherwise, to the State of Maine Board of Registration in Medicine.

Cheryl A. Gibson MD
Print or type full name

Signature

7465 License Number
12/86 Date Issued

Address

City State Zip

THE SECTION BELOW TO BE COMPLETED BY AN OFFICIAL OF THE BOARD

RETURN TO: Board of Registration in Medicine
State House Station #137
Augusta, ME 04333

This is to certify that the records of the Board of Medical Examiners in the State of Vermont indicate that Cheryl A. Gibson, M.D. was issued license number 42-0007465 dated September 10, 1986 to practice medicine on the basis of:

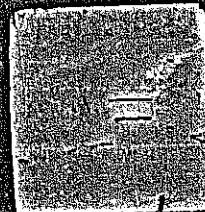
State Exam FLEX Reciprocity X National Boards
Licensure is current and in good standing? X YES NO
Has the holder of this certificate ever been summoned to appear before your Board? YES NO X
Has the holder of this certificate ever been placed on probation? YES NO X
Has the holder of this certificate or license ever been suspended or revoked? YES NO X
Derogatory information NONE

DATE March 12, 1991

SIGNED: Fellic Morehouse

SEAL

TITLE: Staff Assistant



ENDORSEMENT OF CERTIFICATION

RECEIVED

NATIONAL BOARD OF MEDICAL EXAMINERS  
OF THE  
UNITED STATES OF AMERICA

APR 1 1991

Cheryl A. Gibson, M.D.

having satisfied all the requirements and having successfully passed the examinations is hereby declared a Diplomate of the National Board of Medical Examiners.

BOARD OF CERTIFICATION  
IN MEDICINE

Attest: C. WILLIAM DAESCHNER, JR., M.D.  
Chairman of the Board

SEAL EDITHE J. LEVIT, M.D.  
President of the Board

Philadelphia, Pa.  
07/01/86

Certificate # 308479

It is certified that the above is a facsimile of the Diplomate Certificate which has been or will be awarded to the physician named above, who graduated from U VERMONT COL OF MEDICINE in MAY 1985 and whose birth date is 04/19/1954. This physician has successfully completed all examinations required for certification by the National Board of Medical Examiners. The scores obtained by this physician upon which his/her certification is based are as follows:

	Standard Score	Scale Score
<b>PART I passed</b> <u>09/83</u>		
Anatomy	395	75
Physiology	365	72
Biochemistry	520	82
Pathology	505	81
Microbiology	450	77
Pharmacology	525	82
Behavioral Sciences	480	79
TOTAL TEST (Minimum Passing Score 380/75)	455	76
<b>PART II passed</b> <u>04/84</u>		
Medicine	405	77
Surgery	440	79
Obstetrics and Gynecology	680	91
Public Health and Preventive Medicine	480	81
Pediatrics	445	79
Psychiatry	470	81
TOTAL TEST (Minimum Passing Score 290/75)	485	81
<b>PART III passed</b> <u>03/86</u>		
A General Test of Clinical Competence		
TOTAL TEST (Minimum Passing Score 290/75)	565	84.5
<b>GENERAL AVERAGE (Parts I, II, and III Scale Score)</b>		81.2

\*For those individuals who have not yet satisfactorily completed one full year of post-M.D. training the date shown on the facsimile is the date which has been certified by the physician's residency program director as the date on which this requirement for certification by the National Board will be fulfilled and such certification will be awarded.

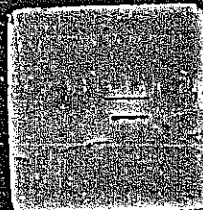
*Melanie Valente*

Secretary for Certification

SEAL

03/27/91

Date





DISCIPLINARY INQUIRIES

RECEIVED  
APR 26 1991

Federation of State Medical Boards  
6000 Western Place, Suite 707  
Fort Worth, Texas 76107

The Board of Registration in Medicine requires a disciplinary search concerning the following individual:

Cheryl Ann Gibson, M.D.

Name

[REDACTED]

Address

[REDACTED]

City, State, Zip

Westerby, RI - [REDACTED]

Date of Birth

[REDACTED]

Social Security Number

U of VT College of Medicine, Burlington, VT

Medical School of Graduation and Branch Location

1985

Date of Graduation

Please Mail the response to the following address:

BOARD OF REGISTRATION IN MEDICINE  
STATE HOUSE STATION #137  
AUGUSTA, ME 04333

ATTN: Bernice J. Mansir  
Licensure Coordinator

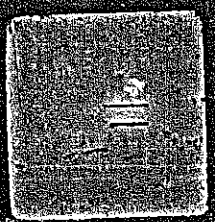
WE HAVE NO EMPLOYABLE INFORMATION  
REGARDING THE ABOVE-NAMED PHYSICIAN

APR 26 1991

James R. Winn, M.D.  
JAMES R. WINN, M.D.  
EXECUTIVE VICE-PRESIDENT

Bernice J. Mansir

Signature



AMA PHYSICIAN PROFILE

AMERICAN MEDICAL ASSOCIATION  
515 NORTH STATE STREET  
CHICAGO, ILLINOIS 60610

DIVISION OF SURVEY AND DATA RESOURCES  
DEPARTMENT OF PHYSICIAN DATA SERVICES

DATE: 05-01-91  
TIME: 11:38 PM

NAME: GIBSON, CHERYL ANN, M.D.  
ADDRESS: [REDACTED]

BIRTHPLACE: WESTERLY, RI  
BIRTHDATE: [REDACTED]  
MEMBER OF AMA: NOT MEMBER  
MEDICAL SCHOOL

UNIV OF VT COLL OF MED, BURLINGTON VT 05405  
YEAR OF GRADUATION: 1985  
LICENSES (INITIAL YEAR GRANTED BY STATE):  
VT 1986  
NH 1987

NATIONAL BOARD CERTIFICATION: 1986  
SPECIALTY BOARD CERTIFICATION: NONE REPORTED TO DATE

PHYSICIAN'S PROFESSIONAL ACTIVITIES: OFFICE BASED PRACTICE  
SELF DESIGNATED SPECIALTIES

PRIMARY: OBSTETRICS AND GYNECOLOGY  
SECONDARY: UNSPECIFIED  
TERTIARY: UNSPECIFIED

CURRENT MEDICAL TRAINING: NONE REPORTED TO DATE

PRIOR MEDICAL TRAINING: RESIDENT  
HOSPITAL: MED CTR HOSP-VT ✓ BURLINGTON VT 05401  
DATES OF TRAINING: 07/85-06/89 -- (CONFIRMED)  
SPECIALTY: OBSTETRICS AND GYNECOLOGY  
SPECIALTY: UNSPECIFIED

PRIOR MEDICAL TRAINING: INTERN  
HOSPITAL: MED CTR HOSP-VT ✓ BURLINGTON VT 05401  
DATES OF TRAINING: 07/85-06/86 -- (CONFIRMED)  
SPECIALTY: OBSTETRICS AND GYNECOLOGY  
SPECIALTY: UNSPECIFIED

FELLOWSHIP: NONE REPORTED TO DATE

THE FOLLOWING IS HISTORICAL. CHECK WITH PRIMARY SOURCES FOR CURRENT STATUS:

NATIONAL SCIENTIFIC MEDICAL SOCIETIES: NONE REPORTED TO DATE

PROFESSORIAL APPOINTMENT: NONE REPORTED TO DATE

COPYRIGHT 1991 AMERICAN MEDICAL ASSOCIATION. SEE REVERSE. \*\*\*AMA FILES CHECKED

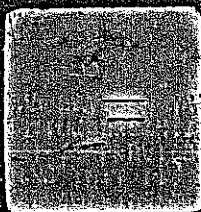


AMA PHYSICIAN PROFILE (CONTINUED)

IT IS MUTUALLY AGREED BETWEEN THE AMERICAN MEDICAL ASSOCIATION (AMA) AND THE REQUESTING ORGANIZATION THAT THIS PHYSICIAN PROFILE (SEE REVERSE) IS PROVIDED TO THE REQUESTING ORGANIZATION WITH THE UNDERSTANDING THAT (1) THE INFORMATION ON THE PROFILE WILL BE TREATED WITH TOTAL CONFIDENTIALITY; (2) THAT SUCH INFORMATION IS GRANTED SOLELY TO THE REQUESTING ORGANIZATION AND IS GRANTED AS A NON-EXCLUSIVE LIMITED LICENSE, CONSISTENT WITH AND LIMITED TO THE SPECIFIC PURPOSES SET FORTH ON THE PHYSICIAN PROFILE REQUEST FORM; (3) THAT NO PROFILE INFORMATION WILL BE RELEASED, COPIED, EXTRACTED OR OTHERWISE USURPED FOR THE USE BY ANY OTHER PARTY, ENTITY, ORGANIZATION OR GOVERNMENT AGENCY; AND (4) THAT UPON A BREACH OF ANY OF THE FOREGOING COVENANTS OR UPON THE EFFECTIVE DATE OF ANY STATUTE, REGULATION OR COURT DECISION MANDATING ANY DISCLOSURE WHATSOEVER OF SUCH PROFILE INFORMATION BY THE REQUESTING ORGANIZATION, SUCH LICENSE TO USE AND POSSESS THE PROFILE SHALL BE AUTOMATICALLY AND IMMEDIATELY TERMINATED AND THE PROFILE AND ANY INFORMATION OR DATA CONTAINED THEREON OR, IN ANY WAY, DERIVED THEREFROM SHALL BE RETURNED TO THE AMA IMMEDIATELY, BUT, IN NO EVENT, LATER THAN 48 HOURS AFTER SUCH AUTOMATIC TERMINATION.

Planned Parenthood of Northern New England

INVOICE DATE	INVOICE NO.	GROSS AMOUNT	P.O. NO.	DISCOUNT AMT.	NET AMOUNT
03/08/91	030891	125.00		.00	125.00
<i>Ceryl Gibson, MD</i> RECEIVED MAR 18 1991 BOARD OF PEDIATRIC IN WELLS					
* * TOTALS * *		125.00		.00	125.00





RECEIVED  
MAR 11 1991

March 11, 1991

State of Maine  
Board of Registration in Medicine  
State House Station # 137  
Augusta, Maine 04333

To Whom It May Concern:

Enclosed is a copy of the Application for License to Practice Medicine by Endorsement in the State of Maine, along with the \$125 application fee, for Cheryl Gibson, M.D.

You should be receiving the following items in the near future:

1. Endorsement of Certification by the National Board of Medical Examiners
2. Certificate of Medical Education
3. Verification of licensure in the State of Vermont
4. Verification of licensure in the State of New Hampshire

Thank you very much for your consideration. Please feel free to call me or Cheryl with questions.

Sincerely,

A handwritten signature in cursive script that reads "Valerie Wilkins".

Valerie Wilkins  
Assistant to the Associate Director

Central Office, 51 Talcott Rd., Williston, VT 05495-8116 (802) 878-7232 Fax: (802) 878-8001  
Serving Vermont and New Hampshire



Phone 656-0780 Medicaid Provider #9101  
Reg. No. BG1937246  
UNIVERSITY ASSOCIATES IN OBSTETRICS AND GYNCOLOGY, INC.  
CHERYL GIBSON, M.D.  
By Appointment  
87 MAIN STREET ESSEX JUNCTION, VERMONT 05452

Name \_\_\_\_\_  
Address \_\_\_\_\_ Date \_\_\_\_\_

Rx Enclosed please find  
the examination fee  
for my oral exam  
scheduled 8/30/91 with  
William MacVane in Portland

RECEIVED  
\$50  
AUG 22 1991



Refill \_\_\_\_\_ M.D.  
UNIVERSITY ASSOCIATES  
IN MEDICINE

NOV 05 1991

BOARD OF REGISTRATION IN MEDICINE

ORAL EXAMINATION

APPLICANT: CHERYL A. GIBSON

DATE: 11/1/91

EXAMINER(S): W.L. MACVANEY, JR.

LOCATION: PORTLAND

SCORE: 15

In compliance with Section 3271 of the Medical Practice Act, an oral examination was administered to the above cited applicant.

The applicant P the examination. Medical Licensure IS  
recommended. P/F is/is not

Signed: W.L. MacVaney, Jr., M.D.  
examiner

EXAMINATION GRADING FORM

IDENTIFICATION: OK

FACTOR I. PROBLEM SOLVING ABILITY, CLINICAL JUDGMENT

The candidate's ability to use information to make appropriate decisions in patient diagnosis and treatment from the data he obtains, the diagnostic and therapeutic conclusions he comes to and his defense of his decisions.

UNABLE TO EVALUATE	FAILURE	QUESTION	LOW PASS	PASS	HIGH PASS
(0)	(-3)	(-2) (-1)	(+1) (+2)	(+3) (+4)	(+5) (+6)

FACTOR II. INTERPERSONAL RELATIONSHIPS AND APPROPRIATE PROFESSIONAL CHARACTERISTICS.

The candidate's ability both in statement and manner, to communicate effectively and convey genuine concern for patients and an understanding of the ethical responsibilities of a physician in his relationships with patients and colleagues.

UNABLE TO EVALUATE	FAILURE	QUESTION	LOW PASS	PASS	HIGH PASS
(0)	(-3)	(-2) (-1)	(+1) (+2)	(+3) (+4)	(+5) (+6)

FACTOR III. RECALL OF APPROPRIATE FACTUAL INFORMATION.

The candidate's knowledge of:

UNABLE TO EVALUATE	FAILURE	QUESTION	LOW PASS	PASS	HIGH PASS
(0)	(-3)	(-2) (-1)	(+1) (+2)	(+3) (+4)	(+5) (+6)



**SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
 Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional service(s) requested:  
 1.  Show to whom delivered, date and address (address) 2.  Restricted Delivery (Extra charge)

3. Article Addressed to: **CHERYL ANN GREEN**  
 4. Article Number: **P 424 254 890**

of Service:  
 Registered  Insured  
 Certified  COD  
 Registered Mail  Return Receipt for Merchandise

5. Signature - Addressee: *[Signature]*  
 6. Signature - Agent: *[Signature]*  
 7. Date of Delivery: *[Date]*  
 8. Addressee's Address (ONLY IF REGISTERED MAIL):  
**BOARD OF REGISTRATION IN MEDICINE**  
**1992**

PS Form 3811, Apr. 1989 U.S.G.P.O. 1989-234-816 DOMESTIC RETURN RECEIPT

P 424 254 890

RECEIPT FOR C  
 NO INSURANCE CH  
 NOT FOR INTER  
 (See R)

U.S.G.P.O. 1989-234-855

PS Form 3800, June 1985

Sent to	
Street and No.	
P.O., State and ZIP Code	
Postage	
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing Date, and Address of Sender	
TOTAL Postage and Fees	
Postmark or Date	<i>3/24/92</i>

001610 400 100 110 000 1111111111



State of Maine  
Maine Board of Licensure in Medicine

2 Bangor Street  
137 State House Station  
Augusta, ME 04333-0137

For Ofc Use	
Fee:	\$ 265
Exempt:	
Late \$	
Date	
Posted:	11

Gibson, Cheryl  
 License Number: 013193  
 Date Certificate Printed: 3/19/98  
 247713101-0372 142

Application for Maine Medical License Registration

Fee: \$265. UNLESS 70 YEARS OF AGE OR OLDER BY LICENSE EXPIRATION DATE OF 4/30/98

Please remit with application by check/money order payable to "Maine Board of Licensure in Medicine". Renewal fee not required if at least age 70, or if withdrawing from license registration.

NAME/ADDRESS OF RECORD

Cheryl Gibson, MD  
23 Mansfield Ave  
Burlington VT 05401

License No

013193

Social Security

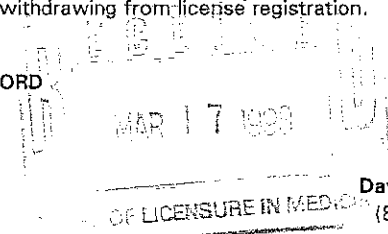
[Redacted]

Date of Birth

[Redacted]

Daytime Phone No.

(802) 863-9001



Type of Registration Classification for Which Applying

- (1.) I am applying for an initial license to practice medicine in Maine.
- (2.) I am applying for ACTIVE registration, based on evidence of CME qualification filed with this application.
- (3.) I am applying for INACTIVE registration. I have therefore not submitted evidence of CME qualification. Without prior application and approval from the Board, I certify that I will not practice medicine in Maine. I certify that I will not provide professional service in any degree, including the writing of prescriptions for myself, family, or friends.
- (4.) I am applying for reinstatement of my Maine license.
- (5.) I request to WITHDRAW my Maine license from registration. I acknowledge that reinstatement is not possible after 5 years. (In order to apply for withdrawal you must complete entire form, date, sign, and return by due date omitting payment of renewal application fee.)

Personal Data Update

A. If the spelling of your name, social security number, or date of birth preprinted above are not correct, please circle the error and legibly print the correct information.

B. The Board requires BOTH your HOME mailing address and phone and the address and phone of your PRINCIPAL PLACE OF MEDICAL PRACTICE. You may designate which of the two you wish to be used for mailings from the Board. Note however that the address designated for that purpose will also be the address published by the Board in listings and publications available to the general public.

- (6.)  Prefer Board contact me at home.

Home Mailing Address

If your home address is incorrect, please correct here

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

Home Phone: ( ) -

- (7.)  Prefer Board contact me at office.

Office Mailing Address

23 Mansfield Ave

If your office address is incorrect, please correct here

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

Burlington VT 05401

Office Phone: (802) 863-9001

Practice Data

Check here if ABMS certified in this specialty

- (8.) At present I practice medicine (check all that apply):
- If your practice data is incorrect, please correct in the space provided

- Full Time
- Part Time
- Solo
- Do Not See Patients (i.e., Administrative, Research, Teaching, etc.)
- Hospital-based Practice
- In Partnership or Group
- I Have Retired

- (9.) Primary Specialty: Gynecology
- (10.) Sub-specialty 1: Obstetrics and Gynecolog
- (11.) Sub-specialty 2:
- (12.) I am ABMS Specialty Board certified by: (Board Name): Am. Board OB/Gyn

Liability Insurance Data

Although maintenance of professional liability insurance is not a requirement for Maine licensure, the Board is required to provide data about each licensee's source of insurance, if any, to the Superintendent of Insurance to aid in the administration of the Maine Rural Health Access Program pursuant to PL (1990) Ch. 931.

