



Verification of Certification

Congratulations: You have now successfully maintained your NCC credential.

NCC is no longer issuing maintenance cards. You can download your maintenance documentation at any time from the NCC website - www.nccwebsite.org. Maintenance cards are available for purchase for \$35.00 which will be delivered via ground Federal Express (street addresses only). You can place your order on the NCC website 24/7.

Certification Specialty: Women's Health Care Nurse Practitioner

ID Number: STA1-0426-6203

ELLEN STARR WHNP-BC

762 NORTH ST

MONTPELIER, VT 05602

Original Certification Date: 09/06/1985

Expiration Date: 03/31/2012

Payment Date: 02/16/2009 Amount: \$100.00

Document No: 016231

P.O. Box 11082 • CHICAGO IL 60611-0082 • PHONE 312-951-0207 • FAX-ON-DEMAND 800-367-5613 • www.nccwebsite.org



The National Certification Corporation for the Obstetric, Gynecologic and Neonatal Nursing Specialties

MAINTENANCE CARD ENCLOSED!!

January 26, 2006

ELLEN WELSH STARR, RNC
762 NORTH ST
MONTPELIER, VT 05602

VERIFICATION OF CERTIFICATION

ELLEN WELSH STARR, RNC

ID Number: STA1-0426-6203

has a

Certification as a Women's Health Care Nurse Practitioner

from the National Certification Corporation

9/6/1985

Original Certification Date

3/31/2009

Date of Expiration



ELLEN
STARR, RNC
NCC ID STA1-0426-6203

has a(n) Certification as a Women's Health
Care Nurse Practitioner

Original Date: 9/6/1985

Date of Expiration: 3/31/2009

Francis H Byrd

President, NCC

Maintenance required every three years



P.O. Box 11082 • Chicago, IL • 60611-0082
(312) 951-0207
www.nccnet.org

MAINTENANCE CARD ENCLOSED!!

March 20, 2003

ELLEN WELSH STARR RNC
762 NORTH ST
MONTPELIER, VT 05602

VERIFICATION OF CERTIFICATION

ELLEN WELSH STARR RNC

ID Number: 183367361

has a

Certification as a Women's Health Care Nurse Practitioner

from the National Certification Corporation

9/6/1985
Original Certification Date

3/31/2006
Date of Expiration



ELLEN
STARR

has completed all the requirements for the
NCC Maintenance Program and has a
Certification as a Women's Health Care
Nurse Practitioner

Original Date: 9/6/1985

Date of Expiration: 3/31/2006

Emily C. Bennett
President, NCC



P.O. Box 11082 • Chicago, IL • 60611-0082
(312) 951-0207
www.nccnet.org

MAINTENANCE CARD ENCLOSED!!

March 20, 2003

ELLEN WELSH STARR RNC
762 NORTH ST
MONTPELIER, VT 05602

VERIFICATION OF CERTIFICATION

ELLEN WELSH STARR RNC

ID Number: 183367361

has a

Certification as a Women's Health Care Nurse Practitioner

from the National Certification Corporation

9/6/1985
Original Certification Date

3/31/2006
Date of Expiration



ELLEN
STARR

has completed all the requirements for the
NCC Maintenance Program and has a
Certification as a Women's Health Care
Nurse Practitioner

Original Date: 9/6/1985
Date of Expiration: 3/31/2006

Emily C. Bennett
President, NCC

ELLEN WELSH STARR
HAS COMPLETED ALL THE REQUIREMENTS
FOR THE NCC CERTIFICATION MAINTENANCE
PROGRAM AND IS CERTIFIED BY NCC
AS A
WOMEN'S HEALTH CARE NURSE PRACTITIONER



ORIGINALLY CERTIFIED **September 6, 1985**
CURRENT CERTIFICATION PERIOD IS EFFECTIVE
APRIL 1 2000 TO MARCH 31 2003

Emily C. Bennett
President, NCC

James F. Miller
President, NCC

THIS CERTIFICATION IS EFFECTIVE
January 1, 1998 - March 31, 2000



ELLEN WELSH STARR
HAS COMPLETED ALL THE REQUIREMENTS
FOR THE NCC CERTIFICATION MAINTENANCE
PROGRAM AND IS CERTIFIED BY NCC
AS A
WOMEN'S HEALTH CARE NURSE PRACTITIONER



