Profile - 042.0010038

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 Credential Paul David Hanissian 042.0010038

Profile - General Information

Year began practice anywhere 1995

Last Name: Hanissian

First Name: Paul

Middle Name:

David

Name Suffix:

Staff Privilege(s):

Facility Name	State	Start Date	End Date	
Mount Ascutney Hospital	Vermont			
Mary Hitchcock Hospital (NH)	New Hampshire			
Cheshire Medical Center	New Hampshire	03/30/2009	11/02/2012	

Practice Location(s):

Practice Name	City	State	Primary Practice	Languages	Accepts Medicaid?	Accepts New Medicaid Patients?
None reported	Lebenon	New Hampshire	Yes		Yes	Yes

Profile - Medical Education Information

School	Graduation Date
School Name: Robert Wood Johnson Medical School	05/31/1991
State: New Jersey	
Country: United States	
School Type: Medical School	
Degree: MD	

Postgraduate Training:

Site Name	End Date	Specialty
UMDNJ Robert Wood Johnson	05/22/1991	
Maine Medical Center	01/01/1995	

Specialty Board Certification(s):

Specialty Certification Board		Certification Date	Specialty Expiration Date
Gynecology	American Board of Obstetrics and Gynecology	01/01/1997	01/01/2007
Gynecology	American Board of Obstetrics and Gynecology	01/01/2007	

Profile - Teaching Information

Non-Teaching Appointments:

School	City	State	Nature of Position	Date Started	Date Ended
None reported					

Teaching Appointments:

School / Institution	City	State	Nature of Teaching	Date Started	Date Ended
None reported					

Profile - P	ublication / Activi	ty Information					
Publicatior	ı(s):						
Title	Public	ation		Publicati	ion Date		
Activities:							
Activity	or Award						
		plinary Informatio	'n				
	onviction(s):	1-					
Date of	Conviction	Court	of Conviction		City	y State	Description
Note Origina							
Nolo Conte							
Date of	Charges	Court	City	State	Descrip	otion of Charges	
	oard of Medical Practi						
Date	Fina	I Disposition Summa	iry				
L in an air an	A	h Ot - t					
	Authority Matters in Ot	ĩ					
Date of	Disposition	Licensing Au	thority	City	State	Description of D	disposition
Deveration	/ Investigation Department						
ir	-	ion of Hospital Privileg					
Date of	Restriction	Hospital Name	State	Nature of Re	striction	Reaso	on for Restriction
	pital Restricitons:		1			<u> </u>	
Date	Hospital Name	State	Action	Nature of Actio	n	In Lieu or In	Settlement
Drafila M		ation					
	alpractice Inform	ation					
A. Judgme Provide the		d in the following table	for each case in	which there was	s a court jud	ament or arbitration	award against you
	Judgment			umber of Judgr		ginoni or arbitration	r award against you.
Date Of	Vaagment			aniser of oddgi	iioiito		

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