(Complete Only if Applying for Registration in "Active" status.)

- (13.) Regardless of specialty interest or scope of your medical practice in Maine, do you have in effect a policy insuring you against liability for professional negligence/medical malpractice? Please make changes if appropriate.

Insurance Company (Name, Address)

Rollins Hudig Hall of NY Inc.

Yes  No

Policy #: [Redacted]

Two World Trade

Center

New York NY 10048

- Check here if premiums for your professional liability are paid by a Hospital or other employer?

Hospital/Employer: Planned Parenthood of NE



## Instructions for Completing Application for Maine Medical License Registration Renewal

ing definitions and instructions are intended to help you complete the Maine Board of Licensure in Medicine application form. If after reviewing the instructions you ms, please do not hesitate to call the Board. The Board, which licenses and reregisters in two (2) year increments, now reregisters based on the month of birth. his, fees and CME requirements will be prorated during your initial licensure period. Once your first renewal (on your month of birth) is complete you will be on cycle for fees and CME.

### Registration Classification for Which Applying (select only one.):

**INACTIVE:** This category applies to physicians who are applying for an initial license to practice medicine in Maine or those who have withdrawn their license or d it to lapse for more than five (5) years.

tend to provide professional medical services to patients within Maine's borders, on either a full or part time basis. To qualify for active registration, you must file E activities satisfactory to the Board showing a minimum of 40 AMA Category I and 60 AMA Category II CME credits earned during the previous licensing period.

Applies to all others wishing to keep their Maine license in force but who do not intend to provide professional services to patients within Maine's borders. A lication processing fee is required. Note that registration in inactive status precludes even limited medical practice within Maine, including giving professional advice scriptions for friends, family, or self. Physicians who check box 3, by signing the application affidavit at the end of the form, have affirmed to the Board that they rom medical practice within the state unless and until they have first submitted acceptable evidence of recent CME activity and received a new Certificate of in Active classification. Physicians registered INACTIVE may not subsequently commence medical practice within Maine without first submitting a log of recent ies to qualify for change in registration to ACTIVE status. This may be done by letter at any time during the registration period.

**RENEWAL:** This category applies to physicians who have allowed their license to lapse or who have withdrawn from licensure for no more than five (5) years. If thdrawn for more than five (5) years a complete new application is required.

**WITHDRAWAL:** Physicians who wish to discontinue Maine licensure may use this Registration Renewal Application to request approval from the Board to do so. lication fee is not required with an application to withdraw from license registration. The application form must however be completed and accepted by fore withdrawal is effected. Note that a Maine license, once withdrawn, may not be reinstated after 5 years. The licenses of some other states may become void reciprocity with a Maine license which is withdrawn from registration.

### Liability Insurance Data:

pleted if applying for registration in ACTIVE classification. Information you supply here is required by PL(1990), Chapter 931, regarding the Maine Rural Health ram. It will be reported to the Maine Superintendent of Insurance for administration of this program as provided in that law. Maintenance of professional liability not a requirement to maintain a Maine medical license in force.

### Background Data:

to list any permanent medical practice license from any state or Canadian province which you have ever held, whether or not it is still in force. Please do not permits or temporary/locum tenens licenses which you have been issued. If you were ever denied a license, see Items 15-1.

rough 15-4 refer to events which may have occurred at any time since you completed your medical education and commenced your medical career.

rough 15-12 ask you to disclose events which have occurred since your last renewal. You need not report again matters which were disclosed on previous applications eel it would be helpful to our understanding of your current qualification for medical practice. For example, you need not report a malpractice claim which arose led prior to your last renewal. On the other hand, a claim filed in 1986 which was closed by a settlement since your last renewal should be reported. If this is your first lose all data.

s" response, please provide a supplemental explanation in sufficient detail for the Board to understand the nature and seriousness of the problem and how it has been esolved. For example:

ks for disclosure with explanation of physical, psychiatric or addictive disorder which might reasonably be considered impairing for safe and unlimited medical ess the Board can confirm that you are either fully recovered or have taken adequate measures to compensate for any residual limitations. For physical or psychiatric lease give diagnosis, prognosis and residuals, any current limitations on scope of practice, and name and address of treating physician who can confirm current fitness practice. Board will inform you if clinical records or report are required. If you reported an impairing addictive disease on your registration application for a prior period, please so indicate and limit response to methods and progress in recovery since your last renewal. Physicians residing in Maine, whether or not they are current the Maine Medical Association, may obtain a confidential consultation with the Maine Medical Association's Committee on Physician Health by calling (207)

egarding professional liability claims experience, is the question most likely to generate follow up letters from Board staff and delay in your license renewal if not mpletely. Report all claims of which you have been noticed since last renewal. As well, report all claims since your last renewal from which you were dismissed as a : for which your insurance company made a settlement of any kind with the plaintiff or any claim for which a court found you liable in any degree. (Claims fessional corporation are considered a claim against the individual licensee who provided the professional services in dispute.) To be complete, your supplemental must include, for each such claim reported, a full description using the format of the following fictitious example:

ase: Burns v. John B. Doe, MD, Samuel E. Smith, MD, Topeka Women's Hospital, Inc. et al.; Kansas Third Circuit Court, Topeka, Case #89-10203

of Original Occurrence: June 4, 1990, Topeka Women's Hospital

ed by Claimant: Delayed diagnosis of ectopic pregnancy.

my Defense: I was a PGY II resident at the time. Dr. Samuel E. Smith, Chief of Obstetrics, Topeka Women's Hospital was attending physician in the case. I was e claim because my name appears in the chart as the physician ordering ultrasonography on first hospital day.

us of Case: Although a motion to dismiss me as a defendant is pending, my insurance company has offered a settlement on my behalf of \$15,000 on February 14, e been told the plaintiff rejected this and the claim is still pending.

ddress of Insurance Company/Attorney Defending Case: Great Plains Physicians' Mutual Indemnity, Attn: Jim Brown, Claims Manager, 4321 Ketcham Blvd. s, SD 79104. I am also represented by William B. Eagle, Eagle, Hare P.A., 44 West River Drive, Suite 200, Topeka, KS 60301.

\* \* \* \* \*

clusion, the Board's staff is available by phone at (207) 287-3604, Monday through Friday, 8 am to 4:30 pm, Eastern Daylight Time.

23 Mansfield Avenue  
Burlington, VT 05401  
802 • 863-6326



P.O. Box 1  
Middlebury, VT 05753-0001  
802 • 388-2765

SERVING MAINE, NEW HAMPSHIRE & VERMONT

3/4/98

Questions 15-11 and 15-12

I currently practice full time in Vermont with hospital privileges in Burlington Vermont. I also function as associate medical director for PPNNE and occasionally travel to clinics in both New Hampshire and Maine to see patients. I do not have hospital privileges in either New Hampshire or Maine.

Chad Lewis

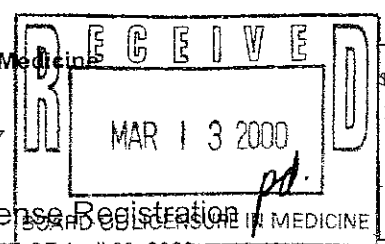




1220/3107-0975/812  
207



State of Maine  
Maine Board of Licensure in Medicine  
2 Bangor Street  
137 State House Station  
Augusta, ME 04333-0137



For OR Use  
Fee: 310.  
Exempt: \_\_\_\_\_  
Late \$ \_\_\_\_\_  
Date Posted: 1/1

Gibson, Cheryl  
License Number: 013193  
Date Certificate Printed: 5/1/00

### Application for Maine Medical License Registration

Fee: \$310. UNLESS 70 YEARS OF AGE OR OLDER BY LICENSE EXPIRATION DATE OF April 30, 2000  
Please remit with application by check/money order payable to "Maine Board of Licensure in Medicine". Renewal fee not required if at least age 70, or if withdrawing from license registration.

#### NAME/ADDRESS OF RECORD

Cheryl Gibson, MD  
23 Mansfield Ave  
Burlington VT 05401

#### License No

013193

#### Social Security

[Redacted]

#### Daytime Phone No.

(802) 863-9001

#### Date of Birth

[Redacted]

#### Type of Registration Classification for Which Applying:

- (1.) I am applying for an initial license to practice medicine in Maine.
- (2.) I am applying for ACTIVE registration, based on evidence of CME qualification filed with this application.
- (3.) I am applying for INACTIVE registration. I have therefore not submitted evidence of CME qualification. Without prior application to a approval from the Board, I certify that I will not practice medicine in Maine. I certify that I will not provide professional services in Maine in degree, including the writing of prescriptions for myself, family, or friends.
- (4.) I am applying for reinstatement of my Maine license.
- (5.) I request to WITHDRAW my Maine license from registration. I acknowledge that reinstatement is not possible after 5 years. (In order to apply for withdrawal you must complete entire form, date, sign, and return by due date omitting payment of renewal application fee.)

#### Personal Data Update:

A. If the spelling of your name, social security number, or date of birth preprinted above are not correct, please circle the error and legibly print the correct information.

B. The Board requires BOTH your HOME mailing address and phone and the address and phone of your PRINCIPAL PLACE OF MEDICAL PRACTICE. You may designate which of the two you wish to be used for mailings from the Board. Note however that the address designated for that purpose will also be the address published by the Board in listings and publications available to the general public.

(6.)  Prefer Board contact me at home.  
Home Mailing Address

If your home address is incorrect, please correct here

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

Home Phone: ( ) -

(7.)  Prefer Board contact me at office.  
Office Mailing Address  
23 Mansfield Ave

If your office address is incorrect, please correct here

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

Burlington VT 05401  
Office Phone: (802) 863-9001

#### Practice Data:

Check here if ABMS certified in this specialty

(8.) At present I practice medicine (check all that apply):  
If your practice data is incorrect, please correct in the space provided

- Full Time
- Part Time
- Solo
- Do Not See Patients (i.e., Administrative, Research, Teaching, etc.)
- Hospital-based Practice
- In Partnership or Group
- I Have Retired

- (9.) Primary Specialty: Gynecology
- (10.) Sub-specialty 1: Obstetrics and Gynecology
- (11.) Sub-specialty 2: \_\_\_\_\_
- (12.) I am ABMS Specialty Board certified by:   
(Board Name): Am Board OB/GYN

#### Liability Insurance Data:

Although maintenance of professional liability insurance is not a requirement for Maine licensure, the Board is required to provide data about each licensee's source of insurance, if any, to the Superintendent of Insurance to aid in the administration of the Maine Rural Health Access Program pursuant to PL (1990) Ch. 931. (Complete Only if Applying for Registration in "Active" status.)

(13.) Regardless of specialty interest or scope of your medical practice in Maine, do you have in effect a policy insuring you against liability for professional negligence/medical malpractice? Please make changes if appropriate.

Insurance Company (Name, Address)  
Rollins Hudig Hall of NY Inc.  
\_\_\_\_\_  
Two World Trade  
Center  
New York NY 10048

Yes  No  
Policy #: [Redacted]  
 Check here if premiums for your professional liability are paid by a Hospital or other employer?  
Hospital/Employer: Planned Parenthood of NE



**Background Data**

(All Applicants Must Complete)

(14.) Other than in Maine, I currently hold, or I have at one time held, a permanent license to practice medicine in the following states (or territories) of the United States or provinces of Canada (exclude temporary, Locum tenens, or permits/certificates allowing training in the capacity of clinical clerk, intern, resident, or fellow): (Please make corrections to information below)

State	Certificate#	Expiration Date	Present Status
Vermont	7465	00/00/0000	Active
New Hampshire	7539	00/00/0000	Active

Please add to or correct any of the entries listed at left:

I have never held a permanent medical practice license except in Maine.

(15.) Have you ever: (Circle the appropriate response.)

- (15-1) Had any state or territory of the U.S. or province/territory of Canada EVER deny your application for any license, taken any disciplinary action against the license issued to you in that jurisdiction (including but not limited to warning, reprimand, fine, suspension, revocation, or restrictions in permitted practice, probation with or without monitoring?) (NO) YES
  - (15-2) Left a medical licensing jurisdiction while allegations were pending? (NO) YES
  - (15-3) Been denied registration by the U.S. Drug Enforcement Administration (DEA) or has your DEA Registration ever been modified, restricted, suspended, or revoked? Has any state or province denied, restricted, modified, suspended, or revoked your state permit to prescribe or dispense controlled substances? (NO) YES
  - (15-4) Received a sanction from Medicare or from a state Medicaid program? (NO) YES
- SINCE LAST RENEWAL, HAVE YOU HAD ANY OF THE FOLLOWING OCCURRENCES? (Circle the appropriate response.)
- (15-5) Suffered from any physical, psychiatric, or addictive disorder that would impair or require limitations on your functioning as a physician or resulted in an inability to engage in the practice of medicine for more than 30 days? (NO) YES
  - (15-6) Been indicted, arrested or convicted of any criminal offense (including motor vehicle offenses but not including minor traffic or parking violations)? (NO) YES
  - (15-7) Hospital (or similar health care institution) privileges which had previously been granted to you were suspended, restricted, withdrawn involuntarily; or, you voluntarily surrendered privileges or resigned from staff membership while under peer review? (NO) YES
  - (15-8) Disciplined by a professional society or resigned while accusation was pending? (NO) YES
  - (15-9) A pending claim or suit alleging malpractice liability, a claim settlement by negotiation/arbitration, or judgement by a court in a claim of medical malpractice liability in which you are/were named as a defendant with any degree of liability including "nuisance" suits and including settlements made by your insurance company/representatives without your express consent? (see instructions) (NO) YES
  - (15-10) Been notified by the licensing board of any state or province of Canada of the existence of allegations, filed with or by that board, and those allegations are not now dismissed by a finding of that board that the allegations were without merit? (Note: accusations which remain open as of the date of this application require a "Yes" response and explanation.) NO (YES)
  - (15-11) Do you practice medicine within the State of Maine without "active" medical staff privileges at a Maine hospital? NO (YES)
  - (15-12) Do you practice medicine in a state or province other than Maine without "Active" medical staff privileges at a hospital operating in the jurisdiction where you practice? NO (YES)

(Any "Yes" response must be explained fully on a separate, attached 8 x 11 sheet of paper cross-referenced by question number.)

**Note: Any missing entry will render this application incomplete and may subject you to a late application charge of \$100. Also failure to enclose the appropriate renewal application fee or provide evidence of CME qualification if applying for ACTIVE status will render your application incomplete.**

**AFFIDAVIT OF APPLICATION**

(All applicants must personally sign and date whether applying for "active" or "inactive" registration of license or requesting withdrawal of registration.)

I affirm under penalties of perjury that all information entered and responses given on this application are true and accurate to the best of my knowledge and belief. I understand that any false statement may be found to be a ground for discipline of my license to practice medicine in Maine pursuant to 32 M.R.S.A. §3282-A(2). I acknowledge my responsibility to notify the Maine Board of Licensure in Medicine of any subsequent change in my status from that reported here and, in particular, to notify the Board within 10 days of a change in my place of medical practice or place of residence.

Date: 3/2/2000 Signature: [Signature] M.D.  
 Typed or Printed Name: Cheryl Gibson M.D.

For Office Use

Staff Rev Date: 4/29/00 Recommendation: [Signature]  
 Staff Rev Date: \_\_\_\_\_ Recommendation: \_\_\_\_\_

CONTINUING MEDICAL EDUCATION REPORTING LOG

For reporting CME credits earned during the 24 months preceding expiration date 4/30/00

Maine License Number: 013193

Name: Gibson, Cheryl



CATEGORY I

Category I includes programs that have received accreditation by the AMA Council on Medical Education, the Accreditation Council for Continuing Medical Education (ACCME), or the Committee on CME of the Maine Medical Association. [Refer to 32 M.R.S.A. §13 of the Rules and Regulations of the Maine Board of Licensure in Medicine for specific rules and definitions.] Forty (40) CME credits must be in Category I.

ACCREDITED SPONSOR	LOCATION OF ACTIVITY	DESCRIPTION OF ACTIVITY	DATES ATTENDED	CREDITS EARNED
Univ of Vermont	Burlington VT	OB/gyn grand Rounds	9/99 - 12/99	11
Univ of Vermont	Hanover NH	PPMVE Practitioner Insurance	12/99	6
Univ. of Vermont	Burlington VT	OB/gyn grand Rounds	1/99 - 6/99	18
Am Society for Colposcopy + Cervical Path	Hilton Head South Carolina	New Vulvar disease seminar	3/99	15
Univ. of Vermont	Burlington VT	OB/gyn grand Rounds	9/98 - 12/98	11
Univ. of Vermont	Burlington VT	OB/gyn grand Rounds	1/98 - 6/98	17
National Association of Pediatricians	Vancouver BC	Annual mtg + Post graduate	5/98	19

(If you need additional space, please attach separate sheet of paper.)

TOTAL CATEGORY I CREDITS 97

CATEGORY II

Category II includes programs with non-accredited sponsorship, i.e., Medical Teaching, Papers, Books, Publications, and Exhibits. Also included are non-supervised individual CME activities and other Meritorious Learning Experiences. [Refer to 32 M.R.S.A. §13 of the Rules and Regulations of the Maine Board of Licensure in Medicine for more specific rules and definitions.] Sixty (60) Credits Required.

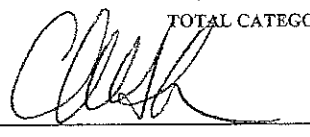
Note: Category I may be substituted for Category II.

TYPE OF ACTIVITY	LOCATION/CITY/STATE	DESCRIPTION OF LEARNING ACTIVITY	DATES OF ACTIVITY	CREDITS
Teaching	Burlington Vermont	Resident + medical student Education	1998-99	52
Journal Reading	Burlington VT	Reading - prof journal	1998-99	52

TOTAL CATEGORY II CREDITS 104

AFFIDAVIT: I CERTIFY THIS LOG TO BE A TRUE AND CORRECT REPORT OF MY CME ACTIVITY.

Dated: 3/2/2000

Physician Signature: 

TO BE VALID, FORMS MUST BE SIGNED, DATED, WITH THE HOURS TOTALED ON EACH SECTION



## Instructions for Completing Application for Maine Medical License Registration Renewal

The following definitions and instructions are intended to help you complete the Maine Board of Licensure in Medicine application form. If after reviewing the instructions you have questions, please do not hesitate to call the Board. The Board, which licenses and reregisters in two (2) year increments, now reregisters based on the month of birth. Because of this, fees and CME requirements will be prorated during your initial licensure period. Once your first renewal (on your month of birth) is complete you will be on the regular cycle for fees and CME.