State of Vermont



(-)-

The Board of Nursing grants this License as a

Advanced Practice Registered Nurse

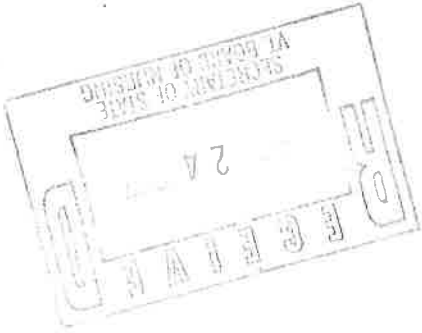
With Prescriptive Authority

Women's Health Care Nurse Practitioner

ELLEN WELSH STARR RN
64 NORTH STREET
MONTPELIER, VT 05602

James F. Miller

LICENSE NUMBER 101-0016012 EFFECTIVE 04/01/1997 EXPIRES 03/31/1999 Secretary of State
UNDER THE PROVISIONS OF V.S.A. TITLE 26 CHAPTER 20



ELLEN WELSH STARR

**HAS COMPLETED ALL THE REQUIREMENTS
FOR THE NCC CERTIFICATION MAINTENANCE
PROGRAM AND IS CERTIFIED BY NCC**

AS A

WOMEN'S HEALTH CARE NURSE PRACTITIONER



This certification is effective from
January 1, 1995 to December 31, 1997

Mary A. Stearns
President, NCC

ELLEN W STARR
HAS COMPLETED ALL THE REQUIREMENTS
FOR THE NCC CERTIFICATION MAINTENANCE
PROGRAM AND IS CERTIFIED BY NCC
AS A
WOMEN'S HEALTH CARE NURSE PRACTITIONER



This certification is effective from
January 1, 1995 to December 31, 1997

Mary Nauman
President, NCC

ELLEN WELSH STARR, RNC

HAS COMPLETED ALL THE REQUIREMENTS
FOR THE NCC CERTIFICATION MAINTENANCE
PROGRAM AND IS CERTIFIED BY NCC
AS AN

OB/GYN NURSE PRACTITIONER

This certification is effective from
January 1, 1992 to December 31, 1994



Mary Neuman
President, NCC

THE NAACOG CERTIFICATION CORPORATION

attests that

ELLEN WELSH STARR, RNC
HAS COMPLETED ALL THE REQUIREMENTS
FOR THE NCC CERTIFICATION MAINTENANCE
PROGRAM AND HAS MAINTAINED
CERTIFICATION STATUS AS A CERTIFIED

OB/GYN NURSE PRACTITIONER

This certification is effective from
January 1, 1989 to December 31, 1991



Miriam Marshall

President, NAACOG Certification Corporation



APRN Practice Guidelines

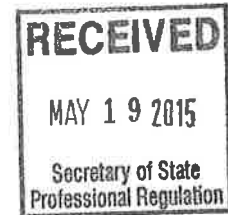
Section A:

Personal Data

Name: Ellen Starr

Role/credentials: Women's Health Care Nurse Practitioner

Certification Organization: National Certification Corporation



Section B:

Collaborating APRN or MD

Name: Donna Burkett MD

Specialty: Family Medicine

VT License Number: 042.0012729

Contact Phone: 802-448-9717



APPROVED

Section C:

Clinical Practice:

Name: Planned Parenthood of Northern New England

Address: 90 Washington St., Barre, VT 05641

Phone: 802-476-6696

Client population served: Patients age 12 and older

Type of care provided: Sexual and reproductive health care and limited primary care

Section D:

Quality Assurance Plan

- 10 charts per practitioner throughout the year are audited for (among other outcomes) appropriate referral and follow-up of abnormal finding; for age-appropriate screenings and testing; and for appropriate prescribing of birth control methods. Occurrence Report data are continuously observed to ensure adherence to quality care.
- 10 Charts per practitioner are audited on a routine basis by the Medical Director and/or a designee of the Medical Director (see Regional Clinical Director note, below) at the time of practitioner evaluation to ensure adherence to PPNNE protocols.
- Each practitioner's charts are audited quarterly by Health Center Filed Surveyor (APRN). In addition, each practitioner has a designated Regional Clinical Director - an experienced APRN or PA - who directly observes the practitioner's work on a regular basis. Direct feedback is given to each practitioner by his or her supervising Regional Clinical Director and/or the Medical Director. The audit program is overseen by the Director of Risk Quality Management and the Medical Director.
- PPNNE also performs multiple audits throughout the year on a rolling basis including: Coding, Customer Satisfaction, On-Call Follow Up, Ultrasound, and Service Specific Audits.
- All documentation and records are kept on file for the duration of the APRN's employment. All records are maintained by the Human Resource department.
- When indicated, Performance Improvement Plans are completed with the Practitioner, the Regional Clinical Director and Human Resources: the action required for continued employment with PPNNE is documented and attested to by all parties and is kept on record in the Human Resource Department.

