

Profile - 042.0007465

This profile contains information that may be used as a starting point in evaluating a health care provider. This profile should not, however, be the sole basis for selecting a health care provider.

Name Cheryl A. Gibson
Credential 042.0007465

Profile - General Information

Year began practice anywhere
1989

Last Name:
Gibson

First Name:
Cheryl

Middle Name:
A.

Name Suffix:

Staff Privilege(s):

Facility Name	State	Start Date	End Date
Fletcher Allen (FAHC, MCHV)	Vermont	01/01/1989	

Practice Location(s):

Practice Name	City	State	Primary Practice	Languages	Accepts Medicaid?	Accepts New Medicaid Patients?
Vermont Gynecology	So. Burlington	Vermont	Yes		Yes	Yes

Profile - Medical Education Information

Medical Schools:

School	Graduation Date
School Name: University of Vermont State: Vermont Country: United States School Type: Medical School Degree: MD	01/01/1985

Postgraduate Training:

Site Name	End Date	Specialty
Fletcher Allen Health Care	01/01/1989	Obstetrics and Gynecology

Specialty Board Certification(s):

Specialty	Certification Board	Certification Date	Specialty Expiration Date
Obstetrics and Gynecology	American Board of Obstetrics and Gynecology	01/01/2008	12/31/2015
Obstetrics and Gynecology	American Board of Obstetrics and Gynecology	01/01/1991	01/01/2008

Profile - Teaching Information

Non-Teaching Appointments:

School	City	State	Nature of Position	Date Started	Date Ended
University of Vermont	Burlington	Vermont	Clinical Associate Professor	01/01/1989	

Teaching Appointments:

School / Institution	City	State	Nature of Teaching	Date Started	Date Ended
University of Vermont	Burlington	Vermont	Medical Students and residents	01/01/1989	

Profile - Publication / Activity Information

Publication(s):

Title	Publication	Publication Date
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Activities:

Activity or Award

Profile - Restrictions / Disciplinary Information

Criminal Conviction(s):

Date of Conviction	Court of Conviction	City	State	Description
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Nolo Contendere:

Date of Charges	Court	City	State	Description of Charges
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Vermont Board of Medical Practice Matters:

Date	Final Disposition Summary
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Licensing Authority Matters in Other States:

Date of Disposition	Licensing Authority	City	State	Description of Disposition
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Revocation / Involuntary Restriction of Hospital Privileges:

Date of Restriction	Hospital Name	State	Nature of Restriction	Reason for Restriction
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Other Hospital Restrictitons:

Date	Hospital Name	State	Action	Nature of Action	In Lieu or In Settlement
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Profile - Malpractice Information

A. Judgments

Provide the information requested in the following table for each case in which there was a court judgment or arbitration award against you.

Date of Judgment	Number of Judgments
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B. Settlements

Provide the information requested in the following table for each case in which you were named as a defendant and in which a settlement was paid by you or on your behalf.

Date Of Settlement