### Type of registration Classification for Which Applying (select only one.):

**NEW APPLICATION:** This category applies to physicians who are applying for an initial license to practice medicine in Maine or those who have withdrawn their license or have allowed it to lapse for more than five (5) years.

**ACTIVE:** Intend to provide professional medical services to patients within Maine's borders, on either a full or part time basis. To qualify for active registration, you must file a log of CME activities satisfactory to the Board showing a minimum of 40 AMA Category I and 60 AMA Category II CME credits earned during the previous licensing period.

**INACTIVE:** Applies to all others wishing to keep their Maine license in force but who do not intend to provide professional services to patients within Maine's borders. A renewal application processing fee is required. Note that registration in inactive status precludes even limited medical practice within Maine, including giving professional advice or writing prescriptions for friends, family, or self. Physicians who check box 3, by signing the application affidavit at the end of the form, have affirmed to the Board that they will refrain from medical practice within the state unless and until they have first submitted acceptable evidence of recent CME activity and received a new Certificate of Registration in Active classification. Physicians registered INACTIVE may not subsequently commence medical practice within Maine without first submitting a log of recent CME activities to qualify for change in registration to ACTIVE status. This may be done by letter at any time during the registration period.

**REINSTATEMENT:** This category applies to physicians who have allowed their license to lapse or who have withdrawn from licensure for no more than five (5) years. If lapsed or withdrawn for more than five (5) years a complete new application is required.

**Request to WITHDRAW:** Physicians who wish to discontinue Maine licensure may use this Registration Renewal Application to request approval from the Board to do so.

**Payment application fee is not required with an application to withdraw from license registration. The application form must however be completed and accepted by the Board before withdrawal is effected.** Note that a Maine license, once withdrawn, may not be reinstated after 5 years. The licenses of some other states may become void if granted in reciprocity with a Maine license which is withdrawn from registration.

### Liability Insurance Data:

Must be completed if applying for registration in ACTIVE classification. Information you supply here is required by PL(1990), Chapter 931, regarding the Maine Rural Health Access Program. It will be reported to the Maine Superintendent of Insurance for administration of this program as provided in that law. Maintenance of professional liability insurance is not a requirement to maintain a Maine medical license in force.

### Background Data:

Item 14 asks you to list any permanent medical practice license from any state or Canadian province which you have ever held, whether or not it is still in force. Please do not list training permits or temporary/locum tenens licenses which you have been issued. If you were ever denied a license, see Items 15-1.

Items 15-1 through 15-4 refer to events which may have occurred at any time since you completed your medical education and commenced your medical career.

Items 15-5 through 15-12 ask you to disclose events which have occurred since your last renewal. You need not report again matters which were disclosed on previous applications unless you feel it would be helpful to our understanding of your current qualification for medical practice. For example, you need not report a malpractice claim which arose and was settled prior to your last renewal. On the other hand, a claim filed in 1986 which was closed by a settlement since your last renewal should be reported. If this is your first renewal disclose all data.

For any "Yes" response, please provide a supplemental explanation in sufficient detail for the Board to understand the nature and seriousness of the problem and how it has been or is being resolved. For example:

Item 15-5 asks for disclosure with explanation of physical, psychiatric or addictive disorder which might reasonably be considered impairing for safe and unlimited medical practice unless the Board can confirm that you are either fully recovered or have taken adequate measures to compensate for any residual limitations. For physical or psychiatric problems, please give diagnosis, prognosis and residuals, any current limitations on scope of practice, and name and address of treating physician who can confirm current fitness to continue practice. Board will inform you if clinical records or report are required. If you reported an impairing addictive disease on your registration application for a prior registration period, please so indicate and limit response to methods and progress in recovery since your last renewal. Physicians residing in Maine, whether or not they are current members of the Maine Medical Association, may obtain a confidential consultation with the Maine Medical Association's Committee on Physician Health by calling (207) 623-9266.

Item 15-9, regarding professional liability claims experience, is the question most likely to generate follow up letters from Board staff and delay in your license renewal if not answered completely. Report all claims of which you have been noticed since last renewal. As well, report all claims since your last renewal from which you were dismissed as a defendant or for which your insurance company made a settlement of any kind with the plaintiff or any claim for which a court found you liable in any degree. (Claims against a professional corporation are considered a claim against the individual licensee who provided the professional services in dispute.) To be complete, your supplemental explanation must include, for each such claim reported, a full description using the format of the following fictitious example:

Identity of Case: Burns v. John B. Doe, MD, Samuel E. Smith, MD, Topeka Women's Hospital, Inc. et al.; Kansas Third Circuit Court, Topeka, Case #89-10203

Date/Place of Original Occurrence: June 4, 1990, Topeka Women's Hospital

Cause Alleged by Claimant: Delayed diagnosis of ectopic pregnancy.

Summary of my Defense: I was a PGY II resident at the time. Dr. Samuel E. Smith, Chief of Obstetrics, Topeka Women's Hospital was attending physician in the case. I was named in the claim because my name appears in the chart as the physician ordering ultrasonography on first hospital day.

Current Status of Case: Although a motion to dismiss me as a defendant is pending, my insurance company has offered a settlement on my behalf of \$15,000 on February 14, 1992. I have been told the plaintiff rejected this and the claim is still pending.

Name and Address of Insurance Company/Attorney Defending Case: Great Plains Physicians' Mutual Indemnity, Attn: Jim Brown, Claims Manager, 4321 Ketcham Blvd. Rock Springs, SD 79104. I am also represented by William B. Eagle, Eagle Hare P.A., 44 West River Drive, Suite 200, Topeka, KS 60301.

\*\*\*\*\*

In conclusion, the Board's staff is available by phone at (207) 287-3604, Monday through Friday, 8 am to 4:30 pm, Eastern Daylight Time.

Question  
15-10

In November of 1996 a patient of mine who had undergone a hysterectomy in March of 1996 filed a complaint against me with the Vermont Board of Medical Practice relative to certain follow-up care and treatment that I provided. The Board investigated the matter and determined that there was no merit to the complaint. Consequently, the Board never instituted a formal proceeding against me and closed the matter without taking any action on the complaint.

Question 15-11 and 12 -

I provide supervisory coverage for mid-level practitioners both nurse practitioners and physician assistants via Planned Parenthood of Northern New England in both New Hampshire and Maine. I travel to those states to see patients, renew protocols and supervise practitioners.

Cheryl Lewis







1220/0011-0771/021

RECEIVED  
MAY - 3 2002  
pd

State of Maine  
Maine Board of Licensure in Medicine  
2 Bangor Street  
137 State House Station  
Augusta, ME 04333-0137

For Ofc Use

Fee: FW

Exempt: \_\_\_\_\_

Late \$ \_\_\_\_\_

Date Posted: \_\_\_\_\_

Fee: \$400 UNLESS 70 YEARS OF AGE OR OLDER BY LICENSE EXPIRATION DATE OF APRIL 30, 2002

Please remit with application by check/money order payable to "Maine Board of Licensure in Medicine". Renewal fee not required if at least age 70, or if withdrawing from license registration.

OK # 62186

NAME/ADDRESS OF RECORD

Cheryl Gibson, MD  
23 Mansfield Ave  
Burlington VT 05401

License No

013193

Social Security No.

[REDACTED]

Daytime Phone No.

(802) 863-9001

Date of Birth

[REDACTED]

Date Certificate Printed: 5/14/02

License Number: 013193

Gibson, Cheryl

Type of Registration Classification for Which Applying:

- (1.) I am applying for an initial license to practice medicine in Maine.
- (2.) I am applying for ACTIVE registration, based on evidence of CME qualification filed with this application.
- (3.) I am applying for INACTIVE registration. I have therefore not submitted evidence of CME qualification. Without prior application to a approval from the Board, I certify that I will not practice medicine in Maine. I certify that I will not provide professional services in Maine in degree, including the writing of prescriptions for myself, family, or friends.
- (4.) I am applying for reinstatement of my Maine license.
- (5.) I request to WITHDRAW my Maine license from registration. I acknowledge that reinstatement is not possible after 5 years. (In order to apply for withdrawal you must complete entire form, date, sign, and return by due date omitting payment of renewal application fee.)

Personal Data Update:

A. If the spelling of your name, social security number, or date of birth preprinted above are not correct, please circle the error and legibly print the correct information.  
B. The Board requires BOTH your HOME mailing address and phone and the address and phone of your PRINCIPAL PLACE OF MEDICAL PRACTICE. You may designate which of the two you wish to be used for mailings from the Board. Note however that the address designating that purpose will also be the address published by the Board in listings and publications available to the general public.

(6.)  Prefer Board contact me at home.

Home Mailing Address

If your home address is incorrect, please correct here

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

Home Phone: ( ) -

(7.)  Prefer Board contact me at office.

Office Mailing Address

23 Mansfield Ave

If your office address is incorrect, please correct here

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

Burlington VT 05401

Office Phone: (802) 863-9001

Practice Data:

Check here if ABMS certified in this specialty

(8.) At present I practice medicine (check all that apply.)  
If your practice data is incorrect, please correct in the space provided

- Full Time
- Part Time
- Solo
- Do Not See Patients (i.e., Administrative, Research, Teaching, etc.)
- Hospital-based Practice
- In Partnership or Group
- I Have Retired

(9.) Primary Specialty: Gynecology

(10.) Sub-specialty 1: Obstetrics and Gynecology

(11.) Sub-specialty 2: \_\_\_\_\_

(12.) I am ABMS Specialty Board certified by:

(Board Name): Am Board OB/GYN

Liability Insurance Data:

Although maintenance of professional liability insurance is not a requirement for Maine licensure, the Board is required to provide data about each licensee's source of insurance, if any, to the Superintendent of Insurance to aid in the administration of the Maine Rural Health Access Program pursuant to PL (1990) Ch. 931.  
(Complete Only if Applying for Registration in "Active" status.)

(13.) Regardless of specialty interest or scope of your medical practice in Maine, do you have in effect a policy insuring you against liability for professional negligence/medical malpractice? Please make changes if appropriate.

Insurance Company (Name, Address)

Rollins Hudig Hall of NY Inc.  
Two World Trade  
Center  
New York NY 10048

Yes  No

Policy #: [REDACTED]

Check here if premiums for your professional liability are paid by a Hospital or other employer?

Hospital/Employer: Planned Parenthood of NE

see attached document of insurance

**Background Data**

(All Applicants Must Complete)

(14.) Other than in Maine, I currently hold, or I have at one time held, a permanent license to practice medicine in the following states (or territories) of the United States or provinces of Canada (exclude temporary, Locum tenens, or permits/certificates allowing training in the capacity of clinical clerk, intern, resident, or fellow): (Please make corrections to information below)

State	Certificate#	Expiration Date	Present Status	Please add to or correct any of the entries listed at left:
Vermont	7465	00/00/0000	Active	
New Hampshire	7539	00/00/0000	Active	

I have never held a permanent medical practice license except in Maine.

(15.) Have you ever: (Circle the appropriate response.)

(15-1) Had any state or territory of the U.S. or province/territory of Canada EVER deny your application for any license, taken any disciplinary action against the license issued to you in that jurisdiction (including but not limited to warning, reprimand, fine, suspension, revocation, or restrictions in permitted practice, probation with or without monitoring?) NO YES

(15-2) Left a medical licensing jurisdiction while allegations were pending? NO YES

(15-3) Been denied registration by the U.S. Drug Enforcement Administration (DEA) or has your DEA Registration ever been modified, restricted, suspended, or revoked? Has any state or province denied, restricted, modified, suspended, or revoked your state permit to prescribe or dispense controlled substances? NO YES

(15-4) Received a sanction from Medicare or from a state Medicaid program? NO YES

SINCE LAST RENEWAL, HAVE YOU HAD ANY OF THE FOLLOWING OCCURRENCES? (Circle the appropriate response.)

(15-5) Suffered from any physical, psychiatric, or addictive disorder that would impair or require limitations on your functioning as a physician or resulted in an inability to engage in the practice of medicine for more than 30 days? NO YES

(15-6) Been indicted, arrested or convicted of any criminal offense (including motor vehicle offenses but not including minor traffic or parking violations)? NO YES

(15-7) Hospital (or similar health care institution) privileges which had previously been granted to you were suspended, restricted, withdrawn involuntarily; or, you voluntarily surrendered privileges or resigned from staff membership while under peer review? NO YES

(15-8) Disciplined by a professional society or resigned while accusation was pending? NO YES

(15-9) A pending claim or suit alleging malpractice liability, a claim settlement by negotiation/arbitration, or judgement by a court in a claim of medical malpractice liability in which you are/were named as a defendant with any degree of liability including "nuisance" suits and including settlements made by your insurance company/representatives without your express consent? (see Instructions) NO YES

(15-10) Been notified by the licensing board of any state or province of Canada of the existence of allegations, filed with or by that board, and those allegations are not now dismissed by a finding of that board that the allegations were without merit? (Note: accusations which remain open as of the date of this application require a "Yes" response and explanation.) NO YES

(15-11) Do you practice medicine within the State of Maine without "active" medical staff privileges at a Maine hospital? NO YES

(15-12) Do you practice medicine in a state or province other than Maine without "Active" medical staff privileges at a hospital operating in the jurisdiction where you practice? NO YES

(Any "Yes" response must be explained fully on a separate, attached 8 x 11 sheet of paper cross-referenced by question number.) (see attached)

**Note: Any missing entry will render this application incomplete and may subject you to a late application charge of \$100. Also failure to enclose the appropriate renewal application fee or provide evidence of CME qualification if applying for ACTIVE status will render your application incomplete.**

**AFFIDAVIT OF APPLICATION**

(All applicants must personally sign and date whether applying for "active" or "inactive" registration of license or requesting withdrawal of registration.)

I affirm under penalties of perjury that all information entered and responses given on this application are true and accurate to the best of my knowledge and belief. I understand that any false statement may be found to be a ground for discipline of my license to practice medicine in Maine pursuant to 32 M.R.S.A. §3282-A(2). I acknowledge my responsibility to notify the Maine Board of Licensure in Medicine of any subsequent change in my status from that reported here and, in particular, to notify the Board within 10 days of a change in my place of medical practice or place of residence.

Date: 3/4/02 Signature: *Cheryl A. Gibson* M.D.  
 Typed or Printed Name: Cheryl A. Gibson M.D.

For Ofc Use

Staff Rev Date: 5/10/02 Recommendation: *[Signature]*

Staff Rev Date: \_\_\_\_\_ Recommendation: \_\_\_\_\_





S E R V I N G M A I N E , N E W H A M P S H I R E A N D V E R M O N T

CENTRAL OFFICE  
183 Talcott Road, Suite 101  
Williston, VT  
05495  
Phone 802.878.7232  
Fax 802.878.8001

3/4/02

For: Cheryl A Gibson MD.  
License # 013193.

Questions 15-11 & 15-12

I serve as medical director for Planned Parenthood of Northern New England. My primary practice is in Burlington Vermont where I have hospital privileges at Fletcher Allen Health Care (The tertiary and teaching hospital of UNH). I maintain licenses (in addition to Vermont) in both Maine and New Hampshire where I do see patients in Planned Parenthood offices on a regular basis.

A handwritten signature in cursive script, appearing to read 'Cheryl A. Gibson'.

**CONTINUING MEDICAL EDUCATION REPORTING LOG**

For reporting CME credits earned during the 24 months preceding expiration date 4/30/02

Maine License Number: 013193

Name: Gibson, Cheryl



**CATEGORY I**

Category I includes programs that have received accreditation by the AMA Council on Medical Education, the Accreditation Council for Continuing Medical Education (ACCME), or the Committee on CME of the Maine Medical Association. [Refer to 32 M.R.S.A. §13 of the Rules and Regulations of the Maine Board of Licensure in Medicine for specific rules and definitions.] Forty (40) CME credits must be in Category I.

ACCREDITED SPONSOR	LOCATION OF ACTIVITY	DESCRIPTION OF ACTIVITY	DATES ATTENDED	CREDITS EARNED
Univ. of Vermont	Burlington VT	OB/gyn grand Rds	1/00-6/00	17
Univ. of Vermont	Burlington VT	OB/gyn grand Rounds	9/00-10/00	4
Jefferson Med College	Philadelphia PA	ultrasound training	11/00	31.5
Univ. of Vermont	Burlington VT	OB/gyn grand Rounds	11/00-12/00	2
Univ. of Vermont	Burlington VT	OB/gyn grand Rds	1/01-9/01	21
ACOG	Washington DC	Perlog	3/01	125
Dartmouth	Manchester NH	Vulvar disease conference	11/01	7
ARHP	Washington DC	Reproductive Health Conf.	12/01	25
ACOG	Stowe VT	Mature woman conference	11/01	16

(If you need additional space, please attach separate sheet of paper.)

TOTAL CATEGORY I CREDITS 248.5

**CATEGORY II**

Category II includes programs with non-accredited sponsorship, i.e., Medical Teaching, Papers, Books, Publications, and Exhibits. Also included are non-supervised individual CME activities and other Meritorious Learning Experiences. [Refer to 32 M.R.S.A. §13 of the Rules and Regulations of the Maine Board of Licensure in Medicine for more specific rules and definitions.] Sixty (60) Credits Required.

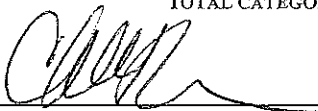
Note: Category I may be substituted for Category II.

TYPE OF ACTIVITY	LOCATION/CITY/STATE	DESCRIPTION OF LEARNING ACTIVITY	DATES OF ACTIVITY	CREDITS
Medical Teaching	Burlington VT	teaching med students + residents	2000-2002	32
Publications	Burlington VT	journals, papers - reading	2000-2002	208

TOTAL CATEGORY II CREDITS 240

AFFIDAVIT: I CERTIFY THIS LOG TO BE A TRUE AND CORRECT REPORT OF MY CME ACTIVITY.