Section E:

Signatures



VERMONT STATE BOARD OF NURSING
109 State Street
Montpelier, Vermont 05602

For Office Use Only

License No. 16012...

Date 5-13-85...

Date appl. sent 3-25-85

Fee number.....

Appl. approved 4-29-85

Jan Smith

APPLICATION FOR REGISTRATION AND LICENSE BY ENDORSEMENT:

Practical Nurse
 Registered Nurse

SECTION I

To be completed by applicant - print or type

1. Name: (last, first, middle, maiden) STARZ, ELLEN WELSH		
2. Mailing address: No. & Street 211 HARVARD ST. City. CAMBRIDGE State MA Zip 02139		
3. a. Birthdate: 11/5/58	b. Social Security Number: [REDACTED] (optional)	c. Telephone: [REDACTED]
4. Postsecondary education:		
a. Nursing school: MGH INSTITUTE OF HEALTH PROFESSIONS City/State: BOSTON, MA 1982 to 1985		
b. College/University (list below):		
(1) MIDDLEBURY COLLEGE	MIDDLEBURY VT	BA 1981
(2) MGH INSTITUTE OF HEALTH PROFESSIONS	BOSTON, MA	MSN 1985
(3)		
5. Where do you expect nursing employment? When? SEPT. 85 Type of position? WASHINGTON Agency, City/State:		

SECTION II

1. Have you ever previously applied for a nursing license in Vermont? If yes: under what name? Year 19.....	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
2. Have you ever applied for and been denied a nursing license in another state, or had a nursing license suspended, revoked, or otherwise limited?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. Have you ever been subject to disciplinary proceedings before a state board of nursing?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
4. Have you been convicted of a criminal offense, other than minor traffic violations?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
5. Have you ever had a problem with drug addiction and/or alcoholism?	[REDACTED]
6. Have you ever received care for an emotional/mental problem?	[REDACTED]
7. Have you ever received care for a physical problem that may cause a threat to public safety during nursing practice? (such as a contagious disease)	[REDACTED]

IF THE ANSWER TO ANY OF THE QUESTIONS ABOVE IS YES, PLEASE IDENTIFY BY NUMBER AND EXPLAIN FULLY USING A SEPARATE SHEET WHICH IS DATED AND SIGNED.

WARNING: The Vermont State Board of Nursing may independently investigate to verify any information supplied on this application.

(Seal)

Notary Public

My Commission Expires August 20, 1987

Subscribed and sworn to before me this 23 day of February 1985

Signature of Applicant

Ellen M. Starz

I, Ellen M. Starz, being duly sworn, declare that I am in good mental and physical health with no disabilities which would preclude me from giving safe nursing care at all times; that I am the person referred to in the foregoing application; that the information supplied therein is true to the best of my knowledge; and that I have read and understand this affidavit. I hereby grant permission to the Vermont Board of Nursing to request further information related to my education, experience and potential ability to provide safe nursing care from any education program, state board, employer, college or other persons listed in the foregoing application.

STATE OF MASSACHUSETTS)
COUNTY OF MIDDLESEX) S.S.
To be completed before a notary public.

AFIDAVIT

SECTION IV

Name
Address
1. HELENA M. DENOUNG, MASS. GENERAL HOSPITAL, BOSTON, MA 02114
WYMAN'S CORNER HEALTH CENTER
DEPARTMENT, MA 02125
2. SANDY MACPHERSON, 500 COLUMBIA RD, DEPARTMENT, MA 02125

10. List two registered nurses, not related, who have knowledge of your nursing practice. These persons may be contacted for references at the discretion of the Board:
Give names and addresses of two persons who can verify this practice.

9. If you have not been employed in nursing for five more years, have you practiced nursing as a volunteer or in some other capacity? Yes No X . If yes, describe on separate sheet, date, sign and attach.