Dated: 3/4/02

Physician Signature: 

TO BE VALID, FORMS MUST BE SIGNED, DATED, WITH THE HOURS TOTALED ON EACH SECTION

## Instructions for Completing Application for Maine Medical License Registration Renewal

The following definitions and instructions are intended to help you complete the Maine Board of Licensure in Medicine application form. If after reviewing the instructions you have questions, please do not hesitate to call the Board. The Board, which licenses and reregisters in two (2) year increments, now reregisters based on the month of birth. Because of this, fees and CME requirements will be prorated during your initial licensure period. Once your first renewal (on your month of birth) is complete you will be on the regular cycle for fees and CME.

### Type of registration Classification for Which Applying (select only one.):

**NEW APPLICATION:** This category applies to physicians who are applying for an initial license to practice medicine in Maine or those who have withdrawn their license or have allowed it to lapse for more than five (5) years.

**ACTIVE:** Intend to provide professional medical services to patients within Maine's borders, on either a full or part time basis. To qualify for active registration, you must file a log of CME activities satisfactory to the Board showing a minimum of 40 AMA Category I and 60 AMA Category II CME credits earned during the previous licensing period.

**INACTIVE:** Applies to all others wishing to keep their Maine license in force but who do not intend to provide professional services to patients within Maine's borders. A renewal application processing fee is required. Note that registration in inactive status precludes even limited medical practice within Maine, including giving professional advice or writing prescriptions for friends, family, or self. Physicians who check box 3, by signing the application affidavit at the end of the form, have affirmed to the Board that they will refrain from medical practice within the state unless and until they have first submitted acceptable evidence of recent CME activity and received a new Certificate of Registration in Active classification. Physicians registered INACTIVE may not subsequently commence medical practice within Maine without first submitting a log of recent CME activities to qualify for change in registration to ACTIVE status. This may be done by letter at any time during the registration period.

**REINSTATEMENT:** This category applies to physicians who have allowed their license to lapse or who have withdrawn from licensure for no more than five (5) years. If lapsed or withdrawn for more than five (5) years a complete new application is required.

**Request to WITHDRAW:** Physicians who wish to discontinue Maine licensure may use this Registration Renewal Application to request approval from the Board to do so.

**Payment application fee is not required with an application to withdraw from license registration. The application form must however be completed and accepted by the Board before withdrawal is effected.** Note that a Maine license, once withdrawn, may not be reinstated after 5 years. The licenses of some other states may become void if granted in reciprocity with a Maine license which is withdrawn from registration.

### Liability Insurance Data:

Must be completed if applying for registration in ACTIVE classification. Information you supply here is required by PL(1990), Chapter 931, regarding the Maine Rural Health Access Program. It will be reported to the Maine Superintendent of Insurance for administration of this program as provided in that law. Maintenance of professional liability insurance is not a requirement to maintain a Maine medical license in force.

### Background Data:

Item 14 asks you to list any permanent medical practice license from any state or Canadian province which you have ever held, whether or not it is still in force. Please do not list training permits or temporary/locum tenens licenses which you have been issued. If you were ever denied a license, see Items 15-1.

Items 15-1 through 15-4 refer to events which may have occurred at any time since you completed your medical education and commenced your medical career.

Items 15-5 through 15-12 ask you to disclose events which have occurred since your last renewal. You need not report again matters which were disclosed on previous applications unless you feel it would be helpful to our understanding of your current qualification for medical practice. For example, you need not report a malpractice claim which arose and was settled prior to your last renewal. On the other hand, a claim filed in 1986 which was closed by a settlement since your last renewal should be reported. If this is your first renewal disclose all data.

For any "Yes" response, please provide a supplemental explanation in sufficient detail for the Board to understand the nature and seriousness of the problem and how it has been or is being resolved. For example:

Item 15-5 asks for disclosure with explanation of physical, psychiatric or addictive disorder which might reasonably be considered impairing for safe and unlimited medical practice unless the Board can confirm that you are either fully recovered or have taken adequate measures to compensate for any residual limitations. For physical or psychiatric problems, please give diagnosis, prognosis and residuals, any current limitations on scope of practice, and name and address of treating physician who can confirm current fitness to continue practice. Board will inform you if clinical records or report are required. If you reported an impairing addictive disease on your registration application for a prior registration period, please so indicate and limit response to methods and progress in recovery since your last renewal. Physicians residing in Maine, whether or not they are current members of the Maine Medical Association, may obtain a confidential consultation with the Maine Medical Association's Committee on Physician Health by calling (207) 623-9266.

Item 15-9, regarding professional liability claims experience, is the question most likely to generate follow up letters from Board staff and delay in your license renewal if not answered completely. Report all claims of which you have been noticed since last renewal. As well, report all claims since your last renewal from which you were dismissed as a defendant or for which your insurance company made a settlement of any kind with the plaintiff or any claim for which a court found you liable in any degree. (Claims against a professional corporation are considered a claim against the individual licensee who provided the professional services in dispute.) To be complete, your supplemental explanation must include, for each such claim reported, a full description using the format of the following fictitious example:

Identity of Case: Burns v. John B. Doe, MD, Samuel E. Smith, MD, Topeka Women's Hospital, Inc. et al.; Kansas Third Circuit Court, Topeka, Case #89-10203

Date/Place of Original Occurrence: June 4, 1990, Topeka Women's Hospital

Cause Alleged by Claimant: Delayed diagnosis of ectopic pregnancy.

Summary of my Defense: I was a PGY II resident at the time. Dr. Samuel E. Smith, Chief of Obstetrics, Topeka Women's Hospital was attending physician in the case. I was named in the claim because my name appears in the chart as the physician ordering ultrasonography on first hospital day.

Current Status of Case: Although a motion to dismiss me as a defendant is pending, my insurance company has offered a settlement on my behalf of \$15,000 on February 14, 1992. I have been told the plaintiff rejected this and the claim is still pending.

Name and Address of Insurance Company/Attorney Defending Case: Great Plains Physicians' Mutual Indemnity, Attn: Jim Brown, Claims Manager, 4321 Ketcham Blvd. Rock Springs, SD 79104. I am also represented by William B. Eagle, Eagle Hare P.A., 44 West River Drive, Suite 200, Topeka, KS 60301.

\*\*\*\*\*

In conclusion, the Board's staff is available by phone at (207) 287-3604, Monday through Friday, 8 am to 4:30 pm, Eastern Daylight Time.





The  
UNIVERSITY  
of VERMONT

The University of Vermont College of Medicine  
certifies that

*Cheryl Gibson, M.D.*

---

has participated in the educational activity entitled

*OB/GYN Grand Rounds  
Fletcher Allen Health Care  
Burlington, Vermont  
January - June, 2000*

The University of Vermont College of Medicine  
is accredited by the Accreditation Council for Continuing Medical Education (ACCME)  
to sponsor continuing medical education for physicians.

The University of Vermont College of Medicine designates this educational activity for a  
maximum of 17 hours in category 1 credit towards the AMA Physician's Recognition  
Award. Each physician should claim only those hours of credit that he/she actually spent in  
the educational activity.

\_\_\_\_\_ Actual hours attended

*Mary C. Gagné*

Mary C. Gagné  
Regional Program Coordinator



The  
UNIVERSITY  
of VERMONT

The University of Vermont College of Medicine  
certifies that

*Cheryl Gibson, MD*

---

has participated in the educational activity entitled

*Obstetrics & Gynecology Grand Rounds  
Fletcher Allen Health Care  
Burlington, Vermont  
September 5 – October 24, 2000*

The University of Vermont College of Medicine  
is accredited by the Accreditation Council for Continuing Medical Education (ACCME)  
to provide continuing medical education for physicians.

The University of Vermont College of Medicine designates this educational activity for a  
maximum of 4 hours in category 1 credit towards the AMA Physician's Recognition  
Award. Each physician should claim only those hours of credit that he/she actually spent in  
the educational activity.

\_\_\_\_\_ Actual hours attended

*Mary C. Gagné*

Mary C. Gagné  
Regional Program Coordinator



Thomas  
Jefferson  
University

Jefferson  
Medical  
College

Office of Continuing Medical Education 1020 Locust Street  
Suite M32  
Philadelphia, PA 19107-6799  
215-955-6992  
Fax: 215-923-3212

Cheryl Gibson MD  
23 Mansfield Avenue  
Burlington, VT 05401

Endovaginal Ultrasound

Endovaginal Ultrasound

11/03/2000 - 11/03/2000

## *CME Certificate*

Jefferson Medical College designates this educational activity for a maximum of 9.50 hours in Category 1 credit towards the AMA Physician's Recognition Award. Each physician should claim only those hours of credit that he/she actually spent in the educational activity.

Dr. Gibson claimed 9.50 hours of credit for this activity.

Jefferson Medical College of Thomas Jefferson University, as a member of the Consortium for Academic Continuing Medical Education, is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.





Thomas  
Jefferson  
University

Jefferson  
Medical  
College

Office of Continuing Medical Education 1020 Locust Street  
Suite M32  
Philadelphia, PA 19107-6799  
215-955-6992  
Fax: 215-923-3212

Cheryl Gibson MD

Obstetrics and Gynecology

Obstetrics and Gynecology

11/14/2000 - 11/18/2000

## *CME Certificate*

Jefferson Medical College designates this educational activity for a maximum of 22.00 hours in Category 1 credit towards the AMA Physician's Recognition Award. Each physician should claim only those hours of credit that he/she actually spent in the educational activity.

Dr. Gibson claimed 22.00 hours of credit for this activity.

Jefferson Medical College of Thomas Jefferson University, as a member of the Consortium for Academic Continuing Medical Education, is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.



The  
UNIVERSITY  
of VERMONT

The University of Vermont College of Medicine  
certifies that

***CHERYL A. GIBSON, MD***

---

has participated in the educational activity entitled

***Obstetrics & Gynecology Grand Rounds***

***Fletcher Allen Health Care***

***Burlington, VT***

***11/07/2000 - 12/26/2000***

The University of Vermont College of Medicine  
is accredited by the Accreditation Council for Continuing Medical Education (ACCME)  
to provide continuing medical education for physicians.

The University of Vermont College of Medicine designates this educational activity for a  
maximum of 2 hours in category 1 credit towards the AMA Physician's Recognition  
Award. Each physician should claim only those hours of credit that he/she actually spent in  
the educational activity.

\_\_\_\_\_ Actual hours attended

*Mary C. Gagné*

Mary C. Gagné  
Regional Program Coordinator



The  
UNIVERSITY  
of VERMONT

The University of Vermont College of Medicine  
certifies that

***CHERYL A. GIBSON, MD***

has participated in the educational activity entitled

*Obstetrics & Gynecology Grand Rounds*

*Fletcher Allen Health Care*

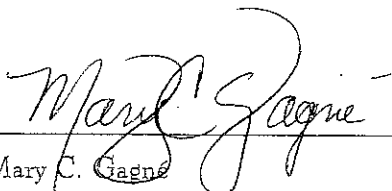
*Burlington, VT*

*January 1, -- March 31, 2001*

The University of Vermont College of Medicine  
is accredited by the Accreditation Council for Continuing Medical Education (ACCME)  
to provide continuing medical education for physicians.

The University of Vermont College of Medicine designates this educational activity for a  
maximum of 10 hours in category 1 credit towards the AMA Physician's Recognition  
Award. Each physician should claim only those hours of credit that he/she actually spent in  
the educational activity.

\_\_\_\_\_ Actual hours attended

  
\_\_\_\_\_  
Mary C. Gagne  
Regional Program Coordinator





The  
UNIVERSITY  
of VERMONT

The University of Vermont College of Medicine  
certifies that

**CHERYL A. GIBSON, MD**

---

has participated in the educational activity entitled

*Obstetrics & Gynecology Grand Rounds*

*Fletcher Allen Health Care*

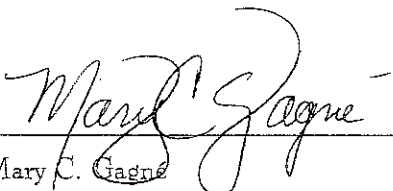
*Burlington, VT*

*4/1/2001 -- 6/30/2001*

The University of Vermont College of Medicine  
is accredited by the Accreditation Council for Continuing Medical Education (ACCME)  
to provide continuing medical education for physicians.

The University of Vermont College of Medicine designates this educational activity for a  
maximum of 8 hours in category I credit towards the AMA Physician's Recognition  
Award. Each physician should claim only those hours of credit that he/she actually spent in  
the educational activity.

\_\_\_\_\_ Actual hours attended

  
\_\_\_\_\_  
Mary C. Gagne  
Regional Program Coordinator



The  
**UNIVERSITY**  
of **VERMONT**

The University of Vermont College of Medicine  
certifies that

***CHERYL A. GIBSON, MD***

has participated in the educational activity entitled

*OB/GYN Grand Rounds*

*Fletcher Allen Health Care*

*Burlington, VT*

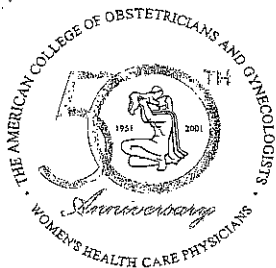
*7/1/01 - 9/30/01*

The University of Vermont College of Medicine  
is accredited by the Accreditation Council for Continuing Medical Education (ACCME)  
to provide continuing medical education for physicians.

The University of Vermont College of Medicine designates this educational activity for a  
maximum of 3 hours in category 1 credit towards the AMA Physician's Recognition  
Award. Each physician should claim only those hours of credit that he/she actually spent in  
the educational activity.

\_\_\_\_\_ Actual hours attended

  
\_\_\_\_\_  
Mary C. Gagné  
Regional Program Coordinator



Credited: April 6, 2001  
PROLOG: Reproductive Endocrinology and Infertility, 4<sup>th</sup> edition

Cheryl A. Gibson MD  
23 Mansfield Ave  
Burlington, VT 05401-3323

Dear Dr. Gibson,

Enclosed is your confidential Performance Report for ACOG's self-assessment program, PROLOG. Also included is a summary of the performance from a sample group of participants. These tables allow you to compare your own score to that of your colleagues, both for overall performance and question by question. It is my hope that this information can contribute to evaluation of your own learning needs and selection of future continuing educational projects.

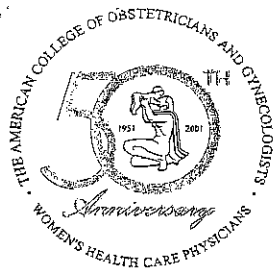
I am very happy to say that PROLOG has been extremely successful as reflected by the participation of the Fellowship. We look forward to continued success and to your participation in upcoming units. I hope your experience with PROLOG has been a valuable one, and you will continue to take advantage of our self-assessment program.

Twenty-five cognates in Category 1 have been credited to your record in the ACOG Program for Continuing Professional Development if you are an ACOG Fellow. You are also eligible for 25 Category 1 credits towards the Physician's Recognition Award of the American Medical Association. This letter can serve as verification of completion and earned credit and can be submitted to the appropriate agency.

Sincerely,

Gerald B. Holzman, MD  
Vice President, Education





Credited: March 27, 2001  
PROLOG: Gynecology, 4<sup>th</sup> edition

Cheryl A. Gibson MD  
23 Mansfield Ave  
Burlington, VT 05401-3323

Dear Dr. Gibson:

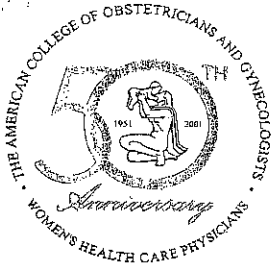
Enclosed is your confidential Performance Report for ACOG's self-assessment program, PROLOG. However, our sample group for this title was too small to collect sufficient data for our usual summary of performance, so you will not be able to compare your scores as in the past.

I am very happy to say that PROLOG has been extremely successful as reflected by the participation of the Fellowship. We look forward to continued success and to your participation in upcoming units. I hope your experience with PROLOG has been a valuable one; and you will continue to take advantage of our self-assessment program.

Twenty-five cognates in Category 1 have been credited to your record in the ACOG Program for Continuing Professional Development if you are an ACOG Fellow. You are also eligible for 25 Category 1 credits towards the Physician's Recognition Award of the American Medical Association. This letter can serve as verification of completion and earned credit and can be submitted to the appropriate agency.

Sincerely,

Gerald B. Holzman, MD  
Vice President, Education



Credited: March 22, 2001  
PROLOG: Gynecologic Oncology and Surgery, 3<sup>rd</sup> edition

Cheryl A. Gibson MD  
23 Mansfield Ave  
Burlington, VT 05401-3323

Dear Dr. Gibson,

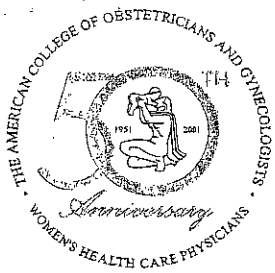
Enclosed is your confidential Performance Report for ACOG's self-assessment program, PROLOG. Also included is a summary of the performance from a sample group of participants. These tables allow you to compare your own score to that of your colleagues, both for overall performance and question by question. It is my hope that this information can contribute to evaluation of your own learning needs and selection of future continuing educational projects.

I am very happy to say that PROLOG has been extremely successful as reflected by the participation of the Fellowship. We look forward to continued success and to your participation in upcoming units. I hope your experience with PROLOG has been a valuable one, and you will continue to take advantage of our self-assessment program.

Twenty-five cognates in Category 1 have been credited to your record in the ACOG Program for Continuing Professional Development if you are an ACOG Fellow. You are also eligible for 25 Category 1 credits towards the Physician's Recognition Award of the American Medical Association. This letter can serve as verification of completion and earned credit and can be submitted to the appropriate agency.

Sincerely,

Gerald B. Holzman, MD  
Vice President, Education



Credited: March 27, 2001  
PROLOG: Patient Management in the Office, 3<sup>rd</sup> edition

Cheryl A. Gibson MD  
23 Mansfield Ave  
Burlington, VT 05401-3323

Dear Dr. Gibson,

Enclosed is your confidential Performance Report for ACOG's self-assessment program, PROLOG. Also included is a summary of the performance from a sample group of participants. These tables allow you to compare your own score to that of your colleagues, both for overall performance and question by question. It is my hope that this information can contribute to evaluation of your own learning needs and selection of future continuing educational projects.

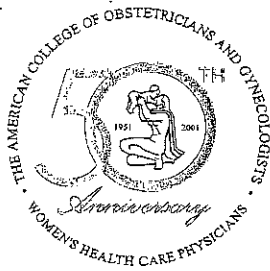
I am very happy to say that PROLOG has been extremely successful as reflected by the participation of the Fellowship. We look forward to continued success and to your participation in upcoming units. I hope your experience with PROLOG has been a valuable one, and you will continue to take advantage of our self-assessment program.

Twenty-five cognates in Category 1 have been credited to your record in the ACOG Program for Continuing Professional Development if you are an ACOG Fellow. You are also eligible for 25 Category 1 credits towards the Physician's Recognition Award of the American Medical Association. This letter can serve as verification of completion and earned credit and can be submitted to the appropriate agency.

Sincerely,

Gerald B. Holzman, MD  
Vice President, Education





Credited: March 27, 2001  
PROLOG: Obstetrics, 4<sup>th</sup> edition

Cheryl A. Gibson MD  
23 Mansfield Ave  
Burlington, VT 05401-3323

Dear Dr. Gibson,

Enclosed is your confidential Performance Report for ACOG's self-assessment program, PROLOG. Also included is a summary of the performance from a sample group of participants. These tables allow you to compare your own score to that of your colleagues, both for overall performance and question by question. It is my hope that this information can contribute to evaluation of your own learning needs and selection of future continuing educational projects.

I am very happy to say that PROLOG has been extremely successful as reflected by the participation of the Fellowship. We look forward to continued success and to your participation in upcoming units. I hope your experience with PROLOG has been a valuable one, and you will continue to take advantage of our self-assessment program.

Twenty-five cognates in Category 1 have been credited to your record in the ACOG Program for Continuing Professional Development if you are an ACOG Fellow. You are also eligible for 25 Category 1 credits towards the Physician's Recognition Award of the American Medical Association. This letter can serve as verification of completion and earned credit and can be submitted to the appropriate agency.

Sincerely,

Gerald B. Holzman, MD  
Vice President, Education

THE CENTER FOR CONTINUING EDUCATION IN THE HEALTH SCIENCES  
DARTMOUTH-HITCHECOCK MEDICAL CENTER  
LEBANON, NEW HAMPSHIRE

# *Certificate of Participation*

This is to certify that

**Cheryl Gibson, MD**

attended Vulvar Disease Symposium on October 26, 2001 at The Center of New Hampshire - Holiday Inn, Manchester, New Hampshire.

The Dartmouth-Hitchcock Medical Center designates this educational activity for up to 7 hours in Category 1 credit towards the American Medical Association's Recognition Award. Each physician should claim only those hours of credit that he or she actually spent in the educational activity. (CCE2001-64) 7 Total hours actually attended.

This educational activity is conducted by the Nursing Continuing Education Council which is approved by the Commission on Continuing Education of the New Hampshire Nurses' Association which is accredited as an approver by the American Nurses' Credentialing Center's Commission on Accreditation. This activity carries 8.1 contact hours. The Nursing Continuing Education Council is composed of representation from the Veterans Affairs Medical and Regional Office Center, The Hitchcock Clinic at DHMC, Mary Hitchcock Memorial Hospital, Chad/Obstetric Regional Services and the Center for Continuing Education in the Health Sciences. Code #CCE-312 8.1 Total hours actually attended.

*Barbara A. Greaves, MD*

Director, Section of Continuing Nursing Education  
Center for Continuing Education in the Health Sciences  
Sponsor Signature

*Deborah W. Holmes, PhD*

Director, Section of Continuing Medical Education and  
Center for Continuing Education in the Health Sciences

*The Dartmouth-Hitchcock Medical Center is accredited by the Accreditation Council for  
Continuing Medical Education (ACCME) to sponsor continuing medical education for physicians.*

A · R · H · P  
ASSOCIATION OF  
REPRODUCTIVE HEALTH  
PROFESSIONALS

CERTIFICATE  
OF  
ATTENDANCE  
♦

*Reproductive Health 2001  
Women's Health During Perimenopause and Beyond*

This Certifies the Attendance of

**Cheryl Gibson MD**

ARHP is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.

ARHP designates this continuing medical education activity for 5 credit hours in Category I of the Physicians' Recognition Award of the American Medical Association.

This course has been approved for 6 cognates, Formal Learning, by the American College of Obstetricians and Gynecologists.



CHAIR,  
Association of Reproductive Health Professionals

Washington, DC  
December 12, 2001

A · R · H · P  
ASSOCIATION OF  
REPRODUCTIVE HEALTH  
PROFESSIONALS

CERTIFICATE  
OF  
ATTENDANCE

*Reproductive Health 2001*

This Certifies the Attendance of

**Cheryl Gibson MD**

ARHP is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.

ARHP designates this continuing medical education activity for \_\_\_\_\_<sup>20</sup> credit hours in Category I of the Physicians' Recognition Award of the American Medical Association.

This course has been approved for \_\_\_\_\_<sup>19</sup> cognates, Formal Learning, by the American College of Obstetricians and Gynecologists.



---

CHAIR,  
Association of Reproductive Health Professionals

Washington, DC  
December 13 - 15, 2001



A · R · H · P  
ASSOCIATION OF  
REPRODUCTIVE HEALTH  
PROFESSIONALS

CERTIFICATE  
OF  
ATTENDANCE

*Reproductive Health 2001*

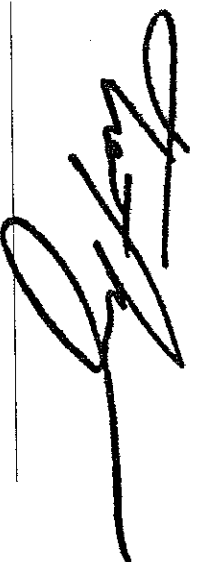
This Certifies the Attendance of

**Cheryl Gibson MD**

ARRHP is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.

ARRHP designates this continuing medical education activity for 20 credit hours in Category I of the Physicians' Recognition Award of the American Medical Association.

This course has been approved for 19 cognates, Formal Learning, by the American College of Obstetricians and Gynecologists.



CHAIR,  
Association of Reproductive Health Professionals

Washington, DC  
September 13 - 15, 2001

ACOG COGNATE PROGRAM  
PO BOX 96920  
409 12TH ST SW  
WASHINGTON, DC 20090-6920



VALIDATION OF ATTENDANCE

CHERYL GIBSON MD

HAS ATTENDED

The Mature Woman  
November 1-3, 2001  
Stowe, Vermont  
16 COGNATE HRS 16 HRS AMA 1

THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS  
A COPY OF THIS FORM DOES NOT NEED TO BE SUBMITTED TO THE COGNATE PROGRAM

Office Date

if your office

if your name

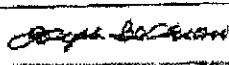
Marsh USA Inc

1/11/02

11:51

PAGE 2/2

RightFAX

MARSH USA INC		CERTIFICATE OF INSURANCE			CERTIFICATE NUMBER
<b>PRODUCER</b> Marsh 1166 Avenue of the Americas New York, NY 10036 Attn: Paul Gazzo 212 345-6525		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER OTHER THAN THOSE PROVIDED IN THE POLICY. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICES DESCRIBED HEREIN.			
		<b>COMPANIES AFFORDING COVERAGE</b>			
		COMPANY A N/A			
<b>INSURED</b> Planned Parenthood of Northern New England, an Affiliate of Planned Parenthood Federation of America, Inc. 183 Talcott Road, Suite #101 Walliston, VT 05495		COMPANY B NATIONAL UNION FIRE INSURANCE CO.			
		COMPANY C			
		COMPANY D			
<b>COVERAGE</b> THIS IS TO CERTIFY THAT POLICES OF INSURANCE DESCRIBED HEREIN HAVE BEEN ISSUED TO THE INSURED NAMED HEREIN FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT, OR OTHER DOCUMENT WITH RESPECT TO WHICH THE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, CONDITIONS AND EXCLUSIONS OF SUCH POLICES LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS					
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				GENERAL AGGREGATE \$ PRODUCTS - COM/PROP AGG \$ PERSONAL & AD/INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> <input type="checkbox"/> THE PROPRIETOR/PARTNER/SOLE/EXECUTIVE OFFICERS ARE <input type="checkbox"/> NOL <input type="checkbox"/> EXCL				WC STATUTORY LIMITS OTHER EL EACH ACCIDENT \$ EL DISEASE-POLICY LIMIT \$ EL DISEASE-EACH EMPLOYEE \$
B	<b>OTHER</b> Medical Professional Liability		12/31/01	12/31/02	Per Occurrence 1,000,000 Aggregate 3,000,000
<b>DESCRIPTION OF OPERATIONS/LOCATION/VEHICLES/SPECIAL ITEMS (LIMITS MAY BE SUBJECT TO DEDUCTIBLES OR RETENTIONS)</b> CHERYL GIBSON, M.D. IS AN INSURED UNDER THIS POLICY. COVERED FOR THE OFF-PREMISES TREATMENT OF ABORTION, FEMALE STERILIZATION AND GYN SURGERY EMERGENCY COMPLICATIONS ARISING OUT OF SERVICES RENDERED TO PLANNED PARENTHOOD OF NORTHERN NEW ENGLAND.					
<b>INSURED'S ADDRESS</b> CHERYL GIBSON, M.D. C/O PLANNED PARENTHOOD OF NORTHERN NEW ENGLAND 183 TALCOTT ROAD, STE. 101 WALLISTON, VT 05495			<b>CANCELLATION</b> SHOULD ANY OF THE POLICES DESCRIBED HEREIN BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED HEREIN, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER AFFORDING COVERAGE, ITS AGENTS OR REPRESENTATIVES.		
Marsh USA Inc. By: Joseph DeChiaro					





State of Maine  
**Maine Board of Licensure in Medicine**  
 137 State House Station, 2 Bangor Street  
 Augusta ME 04333-0137  
 (207)287-3601  
 FAX: (207)287-6590

For Ofc Use  
 Fee: \$ 400.00  
 Exempt: \_\_\_\_\_  
 Late \$ \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Posted: \_\_\_\_\_

**Application for Maine Medical License Registration**

Fee: \$400 UNLESS 70 YEARS OF AGE OR OLDER BY LICENSE EXPIRATION APRIL 30, 2004

Please remit with application by check/money order payable to "Maine Board of Licensure in Medicine". Renewal fee not required if at least age 70, or if withdrawing from license registration.

MAR 10 2004  
 100.00 ck # 789715  
 BOARD OF LICENSURE IN MEDICINE

**NAME/ADDRESS OF RECORD**

Cheryl Gibson, MD  
 23 Mansfield Ave  
 Burlington VT 05401

**License No**

013193

**Social Security No.**

[REDACTED]

**Daytime Phone No.**  
 (802) 863-9001

**Date of Birth**

[REDACTED]

**Type of Registration Classification for Which Applying:**

- (1.) I am applying for an initial license to practice medicine in Maine.
- (2.) I am applying for ACTIVE registration, based on evidence of CME qualification filed with this application.
- (3.) I am applying for INACTIVE registration. I have therefore not submitted evidence of CME qualification. Without prior application to approval from the Board, I certify that I will not practice medicine in Maine. I certify that I will not provide professional services in Maine in degree, including the writing of prescriptions for myself, family, or friends.
- (4.) I am applying for reinstatement of my Maine license.
- (5.) I request to WITHDRAW my Maine license from registration. I acknowledge that reinstatement is not possible after 5 years. (In order to apply for withdrawal you must complete entire form, date, sign, and return by due date omitting payment of renewal application fee.)

**Personal Data Update:**

A. If the spelling of your name, social security number, or date of birth preprinted above are not correct, please circle the error and legibly print the correct information.  
 B. The Board requires BOTH your HOME mailing address and phone and the address and phone of your PRINCIPAL PLACE OF MEDICAL PRACTICE. You may designate which of the two you wish to be used for mailings from the Board. Note however that the address designating that purpose will also be the address published by the Board in listings and publications available to the general public.

- (6.)  Prefer Board contact me at home.

**Home Mailing Address**

same as below

If your home address is incorrect, please correct here

Home Phone: ( ) -

- (7.)  Prefer Board contact me at office.

**Office Mailing Address**

23 Mansfield Ave

If your office address is incorrect, please correct here

Burlington VT 05401

Office Phone: (802) 863-9001

**Practice Data:**

- (8.) At present I practice medicine (check all that apply):  
 If your practice data is incorrect, please correct in the space provided

Check here if ABMS certified in this specialty

- Full Time
- Part Time
- Solo
- Do Not See Patients (i.e., Administrative, Research, Teaching, etc.)
- Hospital-based Practice
- In Partnership or Group
- I Have Retired

- (9.) Primary Specialty: Gynecology
- (10.) Sub-specialty 1: Obstetrics and Gynecology
- (11.) Sub-specialty 2: \_\_\_\_\_
- (12.) I am ABMS Specialty Board certified by: \_\_\_\_\_ (Board Name): \_\_\_\_\_

**Liability Insurance Data:**

Although maintenance of professional liability insurance is not a requirement for Maine licensure, the Board is required to provide data about each licensee's source of insurance, if any, to the Superintendent of Insurance to aid in the administration of the Maine Rural Health Access Program pursuant to PL (1990) Ch. 931. (Complete Only if Applying for Registration in "Active" status.)

- (13.) Regardless of specialty interest or scope of your medical practice in Maine, do you have in effect a policy insuring you against liability for professional negligence/medical malpractice? Please make changes if appropriate.

Insurance Company (Name, Address)

Rollins Hudig Hall of NY Inc.

Yes  No

Policy #: [REDACTED]

Two World Trade

Center

New York NY 10048

Check here if premiums for your professional liability are paid by a Hospital or other employer?

Hospital/Employer: Planned Parenthood of ME Northern New England

N.S. / 6551-7070/LLH

Gibson, Cheryl  
 License Number: 013193  
 Date Certificate Printed: 3/29/2004

**Background Data**

(All Applicants Must Complete)

(14.) Other than in Maine, I currently hold; or I have at one time held, a permanent license to practice medicine in the following states (or territories) of the United States or provinces of Canada (exclude temporary, Locum tenens, or permits/certificates allowing training in the capacity of clinical clerk, intern, resident, or fellow): (Please make corrections to information below)

State	Certificate#	Expiration Date	Present Status
Vermont	7465	00/00/0000	Active
New Hampshire	7539	00/00/0000	Active

Please add to or correct any of the entries listed at left:

*expiration date 11/30/04*  
*expiration date 6/30/05*

I have never held a permanent medical practice license except in Maine.

(15.) Have you ever: (Circle the appropriate response.)

- (15-1) Had any state or territory of the U.S. or province/territory of Canada EVER deny your application for any license, taken any disciplinary action against the license issued to you in that jurisdiction (including but not limited to warning, reprimand, fine, suspension, revocation, or restrictions in permitted practice, probation with or without monitoring?)  NO  YES
- (15-2) Left a medical licensing jurisdiction while allegations were pending?  NO  YES
- (15-3) Been denied registration by the U.S. Drug Enforcement Administration (DEA) or has your DEA Registration ever been modified, restricted, suspended, or revoked? Has any state or province denied, restricted, modified, suspended, or revoked your state permit to prescribe or dispense controlled substances?  NO  YES
- (15-4) Received a sanction from Medicare or from a state Medicaid program?  NO  YES

SINCE LAST RENEWAL, HAVE YOU HAD ANY OF THE FOLLOWING OCCURRENCES? (Circle the appropriate response.)

- (15-5) Suffered from any physical, psychiatric, or addictive disorder that would impair or require limitations on your functioning as a physician or resulted in an inability to engage in the practice of medicine for more than 30 days?  NO  YES
- (15-6) Been indicted, arrested or convicted of any criminal offense (including motor vehicle offenses but not including minor traffic or parking violations)?  NO  YES
- (15-7) Hospital (or similar health care institution) privileges which had previously been granted to you were suspended, restricted, withdrawn involuntarily; or, you voluntarily surrendered privileges or resigned from staff membership while under peer review?  NO  YES
- (15-8) Disciplined by a professional society or resigned while accusation was pending?  NO  YES
- (15-9) A pending claim or suit alleging malpractice liability, a claim settlement by negotiation/arbitration, or judgement by a court in a claim of medical malpractice liability in which you are/were named as a defendant with any degree of liability including "nuisance" suits and including settlements made by your insurance company/representatives without your express consent? (see Instructions) NO  YES
- (15-10) Been notified by the licensing board of any state or province of Canada of the existence of allegations, filed with or by that board, and those allegations are not now dismissed by a finding of that board that the allegations were without merit? (Note: accusations which remain open as of the date of this application require a "Yes" response and explanation.)  NO  YES
- (15-11) Do you practice medicine within the State of Maine without "active" medical staff privileges at a Maine hospital? NO  YES
- (15-12) Do you practice medicine in a state or province other than Maine without "Active" medical staff privileges at a hospital operating in the jurisdiction where you practice?  NO  YES

(Any "Yes" response must be explained fully on a separate, attached 8 x 11 sheet of paper cross-referenced by question number.)

**Note: Any missing entry will render this application incomplete and may subject you to a late application charge of \$100. Also failure to enclose the appropriate renewal application fee or provide evidence of CME qualification if applying for ACTIVE status will render your application incomplete.**

**AFFIDAVIT OF APPLICATION**

(All applicants must personally sign and date whether applying for "active" or "inactive" registration of license or requesting withdrawal of registration.)

I affirm under penalties of perjury that all information entered and responses given on this application are true and accurate to the best of my knowledge and belief. I understand that any false statement may be found to be a ground for discipline of my license to practice medicine in Maine pursuant to 22 M.R.S.A. §3282-A(2). I acknowledge my responsibility to notify the Maine Board of Licensure in Medicine of any subsequent change in my status from that reported here and, in particular, to notify the Board within 10 days of a change in my place of medical practice or place of residence.

Date: 2/25/04 Signature: *Cheyl A Gibson* M.D.  
 Typed or Printed Name: Cheyl A Gibson M.D.

For Ofc Use

Staff Rev Date: 3/26/04 Recommendation: *[Signature]* (15-9) (15-11)  
 Staff Rev Date: \_\_\_\_\_ Recommendation: \_\_\_\_\_

CONTINUING MEDICAL EDUCATION REPORTING LOG

For reporting CME credits earned during the 24 months preceeding expiration date 4/30/2004



Maine License Number: 013193

Name: Gibson, Cheryl

CATEGORY I

Category I includes programs that have received accreditation by the AMA Council on Medical Education, the Accreditation Council for Continuing Medical Education (ACCME), or the Committee on CME of the Maine Medical Association. [Refer to 32 M.R.S.A. §13 of the Rules and Regulations of the Maine Board of Licensure in Medicine for specific rules and definitions.] Forty (40) CME credits must be in Category I.