8. List employer(s) during past 5 years or last employer if unemployed during last 5 years. These employers may be contacted for references at the discretion of the Board.
Name of employer City, State Position, title & type of work Dates
1. MASS. GENERAL HOSPITAL, BOSTON, MA SKILLS LAB MANAGER 9/84 -
2. LITCHFIELD HILLS NURSES REGISTRY, LITCHFIELD, CT ANAC/COMPANY 6/83 - 8/83
3. SAFE EMER ASSOCIATES, LITCHFIELD, VT EMER NURSE/CAREGIVER 10/81 - 9/82

3. Other states in which currently licensed, with number
4. Method of licensure
a. Date when you submitted Verification Form to state of original licensure 3/25/85
b. By Examination
c. By Waiver
d. By Equivalent Preparation/Examination
5. Date issued 8/84
6. Expiration 11/86
7. State or Country of original licensure MASSACHUSETTS
8. Original license number 167281

SECTION III

COMMONWEALTH OF MASSACHUSETTS
DIVISION OF REGISTRATION
IN NURSING

ISSUES THIS LICENSE TO

ELLEN W STARR
211 HARVARD ST PT A

CAMBRIDGE MA 02139

AS A REGISTERED NURSE
PURSUANT TO THE GENERAL LAWS

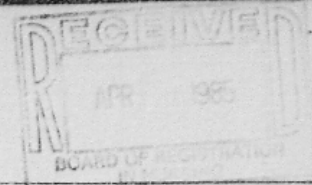
REGISTRATION NO.	EXPIRATION DATE	SERIAL NO.
167781	11/05/86	361647

COPY
Ellen W Starr
Signature of Licensee

SECRETARY OF STATE
RECEIVED
MAR 25 1985
LEGATION DES ETATS UNIS



STATE OF VERMONT
 LICENSING AND REGISTRATION DIVISION
 109 State Street, Pavilion Office Bldg.
 Montpelier, Vermont 05602
 CERTIFICATION OF LICENSURE



APPLICANT: Complete the top of this page and forward it to the state in which you hold a license.

Name (Last, First, Middle) STATZ, ELLEN DELSI Maiden Name _____

Address (Street, City, State, and ZIP Code) 211 HARVARD ST. BOSTON, MA 02139

Name of Nursing Education Program Completed MGH INSTITUTE OF HEALTH PROFESSIONS

Original License Number 167781 Type of Registration Registered Licensed Practical Nurse Date Issued _____

I hereby authorize the MASSACHUSETTS BOARD OF NURSING to furnish to the Vermont Board of Nursing the information requested below.

Date 3/20/85 Signature Ellen D. Statz

This is to certify that the above-named individual was issued license number # 167781

to practice: Registered Nursing Date of issuance: 10/01/84
 Practical Nursing

Licensed by: Examination Current licensure status: Active
 Endorsement Inactive
 Waiver Lapsed

Date license expires: 11/05/86

Has this license ever been encumbered in any way (revoked, suspended, surrendered, restricted, limited, placed on probation)
 Yes No If yes, explain on reverse side.

N.S.B.T.P.E. RESULTS	REGISTERED NURSE						LPM
	MEDICAL NURSING	PSYCHIATRIC NURSING	OBSTETRIC NURSING	SURGICAL NURSING	NURSING OF CHILDREN	COMP. EXAM	
Standard Scores						2151	
Series/Form No.						984	

Number of times applicant wrote the examination? once

Name of Nursing Education Program Completed MGH Institute of Health Professions

Location (City and State) Boston, mass Year of Graduation 1984

Signature Eleanor Burke Jr.
 Title Executive Secretary
 State Massachusetts
 Date April 4, 1985

SEAL

TO THE BOARD: Return this form directly to the division of Licensing and Registration for individual requesting licensure in Vermont.

SECRETARY OF STATE
RECEIVED
APR 22 1961
WASHINGTON



[Handwritten signature] WHNP

Click here to enter APRN's name
APRN

[Handwritten signature: Donna Burkett]

Donna Burkett MD
Medical Director

5/18/15

Date

5/15/15

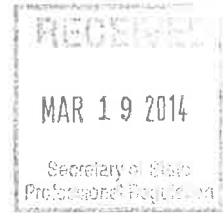
Date

APRN Practice Guidelines

Section A:

Personal Data

Name: Ellen Starr
Role/credentials: APRN
Population focus: Patients age 12 and older
Specialty: Women's Health Care
VT License number: 101.0016012



Section B:

Collaborating APRN or MD

Name: Donna Burkett MD
Specialty: Family Practice
VT License Number: 042.0012729
Practice Name: Planned Parenthood of Northern New England
Practice Address: 183 Saint Paul St, Burlington, VT 05401
Contact Phone: 802-448-9717

Section C:

Clinical Practice

Name: Planned Parenthood of Northern New England
Address: 90 Washington St, Barre, VT 05641
Phone: 802-476-6696
Client population served: Patients age 12 and older
Type of care provided: Sexual and reproductive health care and limited primary care

Section D:

Standards of Clinical Practice

Below is a brief description of standards and citations used to guide and evaluate practice at Planned Parenthood of Northern New England, as well as references used for clinical practice guidelines.