ACCREDITED SPONSOR	LOCATION OF ACTIVITY	DESCRIPTION OF ACTIVITY	DATES ATTENDED	CREDITS EARNED
Univ. of Vermont ACCME	Burlington VT	Grand Rounds ob/gyn	4/02 → 6/03	19
ACCME	Seattle Washington	Post graduate conference NAF	4/03	19
AMA	Denver CO	ARHP conference	9/02	21
AMA	La Jolla CA	ARHP conference	9/03	19

(If you need additional space, please attach separate sheet of paper.)

TOTAL CATEGORY I CREDITS 78

CATEGORY II

Category II includes programs with non-accredited sponsorship, i.e., Medical Teaching, Papers, Books, Publications, and Exhibits. Also included are non-supervised individual CME activities and other Meritorious Learning Experiences. [Refer to 32 M.R.S.A. §13 of the Rules and Regulations of the Maine Board of Licensure in Medicine for more specific rules and definitions.] Sixty (60) Credits Required.

Note: Category I may be substituted for Category II.

TYPE OF ACTIVITY	LOCATION/CITY/STATE	DESCRIPTION OF LEARNING ACTIVITY	DATES OF ACTIVITY	CREDITS
Medical Teaching	Burlington VT	Medical Student Teaching	4/02 → 4/03	30
Medical Teaching	Burlington VT	ob/gyn resident teaching	4/02 → 12/03	20

TOTAL CATEGORY II CREDITS 50

AFFIDAVIT: I CERTIFY THIS LOG TO BE A TRUE AND CORRECT REPORT OF MY CME ACTIVITY.

Dated: 2/25/04

Physician Signature: 

TO BE VALID, FORMS MUST BE SIGNED, DATED, WITH THE HOURS TOTALED ON EACH SECTION

## Instructions for Completing Application for Maine Medical License Registration Renewal

The following definitions and instructions are intended to help you complete the Maine Board of Licensure in Medicine application form. If after reviewing the instructions you have questions, please do not hesitate to call the Board. The Board, which licenses and reregisters in two (2) year increments, now reregisters based on the month of birth. Because of this, fees and CME requirements will be prorated during your initial licensure period. Once your first renewal (on your month of birth) is complete you will be on the regular cycle for fees and CME.

### Type of registration Classification for Which Applying (select only one):

**NEW APPLICATION:** This category applies to physicians who are applying for an initial license to practice medicine in Maine or those who have withdrawn their license or have allowed it to lapse for more than five (5) years.

**ACTIVE:** Intend to provide professional medical services to patients within Maine's borders, on either a full or part time basis. To qualify for active registration, you must file a log of CME activities satisfactory to the Board showing a minimum of 40 AMA Category I and 60 AMA Category II CME credits earned during the previous licensing period.

**INACTIVE:** Applies to all others wishing to keep their Maine license in force but who do not intend to provide professional services to patients within Maine's borders. A renewal application processing fee is required. Note that registration in inactive status precludes even limited medical practice within Maine, including giving professional advice or writing prescriptions for friends, family, or self. Physicians who check box 3, by signing the application affidavit at the end of the form, have affirmed to the Board that they will refrain from medical practice within the state unless and until they have first submitted acceptable evidence of recent CME activity and received a new Certificate of Registration in Active classification. Physicians registered INACTIVE may not subsequently commence medical practice within Maine without first submitting a log of recent CME activities to qualify for change in registration to ACTIVE status. This may be done by letter at any time during the registration period.

**REINSTATEMENT:** This category applies to physicians who have allowed their license to lapse or who have withdrawn from licensure for no more than five (5) years. If lapsed or withdrawn for more than five (5) years a complete new application is required.

**Request to WITHDRAW:** Physicians who wish to discontinue Maine licensure may use this Registration Renewal Application to request approval from the Board to do so.

Payment application fee is not required with an application to withdraw from license registration. The application form must however be completed and accepted by the Board before withdrawal is effected. Note that a Maine license, once withdrawn, may not be reinstated after 5 years. The licenses of some other states may become void if granted in reciprocity with a Maine license which is withdrawn from registration.

### Liability Insurance Data:

Must be completed if applying for registration in ACTIVE classification. Information you supply here is required by PL(1990), Chapter 931, regarding the Maine Rural Health Access Program. It will be reported to the Maine Superintendent of Insurance for administration of this program as provided in that law. Maintenance of professional liability insurance is not a requirement to maintain a Maine medical license in force.

### Background Data:

Item 14 asks you to list any permanent medical practice license from any state or Canadian province which you have ever held, whether or not it is still in force. Please do not list training permits or temporary/locum tenens licenses which you have been issued. If you were ever denied a license, see Items 15-1.

Items 15-1 through 15-4 refer to events which may have occurred at any time since you completed your medical education and commenced your medical career.

Items 15-5 through 15-12 ask you to disclose events which have occurred since your last renewal. You need not report again matters which were disclosed on previous applications unless you feel it would be helpful to our understanding of your current qualification for medical practice. For example, you need not report a malpractice claim which arose and was settled prior to your last renewal. On the other hand, a claim filed in 1986 which was closed by a settlement since your last renewal should be reported. If this is your first renewal disclose all data.

For any "Yes" response, please provide a supplemental explanation in sufficient detail for the Board to understand the nature and seriousness of the problem and how it has been or is being resolved. For example:

Item 15-5 asks for disclosure with explanation of physical, psychiatric or addictive disorder which might reasonably be considered impairing for safe and unlimited medical practice unless the Board can confirm that you are either fully recovered or have taken adequate measures to compensate for any residual limitations. For physical or psychiatric problems, please give diagnosis, prognosis and residuals, any current limitations on scope of practice, and name and address of treating physician who can confirm current fitness to continue practice. Board will inform you if clinical records or report are required. If you reported an impairing addictive disease on your registration application for a prior registration period, please so indicate and limit response to methods and progress in recovery since your last renewal. Physicians residing in Maine, whether or not they are current members of the Maine Medical Association, may obtain a confidential consultation with the Maine Medical Association's Committee on Physician Health by calling (207) 623-9266.

Item 15-9, regarding professional liability claims experience, is the question most likely to generate follow up letters from Board staff and delay in your license renewal if not answered completely. Report all claims of which you have been noticed since last renewal. As well, report all claims since your last renewal from which you were dismissed as a defendant or for which your insurance company made a settlement of any kind with the plaintiff or any claim for which a court found you liable in any degree. (Claims against a professional corporation are considered a claim against the individual licensee who provided the professional services in dispute.) To be complete, your supplemental explanation must include, for each such claim reported, a full description using the format of the following fictitious example:

Identity of Case: Burns v. John B. Doe, MD, Samuel E. Smith, MD, Topeka Women's Hospital, Inc. et al.; Kansas Third Circuit Court, Topeka, Case #89-10203

Date/Place of Original Occurrence: June 4, 1990, Topeka Women's Hospital

Cause Alleged by Claimant: Delayed diagnosis of ectopic pregnancy.

Summary of my Defense: I was a PGY II resident at the time. Dr. Samuel E. Smith, Chief of Obstetrics, Topeka Women's Hospital was attending physician in the case. I was named in the claim because my name appears in the chart as the physician ordering ultrasonography on first hospital day.

Current Status of Case: Although a motion to dismiss me as a defendant is pending, my insurance company has offered a settlement on my behalf of \$15,000 on February 14, 1992. I have been told the plaintiff rejected this and the claim is still pending.

Name and Address of Insurance Company/Attorney Defending Case: Great Plains Physicians' Mutual Indemnity, Attn: Jim Brown, Claims Manager, 4321 Ketcham Blvd. Rock Springs, SD 79104. I am also represented by William B. Eagle, Eagle, Hare P.A., 44 West River Drive, Suite 200, Topeka, KS 60301.

\* \* \* \* \*

In conclusion, the Board's staff is available by phone at (207) 287-3604, Monday through Friday, 8 am to 4:30 pm, Eastern Daylight Time.

Explanation for questions 15-9 and 15-11

15-9

I have a pending malpractice claim regarding a complication of surgery. Case is in process.

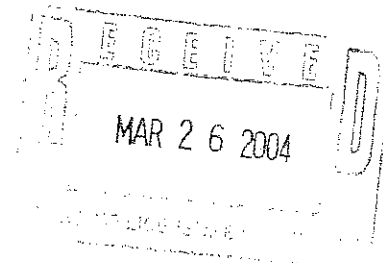
15-11

I am a full time practicing gynecologist in Vermont and supervise advanced practice clinicians (nurse practitioners, physician assistants and certified nurse midwives) at 4 Planned Parenthood health centers in Maine. I make regular visits to Maine to see patients in those health centers.

*C. O. M. M.*  
2/25/24







Question 15-9

Identity of Case: C. Durivage and E. Durivage v. Cheryl A Gibson MD and Fletcher Allen Health Care; Chittenden Superior Court, Docket No. S1502-02CnC

Date/ Place Of Original Occurrence: March 3, 2000, Fletcher Allen Health Care, Burlington Vt.

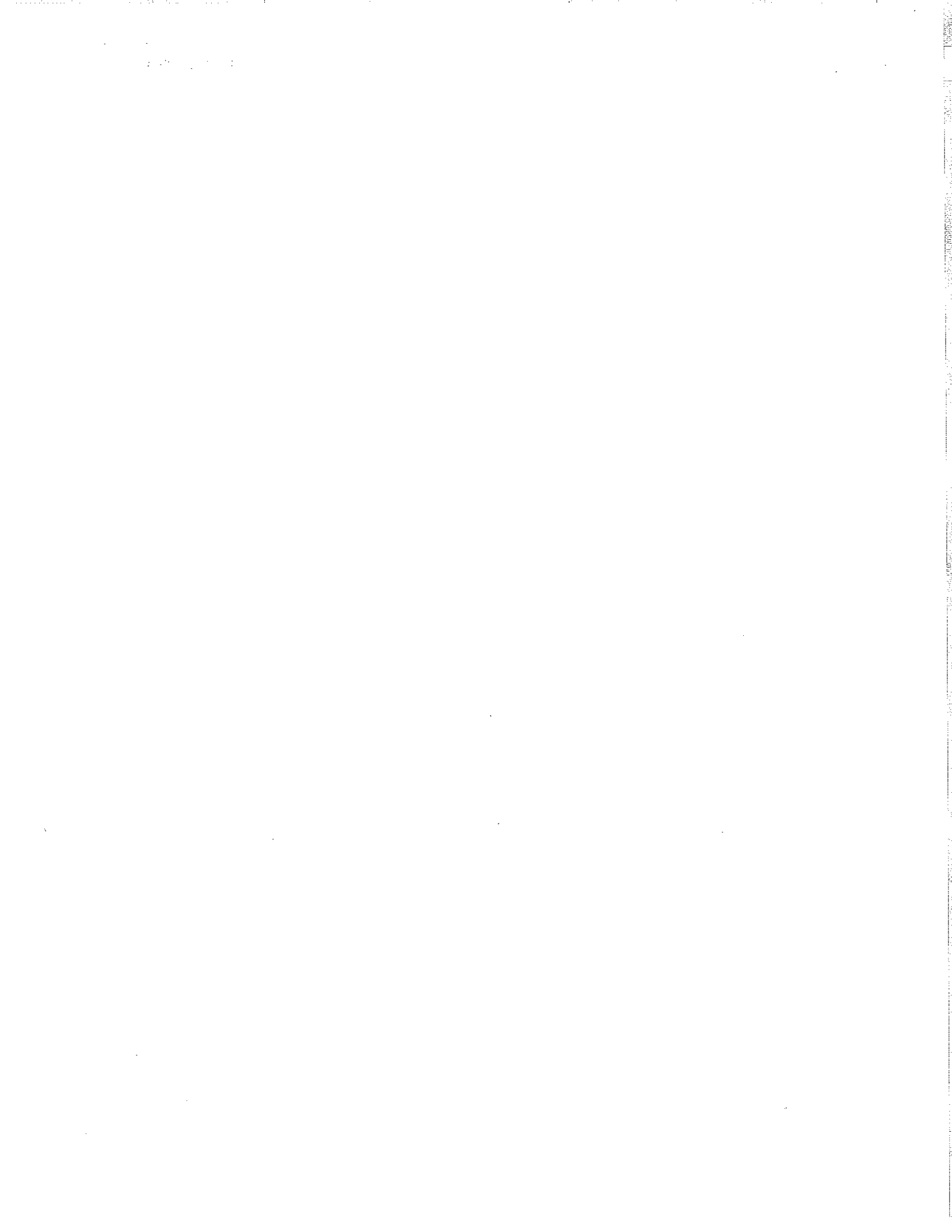
Cause Alleged by Claimant: Complications of vaginal surgery

Summary of my Defense: Complications arose secondary to pre-existing medical condition and surgical scarring.

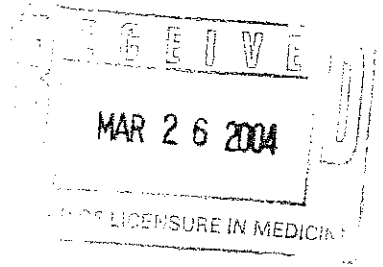
Current Status of Case: In depositions and expert testimony, pending.

Name and Address of Insurance Company/ Attorney Defending Case: National Union Fire Insurance Co, Producer-Marsh USA, Inc, New York, NY. My attorney is S.Crocker Bennett, II, Paul, Frank and Collins, One Church St. Burlington, Vt. 05402

*Cheryl A Gibson MD*  
*3/22/04*



STATE OF MAINE  
BOARD OF LICENSURE IN MEDICINE  
137 STATE HOUSE STATION  
AUGUSTA, ME 04333-0137  
(207) 287-3604



ATTENTION: MD Renewal Specialist

TO: Cheryl Gibson, MD

License # 013193

DATE OF RETURN: 3/9/04

Your license renewal application is being returned as administratively incomplete pursuant to 32 M.R.S.A. §3280. Please correct or provide the necessary information as indicated below and return the completed form to the Board of Licensure in Medicine.

**REASON FOR RETURN:**

- \_\_\_\_\_ Failed to date and sign form.
- \_\_\_\_\_ Failed to remit \_\_\_\_\_ license application fee.
- \_\_\_\_\_ Please remit \$100. late fee. The law provides that the Board assess a fee in addition to the renewal fee when it is necessary to write to a licensee about an incomplete or missing renewal application after expiration of license.
- \_\_\_\_\_ Requested **Active** status but failed to provide summary of CME activity on CME log to qualify for **Active** status (see Board Bulletin for sample).
- \_\_\_\_\_ Please provide documentation for Category I credits reported on your form as listed below.
- \_\_\_\_\_ Failed to answer question (s) 15-9, or provide the following data:

\_\_\_\_\_ All "yes" responses must be fully explained on a separate 8.5 x 11 sheet of paper. Please refer to (15-9) on page 4 of your renewal.

**AN ADMINISTRATIVELY COMPLETE APPLICATION FORM, ALL FEES DUE, AND ANY OTHER INFORMATION REQUESTED ABOVE MUST BE RECEIVED AT THE BOARD OFFICE WITHIN THE NEXT TEN DAYS.**

1000



**M.D. License  
Renewal  
Fee: \$400.**

Maine Board of Licensure in Medicine  
137 State House Station  
Augusta, ME 04333-0137  
(207)287-3601  
Fax: (207)287-6950

Fee: 400  
Exempt:       
Late:     

*Handwritten:* Planned Parenthood  
*Handwritten:* CR# 9536  
*Handwritten:* 11084

**Application for Maine Medical License Renewal**

Fee: Please remit with application by check/money order payable to "Maine Board of Licensure in Medicine". A renewal fee is not required if you are age 70 or older, or if you are withdrawing from license registration.

**Note: Any missing entry will render this application incomplete and may subject you to a late application charge of \$100. Also failure to enclose the appropriate renewal application fee, or report CME qualification if applying for ACTIVE status, will render your application incomplete.**

**Please correct any of the following information that may be missing or incorrect.**

Name: Cheryl Gibson  
Address: 23 Mansfield Ave  
Burlington VT 05401  
United States  
Daytime Phone No: (802)863-9001

Date of Birth:                     

License No: 013193  
Social Security No:                     

Email address:                     

**Type of Licensure Status for Which Applying:**

- 1. I am applying for renewal of my license in ACTIVE status, based on evidence of CME qualification filed with this application.
- 2. I am applying for renewal of my license in INACTIVE status. I have therefore not submitted evidence of CME qualification. With prior application to and approval from the Board, I will not practice medicine in Maine or provide professional services in Maine, in writing of prescriptions for myself, family, friends, or anyone. I must still pay the renewal fee.
- 3. I am applying for reinstatement of my Maine license.
- 4. I request to WITHDRAW my Maine license from registration. I acknowledge that reinstatement is not possible after 5 years. (In order to apply for withdrawal you must complete entire form, date, sign, and return by the due date, omitting payment of renewal application fee.)

**Personal Data Update:**

- A. If the spelling of your name, social security number, or date of birth preprinted above is not correct, please circle the error and legibly correct information.
- B. The Board requires BOTH your HOME mailing address and phone #, and the address and phone # of your PRINCIPAL PLACE OF PRACTICE. You may designate which of the two you wish to be used for mailings from the Board. Note however that the address designate for that purpose will also be the address circulated by the Board in listings and publications available to the general public the Internet.

5. I Prefer Board contact me at Home, or at Business. (H/B) B       
My Home mailing address and phone are:

My Business mailing address and phone are:  
23 Mansfield Ave  
Burlington VT 05401  
United States  
(802)863-9001

If your home address is incorrect, please correct here:  
\_\_\_\_\_  
\_\_\_\_\_

If your business address is incorrect, please correct here:  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

**PRACTICE DATA:** If your practice data is incorrect, please correct in the space provided.

- 7. At present I practice medicine (check all that apply):
- Full Time       Hospital-based Practice       Solo       Do not see patients (i.e. Administrative, Research, Teaching, etc.)
- Part Time       In Partnership or Group       Retired

Check box if ABMS certified in each specialty.

- 8. Primary Specialty: Gynecology                            10. Sub-Specialty 2:
- 9. Sub-Specialty 1: Obstetrics and Gynecology
- 11. I am ABMS Specialty Board certified (Y/N) N by: (Board name) Am College OB/gyn

**LIABILITY INSURANCE DATA:**

Although maintenance of professional liability insurance is not a requirement for Maine licensure, the Board is required to provide data about each licensee's source of insurance, if any, to the Superintendent of Insurance to aid in the administration of the Maine Rural Health Access Program pursuant to 24-A MRSA, Ch. 75, § 6304, (3).

12. Please indicate the method you employ to secure professional medical malpractice liability insurance.  
If you have no coverage answer "Y" to 'Self Insured':

- Are you Self Insured (Y/N) N
- Is your insurance Employer Paid (Y/N) Y

Gibson, Cheryl,  
License Number: 013193  
Issue Date: March 14, 2006

• Is your insurance Physician Paid (Y/N) N  
 Insurance Company (Name/Address):  
 Rollins Hudig Hall of NY Inc.  
 Two World Trade  
 Center  
 New York NY 10048  
 Policy #: XXXXXXXXXX

If your Insurance information is incorrect, please correct here.

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Name of person or entity who or which pays your insurance premium:  
Planned Parenthood

**BACKGROUND DATA:**

(All Applicants must complete. Use additional sheet if necessary)

13. Other than in Maine, I currently hold, or I have at one time held, a permanent license to practice medicine in the following states (or territories) of the United States or provinces of Canada (exclude temporary, Locum tenens, or permits/certificates allowing training in the capacity of clinical clerk, intern, resident, or fellow):

	State	Certificate #	Expiration Date	Present Status
1	Vermont	7465	11/30/2004 <i>2006</i>	Active
2	New Hampshire	7539	06/30/2005	Active
3				
4				
5				

(Please make corrections to information below)

	State	Certificate #	Expiration Date	Present Status
1				
2				
3				
4				
5				

I have never held a permanent medical practice license except in Maine.

14. Circle each appropriate response. Every "YES" response must be fully explained by written statement on a separate 8½" x 11" sheet of white paper. Each explanation must be referenced by question number, signed, dated, and enclosed with your application.

**EVER YOU EVER:**

- YES  NO 14.1 Had ANY licensing authority (INCLUDING MAINE) deny your application for any type of license, or take any disciplinary action against the license issued to you in that jurisdiction, including but not limited to warning, reprimand, fine, suspension, revocation, restrictions in permitted practice, probation with or without monitoring?
- YES  NO 14.2 Been notified of the existence of allegations involving you, filed with or by ANY licensing authority (INCLUDING MAINE), which allegations remain open as of the date of this application?
- YES  NO 14.3 Left a medical licensing jurisdiction (INCLUDING MAINE) while a complaint or allegation was pending?
- YES  NO 14.4 Been denied registration or had your ability to prescribe or dispense controlled substances modified, restricted, suspended, revoked, or voluntarily suspended by
- YES  NO a) U. S. Drug Enforcement Administration (DEA)?
- YES  NO b) Any state/territory of U. S. INCLUDING MAINE?

**SINCE YOUR LAST APPLICATION:**

- YES  NO 14.5 Have you received a sanction from Medicare or from any state Medicaid program?
- YES  NO 14.6 Have you suffered from any physical, psychiatric, or addictive disorder that would impair or require limitations on your functioning as a physician or that resulted in the inability to practice medicine for more than 30 days?
- YES  NO 14.7 Have you been charged, summonsed, indicted, arrested, or convicted of any criminal offense (including motor vehicle offenses but not including minor traffic or parking violations)?
- YES  NO 14.8 Have you applied for hospital, HMO or other health care entity privileges which were denied?
- YES  NO 14.9 Have you had your hospital, HMO, or other health care entity privileges revoked, suspended, restricted, limited in any way, or withdrawn involuntarily?
- YES  NO 14.10 Have you voluntarily surrendered privileges or resigned from staff membership during peer review or investigation or to avoid peer review or investigation?
- YES  NO 14.11 Have you been deselected from a managed care organization physician panel?
- YES  NO 14.12 Have you been disciplined by a professional society or resigned while accusation was pending?
- YES  NO 14.13 Have you had a claim or suit alleging malpractice liability in which you are/were named as a defendant, including "nuisance" suits settled, adjudicated by a court in favor of the other party, or settled by your insurance company /representatives without your express consent?
- YES  NO 14.14 Do you have any open malpractice claims?
- YES  NO 14.15 Do you practice medicine within the State of Maine without active medical staff privileges at a Maine hospital?

**AFFIDAVIT OF APPLICANT:**

(All applicants must personally sign and date whether applying for "active" or "inactive" renewal of license or requesting withdrawal of licensure status.) I have carefully read the questions in this application and have answered them completely, without reservations of any kind, and declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of my license to practice medicine and surgery in the state of Maine, or other discipline as the Board may determine. I acknowledge my responsibility to notify the Maine Board of Licensure in Medicine of my subsequent change in my status from that reported here and, in particular, to notify the Board within 10 days of a change in my place of medical practice or residence.

Date: 3/1/06 Signature: [Signature] MD  
Typed or Printed Name: Cheryl A. Gibson MD

For Office Use Only: Staff Rev Date: 3/14/06 Recommendation: SAV

**CONTINUING MEDICAL EDUCATION REPORT**

For reporting CME credits earned during the previous 24 months.

The Board will routinely and regularly audit CME credits claimed. Failure to provide proof of CME credits claimed upon request by the Board may be grounds for discipline.

**Therefore, it is vitally important that you retain documentation of all CME claimed.**

**Category I**

Category 1 includes programs that have received accreditation by the AMA Council on Medical Education, the Accreditation Council for Continuing Medical education (ACCME), or the Committee on CME of the Maine Medical Association. [Refer to Chapter 1, §13 of the Rules of the Maine Board of Licensure in Medicine for specific definitions. See <http://www.docboard.org/me/rule.html> ] Forty (40) CME credits must be in Category 1. Category I CME's earned outside the U.S. or Canada must be approved by the Board; therefore such activities must be separately documented.

Total Category I Credits Earned 42

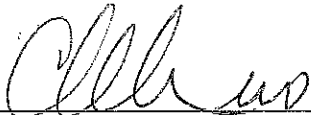
**CATEGORY II**

Category II includes programs with non-accredited sponsorship, i.e., Medical Teaching, Papers, Books, Publications, and Exhibits. Also included are non-supervised individual CME activities and other Meritorious learning Experiences. [Refer to Chapter 1, §13 of the Rules of the Maine Board of Licensure in Medicine for specific definitions. See <http://www.docboard.org/me/rule.html> ] Sixty (60) CME credits are required.

NOTE: Category I may be substituted for Category II.

Total Category II Credits Earned 60

AFFIDAVIT: I CERTIFY THAT THIS IS A TRUE AND CORRECT REPORT OF MY CME ACTIVITY.

Date: 3/1/06 Physician Signature: 

Typed or Printed Name: Cheryl A Gibson, MD

Maine Medical License--- 3/1/06

Question 14.15

I am the medical director of Planned Parenthood of Northern New England.  
My home office is in Burlington Vermont - where I maintain hospital privileges.  
I travel to Maine regularly to see patients in any of our 4 health centers. I do not maintain  
any hospital privileges in any Maine hospitals.

Cheryl A. Gibson MD  
FACOG

*Cheryl A. Gibson*  
3/1/06



**M.D. License  
Renewal  
Fee: \$400.**

Maine Board of Licensure in Medicine  
137 State House Station  
Augusta, ME 04333-0137  
(207)287-3601  
Fax: (207)287-6590

Planned Parenthood  
Exempt: \_\_\_\_\_  
Late: \_\_\_\_\_  
Exp: 04/30/2008  
Lpd: CH 111202  
APR 03 2008  
Pd 400-

**Application for Maine Medical License Renewal**

**Important Note: You may also renew your license online by going to [www.maine.gov/online/doclicensing](http://www.maine.gov/online/doclicensing)**

Fee: Please remit with application by check/money order payable to "Maine Board of Licensure in Medicine". A renewal fee is not required if you are age 70 or older, or if you are withdrawing from license registration.

Note: Any missing entry will render this application incomplete and may subject you to a late application charge of \$100. Also failure to enclose the appropriate renewal application fee, or report CME qualification if applying for ACTIVE status, will render your application incomplete.

Please correct any of the following information that may be missing or incorrect.

Name: Cheryl Gibson  
Address: 23 Mansfield Ave  
Burlington VT 05401  
United States  
Daytime Phone No: (802)863-9001

License No: 013193

Email address:

[Note: your DOB and SSN are already on file with us and have been removed from this form to protect your personal identity see

**Type of Licensure Status for Which You Are Applying:**

- 1. I am applying for renewal of my license in ACTIVE status, based on evidence of CME qualification filed with this application.
- 2. I am applying for renewal of my license in INACTIVE status. I have therefore not submitted evidence of CME qualification. With prior application to and approval from the Board, I will not practice medicine in Maine or provide professional services in Maine, including writing of prescriptions for myself, family, friends, or anyone. I must still pay the renewal fee.
- 3. I am applying for reinstatement of my Maine license.
- 4. I request to WITHDRAW my Maine license from registration. I acknowledge that reinstatement is not possible after 5 years. (In order to apply for withdrawal you must complete entire form, date, sign, and return by the due date, omitting payment of renewal application fee.)

**Personal Data Update:**

- A. If the spelling of your name, social security number, or date of birth preprinted above is not correct, please circle the error and legibly correct information.
- B. The Board requires BOTH your HOME mailing address and phone number, and the address and phone number of your PRINCIPAL OF MEDICAL PRACTICE. You may designate which of the two you wish to be used for mailings from the Board, but that default address is the home address, unless you specify otherwise (by selecting "B" for "business address"). Unless you specify otherwise, your business address will be the address circulated by the Board in listings and publications available to the general public, including the Internet. If you currently have no business address and you do not wish for your home address to be on the Internet, you must provide an alternate address, such as a Post Office box, or a mail drop.

5. I Prefer Board contact me at Home, or at Business. (H/B) B \_\_\_  
My Home mailing address and phone are:

My Business mailing address and phone are:  
23 Mansfield Ave  
Burlington VT 05401  
United States  
(802)863-9001

If your home address is incorrect, please correct here: _____
If your business address is incorrect, please correct here: _____ _____
Telephone: _____

**PRACTICE DATA:** If your practice data is incorrect, please correct in the space provided.

- 7. At present I practice medicine (check all that apply):  
 Full Time     Hospital-based Practice     Solo     Do not see patients (i.e. Administrative, Research, Teaching, etc.)  
 Part Time     In Partnership or Group     Retired

Check box if ABMS certified in each specialty.

- 8. Primary Specialty: Gynecology \_\_\_\_\_
- 9. Sub-Specialty 1: Obstetrics and Gynecology \_\_\_\_\_
- 10. Sub-Specialty 2: \_\_\_\_\_
- 11. I am ABMS Specialty Board certified (Y/N) \_\_\_ N by: (Board name) \_\_\_\_\_

Gibson, Cheryl  
License # 013193  
Issue Date: 04/17/2008  
2/17/3307-  
6512  
B/35

1140111

**LIABILITY INSURANCE DATA:**

Although maintenance of professional liability insurance is not a requirement for Maine licensure, the Board is required to provide data about each licensee's source of insurance, if any, to the Superintendent of Insurance to aid in the administration of the Maine Rural Health Access Program pursuant to 24-A MRSA, Ch. 75, § 6304, (3).

12. Please indicate the method you employ to secure professional medical malpractice liability insurance.

If you have no coverage answer "Y" to 'Self Insured':

- Are you Self Insured (Y/N) \_\_\_ N
- Is your insurance Physician Paid (Y/N) \_\_\_ N
- Is your insurance Employer Paid (Y/N) \_\_\_ Y

If you checked off "Employer Paid", please enter the name of the employer who or which paid your premiums here: \_\_\_\_\_

Insurance Company (Name/Address):

Rollins Hudig Hall of NY Inc.

Two World Trade

Center

New York NY 10048

Policy #: [REDACTED]

If your Insurance information is incorrect, please correct here:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**BACKGROUND DATA:**

(All Applicants must complete. Use additional sheet if necessary)

13. Other than in Maine, I currently hold, or I have at one time held, a permanent license to practice medicine in the following states (or territories) of the United States or provinces of Canada (exclude temporary, Locum tenens, or permits/certificates allowing training in the capacity of clinical clerk, intern, resident, or fellow):

	State	Certificate #	Expiration Date	Present Status
1	Vermont	7465	11/30/2008	Active
2	New Hampshire	7539	06/30/2009	Active
3				
4				
5				

(Please make corrections to information below)

	State	Certificate #	Expiration Date	Present Status
1				
2				
3				
4				
5				

I have never held a permanent medical practice license except in Maine.

14. Circle each appropriate response. Every "YES" response must be fully explained by written statement on a separate 8½" x 11" sheet of white paper. Each explanation must be referenced by question number, signed, dated, and enclosed with your application.

**HAVE YOU EVER:**

- YES  NO 14.1 Had ANY licensing authority (INCLUDING MAINE) deny your application for any type of license, or take any disciplinary action against the license issued to you in that jurisdiction, including but not limited to warning, reprimand, fine, suspension, revocation, restrictions in permitted practice, probation with or without monitoring?
- YES  NO 14.2 Been notified of the existence of allegations involving you, filed with or by ANY licensing authority (INCLUDING MAINE), which allegations remain open as of the date of this application?
- YES  NO 14.3 Left a medical licensing jurisdiction (INCLUDING MAINE) while a complaint or allegation was pending?
- 14.4 Been denied registration or had your ability to prescribe or dispense controlled substances modified, restricted, suspended, revoked, or voluntarily suspended by
- YES  NO a) U. S. Drug Enforcement Administration (DEA)?
- YES  NO b) Any state/territory of U. S. INCLUDING MAINE?

**SINCE YOUR LAST APPLICATION:**

- YES  NO 14.5 Have you received a sanction from Medicare or from any state Medicaid program?
- YES  NO 14.6 Have you suffered from any physical, psychiatric, or addictive disorder that would impair or require limitations on your functioning as a physician or that resulted in the inability to practice medicine for more than 30 days?
- YES  NO 14.7 Have you been charged, summonsed, indicted, arrested, or convicted of any criminal offense (including motor vehicle offenses but not including minor traffic or parking violations)?
- YES  NO 14.8 Have you applied for hospital, HMO or other health care entity privileges which were denied?
- YES  NO 14.9 Have you had your hospital, HMO, or other health care entity privileges revoked, suspended, restricted, limited in any way, or withdrawn involuntarily?
- YES  NO 14.10 Have you voluntarily surrendered privileges or resigned from staff membership during peer review or investigation or to avoid peer review or investigation?
- YES  NO 14.11 Have you been deselected from a managed care organization physician panel?
- YES  NO 14.12 Have you been disciplined by a professional society or resigned while accusation was pending?
- YES  NO 14.13 Have you had a claim or suit alleging malpractice liability in which you are/were named as a defendant, including "nuisance" suits settled, adjudicated by a court in favor of the other party, or settled by your insurance company /representatives without your express consent?
- YES  NO 14.14 Do you have any open malpractice claims?
- YES  NO 14.15 Do you practice medicine within the State of Maine without active medical staff privileges at a Maine hospital?

**AFFIDAVIT OF APPLICANT:**

(All applicants must personally sign and date whether applying for "active" or "inactive" renewal of license or requesting withdrawal of licensure status.)

I have carefully read the questions in this application and have answered them completely, without reservations of any kind, and declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of my license to practice medicine and surgery in the state of Maine, or other discipline as the Board may determine. I acknowledge my responsibility to notify the Maine Board of Licensure in Medicine of my subsequent change in my status from that reported here and, in particular, to notify the Board within 10 days of a change in my place of medical practice or residence.

Date: 3/20/08 Signature: [Signature], MD

Typed or Printed Name: Cheryl Gibson, MD

For Office Use Only:

Staff Rev Date: \_\_\_\_\_ Recommendation: W 4/12/08

**CONTINUING MEDICAL EDUCATION REPORT**

For reporting CME credits earned during the previous 24 months.

100 credit hours are required to renew your license in active status, at least 40 of which must be Category I

The Board will routinely and regularly audit CME credits claimed. Failure to provide proof of CME credits claimed upon request by the Board may be grounds for discipline.

**Therefore, it is vitally important that you retain documentation of all CME claimed.**

**Category I**

Category I includes programs that have received accreditation by the AMA Council on Medical Education, the Accreditation Council for Continuing Medical education (ACCME), or the Committee on CME of the Maine Medical Association. [Refer to Chapter 1, §13 of the Rules of the Maine Board of Licensure in Medicine for specific definitions. See <http://www.maine.gov/sos/cec/rules/02/373/373c001.doc> ] Forty (40) CME credits must be in Category 1. Category I CME's earned outside the U.S. or Canada must be approved by the Board; therefore such activities must be separately documented.

Total Category I Credits Earned 88.5

**CATEGORY II**

Category II includes programs with non-accredited sponsorship, i.e., Medical Teaching, Papers, Books, Publications, and Exhibits. Also included are non-supervised individual CME activities and other Meritorious learning Experiences. [Refer to Chapter 1, §13 of the Rules of the Maine Board of Licensure in Medicine for specific definitions. See <http://www.maine.gov/sos/cec/rules/02/373/373c001.doc> ] Sixty (60) CME credits are required.

NOTE: Category I may be substituted for Category II.

Total Category II Credits Earned 40

AFFIDAVIT: I CERTIFY THAT THIS IS A TRUE AND CORRECT REPORT OF MY CME ACTIVITY.

Date: 3/20/08

Physician Signature: 

Typed or Printed Name: Cheryl Gibson, MD

Item **14.13**, regarding professional liability claims experience, is the question most likely to generate follow-up letters from the Board staff and delay in your license renewal if not answered completely. Please report all claims of which you have been noticed since your last renewal. As well, report all claims since your last renewal from which you were dismissed as a defendant or for which your insurance company made a settlement of any kind with the plaintiff, or any claim for which a court found you liable in any degree. Claims against a professional corporation are considered a claim against the individual who provided the professional services in dispute.

To be complete, your supplemental explanation must include, for each such claim reported, a full description using the Professional (Malpractice) Liability Claim Experience Form attached. See the following fictitious example:

My Name: John B. Doe, MD

Identity of Case: Burns v. John B. Doe, MD, Samuel W. Smith, MD, Topeka Women's Hospital, Inc. et al.; Kansas Third Circuit Court, Topeka, Case #89-10203

Date/Place of Original Occurrence: June 4, 1990, Topeka Women's Hospital

Malpractice alleged by Claimant: Delayed diagnosis of ectopic pregnancy.

Summary of my Defense: I was a PGY II resident at the time. Dr. Samuel E. Smith, Chief of Obstetrics, Topeka Women's Hospital was attending physician in the case. I was named in the claim because my name appeared in the chart as the physician ordering ultrasound on first hospital day.

Current Status of the Case: Although a motion to dismiss me as a defendant is still pending, my insurance company has offered a settlement on my behalf of \$15,000 on February 14, 1992. I have been told that the plaintiff rejected this and the claim is still pending.

Name and address of Insurance Company/Attorney Defending Case: Great Plains Physicians' Mutual Indemnity, Attn: Jim Brown, Claims Manager, 4321 Ketcham Blvd. Rock Springs, SD 79104. I am also represented by William B. Eagle, Eagle-Hare P.A., 44 West River Drive, Suite 200, Topeka, KS 60301.

\*\*\*\*\*

**Please Note:**

**X-Ray Machine Registration Requirements**

All electronic x-ray producing devices and the facility where they are located require registration with the State of Maine Radiation Control Program's X-Ray Section. Inspection and user requirements vary depending upon instrument type. For further information, visit the links below:

Here is the link to the registration requirements for a "Clinic or Private Medical Facility":

<http://www.maine.gov/dhhs/eng/rad/Xray/reqp1.htm>

Here is the link to The Maine Radiation Control Program - X-ray section's home page with much more information including x-ray registration forms and other links to the Program Information and Requirements:

[http://www.maine.gov/dhhs/eng/rad/Xray/hp\\_xray.htm](http://www.maine.gov/dhhs/eng/rad/Xray/hp_xray.htm)

**Physician Prescribing Information "Opt Out"**

The 2007 Legislature established a state-sponsored "opt out" process for physicians, physician assistants and nurse practitioners to prevent access to practitioner specific prescribing data, through the Maine Health Data Organization. (P.L. 2007, Chapter 460) Prescribers seeking confidentiality protection with the Maine Health Data Organization to prohibit carriers, pharmacies, and prescription drug information intermediaries from licensing, using, selling, or exchanging for value prescription drug information for any marketing purpose that identifies those prescribers are required to complete an electronic form. The link to that "opt out" form is: <http://mhdo.maine.gov/imhdo/prescriberoptoutintro.aspx>

The Board's staff is available to assist you by phone at (207)287-3782, Monday through Friday, 8:00 am to 4:30 pm, Eastern Daylight time.



## **Instructions for completing The Application for Maine Medical License Renewal form:**

The following definitions are intended to help you complete the Maine Board of Licensure in Medicine Renewal Application form.

### **Type of Licensure Status for Which You Are Applying (select only one):**

1. **Renewal of status as ACTIVE:** You intend to provide professional medical services to patients within Maine's borders, on either a full or part time basis. To qualify for ACTIVE status, you must report CME activities satisfactory to the Board showing a minimum of 40 Category I and 60 Category II CME credits earned during the previous licensing period.

To apply to **change license status from INACTIVE to ACTIVE** complete a new renewal application requesting ACTIVE status, provide CME evidence, and provide verification of practice in another state for at least 3 months of the year preceding the request for conversion. If the applicant has not been in active practice, the Board will require a competency update, which could include successfully passing the Special Purpose Examination (SPEX) or other programs, fellowships or mini-residencies as approved by the Board.

2. **Renewal of status as INACTIVE:** Applies to all others wishing to keep their Maine license in force but who do not intend to provide professional services to patients within Maine's borders. A renewal application processing fee is required. Note that registration in INACTIVE status precludes any medical practice within Maine, including writing prescriptions for friends, family, self, or anyone. Physicians who check box 2 and sign the application affidavit have affirmed to the Board that they will refrain from medical practice within the state unless and until they have first submitted acceptable evidence of recent CME activity and received an ACTIVE- status license. Physicians registered INACTIVE may not subsequently commence medical practice within Maine without first submitting a report of recent CME activities to qualify for change in registration to ACTIVE status. This may be done by letter at any time during the registration period.
3. **Reinstatement:** This category applies to physicians who have allowed their license to lapse or who have withdrawn from licensure for no more than five (5) years. If lapsed or withdrawn for more than five (5) years a complete new application is required.
4. **Request to Withdraw:** Physicians who wish to discontinue Maine licensure may use this License Renewal Application to request approval from the Board to do so. Payment application fee is not required with an application to withdraw from license registration. However, the application form must be completed and accepted by the Board before withdrawal is effected. Note that a Maine license once withdrawn may not be reinstated after five (5) years. Also, the licenses of some other states may become void if granted in reciprocity with a Maine license which is subsequently withdrawn from registration.

### **Liability Insurance data:**

This section must be completed if applying for registration in ACTIVE classification. Information you supply here is required for the Maine Rural Health Access Program {24-A MRSA, Ch. 75, §6304, (3)}. The information will be reported to the Maine Superintendent of Insurance for administration of this program as provided in that law. Maintenance of professional liability insurance is not a requirement to maintain a Maine medical license in force. Please select 'Self Insurance' if you have no professional liability insurance, or if you only pay a portion of the premium.

### **Background Data:**

Item 13 asks you to list any permanent medical practice license granted you by any state or Canadian province, whether or not it is still in force. Please do not list training permits or temporary or locum tenens licenses which you have been issued. If you were ever denied a license, see item 14.1.

Items 14.1 through 14.4 refer to events which may have occurred at any time since you completed your medical education and commenced your medical career.

Items 14.5 through 14.15 ask you to disclose events which have occurred since your last renewal. You need not report again matters which were disclosed on previous applications unless you feel it would be helpful to our understanding of your current qualifications for medical practice. For example, you need not report a malpractice claim which arose and was settled prior to your last renewal. On the other hand, a claim filed in previous renewal periods which was closed by a settlement during your last renewal should be disclosed. If this is your first renewal, please disclose all data.

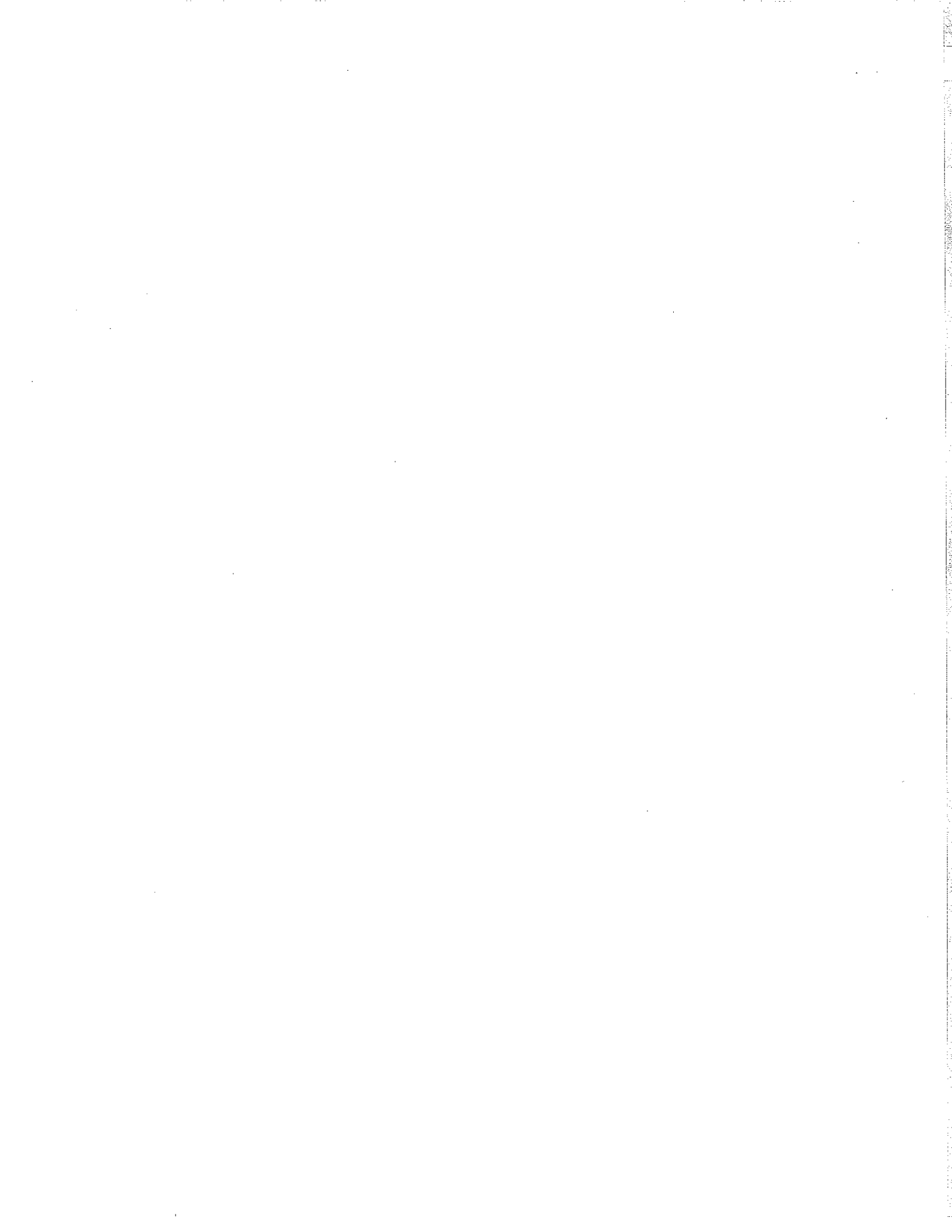
For any "YES" response, please provide a supplemental explanation in sufficient detail for the Board to understand the nature and seriousness of the problem and how it had been or is being resolved. For example: Item 14.6 asks for disclosure with explanation of physical, psychiatric or addictive disorder which might reasonably be considered impairing for safe and unlimited medical practice unless the Board can confirm that you are either fully recovered or have taken adequate measures to compensate for any residual limitations. For physical or psychiatric problems, please give diagnosis, prognosis and residuals, any current limitations on scope of practice, and name and address of your treating physician who can confirm current fitness to continue practice. The Board will inform you if clinical records or reports are required. If you reported an impairing addictive disease on your registration application for a prior registration period, please so indicate and limit your response to methods and progress in recovery since your last renewal. Physicians residing in Maine, whether or not they are current members of the Maine Medical Association, may obtain a confidential consultation with the Maine Medical Association's Committee on Physician Health by calling (207)623-9266.

Question 14.15

I am the Medical Director for Planned Parenthood of Northern New England. We have 4 offices in Maine and provide office based care only. I see patients in those office settings in Portland, Sanford, Biddeford and Topsham.

CD

3/20/08



**M.D. License  
Renewal  
Fee: \$400.**

Maine Board of Licensure in Medicine  
137 State House Station  
Augusta, ME 04333-0137  
(207)287-3601  
Fax: (207)287-6590

Fee: \_\_\_\_\_  
Exempt: \_\_\_\_\_  
Late: \_\_\_\_\_  
Exp: 04/30/2010  
Lpd: \_\_\_\_\_



**Application for Maine Medical License Renewal**

**Important Note: You may also renew your license online by going to [www.maine.gov/online/doclicensing](http://www.maine.gov/online/doclicensing)**

Fee: Please remit with application by check/money order payable to "Maine Board of Licensure in Medicine". A renewal fee is not required if you are age 70 or older, or if you are withdrawing from license registration.

Note: Any missing entry will render this application incomplete and may subject you to a late application charge of \$100. Also failure to enclose the appropriate renewal application fee, or report CME qualification if applying for ACTIVE status, will render your application incomplete.

Please correct any of the following information that may be missing or incorrect.

Name: Cheryl Gibson  
Address: 23 Mansfield Ave  
Burlington VT 05401  
United States  
Daytime Phone No: (802)863-9001

License No: 013193

Email address:

[Note: your DOB and SSN are already on file with us and have been removed from this form to protect your personal identity security.]

**Type of Licensure Status for Which You Are Applying:**

- 1. I am applying for renewal of my license in ACTIVE status, based on evidence of CME qualification filed with this application.
- 2. I am applying for renewal of my license in INACTIVE status. I have therefore not submitted evidence of CME qualification. Without prior application to and approval from the Board, I will not practice medicine in Maine or provide professional services in Maine, including writing of prescriptions for myself, family, friends, or anyone. I must still pay the renewal fee.
- 3. I am applying for reinstatement of my Maine license.
- 4. I request to WITHDRAW my Maine license from registration. I acknowledge that reinstatement is not possible after 5 years. (In order to apply for withdrawal you must complete entire form, date, sign, and return by the due date, omitting payment of renewal application fee.)

Gibson, Cheryl  
License #: 013193

**Personal Data Update:**

- A. If the spelling of your name, social security number, or date of birth preprinted above is not correct, please circle the error and legibly correct information.
- B. The Board requires BOTH your HOME mailing address and phone number, and the address and phone number of your PRINCIPAL OFFICE OF MEDICAL PRACTICE. You may designate which of the two you wish to be used for mailings from the Board, but that default is the home address, unless you specify otherwise (by selecting "B" for "business address"). Unless you specify otherwise, your business will be the address circulated by the Board in listings and publications available to the general public, including the Internet. If you do not have no business address and you do not wish for your home address to be on the Internet, you must provide an alternate address, such as Office box, or a mail drop.

5. I Prefer Board contact me at Home, or at Business. (H/B) B  
 My Home mailing address and phone are:  
23 Mansfield Ave  
Burlington VT 05401      802-863-9001  
 My Business mailing address and phone are:  
23 Mansfield Ave  
Burlington VT 05401  
United States  
(802)863-9001

If your home address is incorrect, please correct here:  
 \_\_\_\_\_  
 \_\_\_\_\_

If your business address is incorrect, please correct here:  
 \_\_\_\_\_  
 \_\_\_\_\_

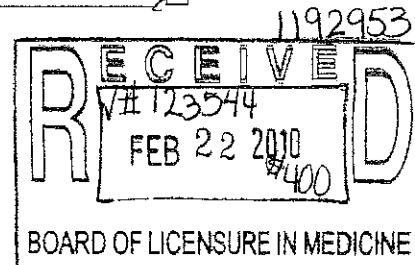
Telephone: \_\_\_\_\_

**PRACTICE DATA:** If your practice data is incorrect, please correct in the space provided.

7. At present I practice medicine (check all that apply):
- Full Time       Hospital-based Practice       Solo       Do not see patients (i.e. Administrative, Research, Teaching, etc.)
  - Part Time       In Partnership or Group       Retired

Check box if ABMS certified in each specialty.

8. Primary Specialty: Gynecology       10. Sub-Specialty 2: \_\_\_\_\_
9. Sub-Specialty 1: Obstetrics and Gynecology
11. I am ABMS Specialty Board certified (Y/N) by: (Board name) ABOG



14. Circle each appropriate response. Every "YES" response must be fully explained by written statement on a separate 8 1/2" x 11" sheet of white paper. Each explanation must be referenced by question number, signed, dated, and enclosed with your application.

**HAVE YOU EVER:**

- YES  NO 14.1 Had ANY licensing authority (INCLUDING MAINE) deny your application for any type of license, or take any disciplinary action against the license issued to you in that jurisdiction, including but not limited to warning, reprimand, fine, suspension, revocation, restrictions in permitted practice, probation with or without monitoring?
- YES  NO 14.2 Been notified of the existence of allegations involving you, filed with or by ANY licensing authority (INCLUDING MAINE), which allegations remain open as of the date of this application?
- YES  NO 14.3 Left a medical licensing jurisdiction (INCLUDING MAINE) while a complaint or allegation was pending?
- YES  NO 14.4 Been denied registration or had your ability to prescribe or dispense controlled substances modified, restricted, suspended, revoked, or voluntarily suspended by
  - a) U. S. Drug Enforcement Administration (DEA)?
  - b) Any state/territory of U. S. INCLUDING MAINE?

**SINCE YOUR LAST APPLICATION:**

- YES  NO 14.5 Have you received a sanction from Medicare or from any state Medicaid program?
- YES  NO 14.6 Have you suffered from any physical, psychiatric, or addictive disorder that would impair or require limitations on your functioning as a physician or that resulted in the inability to practice medicine for more than 30 days?
- YES  NO 14.7 Have you been charged, summonsed, indicted, arrested, or convicted of any criminal offense (including motor vehicle offenses but not including minor traffic or parking violations)?
- YES  NO 14.8 Have you applied for hospital, HMO or other health care entity privileges which were denied?
- YES  NO 14.9 Have you had your hospital, HMO, or other health care entity privileges revoked, suspended, restricted, limited in any way, or withdrawn involuntarily?
- YES  NO 14.10 Have you voluntarily surrendered privileges or resigned from staff membership during peer review or investigation or to avoid peer review or investigation?
- YES  NO 14.11 Have you been deselected from a managed care organization physician panel?
- YES  NO 14.12 Have you been disciplined by a professional society or resigned while accusation was pending?
- YES  NO 14.13 Have you had a claim or suit alleging malpractice liability in which you are/were named as a defendant, including "nuisance" suits settled, adjudicated by a court in favor of the other party, or settled by your insurance company /representatives without your express consent?
- YES  NO 14.14 Do you have any open malpractice claims?
- YES  NO 14.15 Do you practice medicine within the State of Maine without active medical staff privileges at a Maine hospital?

**AFFIDAVIT OF APPLICANT:**

(All applicants must personally sign and date whether applying for "active" or "inactive" renewal of license or requesting withdrawal of licensure status.) I have carefully read the questions in this application and have answered them completely, without reservations of any kind, and declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of my license to practice medicine and surgery in the state of Maine, or other discipline as the Board may determine. I acknowledge my responsibility to notify the Maine Board of Licensure in Medicine of my subsequent change in my status from that reported here and, in particular, to notify the Board within 10 days of a change in my place of medical practice or residence.

Date: 2/17/10 Signature: [Signature] MD

Typed or Printed Name: Cheryl Gibson MD

For Office Use Only:

Staff Rev Date: \_\_\_\_\_ Recommendation: \_\_\_\_\_