- Ø PPNNE Manual of Standards and Guidelines (Medical Protocol) as developed by The Planned Parenthood Federation of America (Manual of Standards and Guidelines reference list already on file with the VT BON)
- Ø USPSTF guidelines
- Ø CDC STD treatment guidelines
- Ø 5 Minute Clinical Consult
- Ø Job description for Advanced Practice Clinician. (already on file with the VT BON)
- Ø Practitioner Clinical Performance Evaluation (already on file with the VT BON)

Criteria for consultation and referral are as follows:

- Ø Interoffice consults are conducted daily between practitioners and medical services team for consultation of patient management issues not covered by practice standards.

Patients are referred to specialty practice for health care outside of PPNNE's practice. If in the rare case an emergency situation were to arise at one of PPNNE's health centers 911 would be called and if need be the patient would be transported to the local hospital.

PPNNE also has a 24/7 on call service; if a patient were to call in with an emergency situation they would be directed to call 911 or to go to their local

hospital for immediate care.

**Continued next page:
APRN Practice Guidelines continued**

Section E:

Quality Assurance Plan

- Ø 10 charts per practitioner throughout the year are audited for (among other outcomes) appropriate referral and follow-up of abnormal finding; for age-appropriate screenings and testing; and for appropriate prescribing of birth control methods. Occurrence Report data are continuously observed to ensure adherence to quality care.

- Ø 10 Charts per practitioner are audited on a routine basis by the Medical Director and/or a designee of the Medical Director (see Regional Clinical Director note, below) at the time of practitioner evaluation to ensure adherence to PPNNE protocols.



- Ø Each practitioner's charts are audited quarterly by Health Center Filed Surveyor (APRN). In addition, each practitioner has a designated Regional Clinical Director - an experienced APRN or PA - who directly observes the practitioner's work on a regular basis. Direct feedback is given to each practitioner by his or her supervising Regional Clinical Director and/or the Medical Director. The audit program is overseen by the Director of Risk Quality Management and the Medical Director.

- Ø PPNNE also performs multiple audits throughout the year on a rolling basis including: Coding, Customer Satisfaction, On-Call Follow Up, Ultrasound, and Service Specific Audits.

- Ø All documentation and records are kept on file for the duration of the APRN's employment.
All records are maintained by the Human Resource department.

- Ø When indicated, Performance Improvement Plans are completed with the Practitioner, the Regional Clinical Director and Human Resources: the action required for continued employment with PPNNE is documented and attested to by all parties and is kept on record in the Human Resource Department.

**Section F:
Signatures**

  ARB 1/28/14
Ellen Starr Date
APRN

 1/28/14
Donna Burkett MD Date
Medical Director

APRN Practice Guidelines

APRN information:

Name: Ellen Starr
Role/credentials: APRN
Population focus: Patients age 12 and older
Specialty: Women's Health Care
VT License number: 101.0016012

Collaborating MD:

Name: Regan Theiler
Specialty: OB/GYN
VT License Number: 042.0012264
Practice Name: Planned Parenthood of Northern New England
Practice Address: 183 Saint Paul Street, Burlington, VT 05401
Contact Phone: 802-448-9743

Practice Description:

Name: Planned Parenthood of Northern New England
Address: 90 Washington Street, Barre, VT 05641
Phone: 802-476-6696
Client population served: Patients age 12 and older
Type of care provided: Sexual and reproductive health care and limited primary care

Standards of Clinical Practice

A) Below is a brief description of standards and citations used to guide and evaluate practice at Planned Parenthood of Northern New England?

- PPNNE Manual of Standards and Guidelines (Medical Protocol) developed by The Planned Parenthood Federation of America and updated annually by Medical Director and Medical Services team of PPNNE (current Protocol is on file with the VT BON)
- USPSTF guidelines
- CDC STD treatment guidelines

B) Below is a brief description of elements of clinical practice including methods of data collection and documentation of assessment, diagnosis and plan of care.

- Job description for Advanced Practice Clinician. (already on file with the VT BON)
- Practitioner Clinical Performance Evaluation (already on file with the VT BON)
- See Standards of Practice from the PPNNE Manual of Standards and Guidelines

C) Criteria for consultation and referral is as follows:

- As out lined in the PPNNE Manual of Medical Standards and Guidelines
Interoffice consults are conducted daily between practitioners and medical services team for consultation of patient management issues not covered by standards in medical protocol.

If in the rare case an emergency situation were to arise at one of PPNNE's health centers 911 would be called and if need be the patient would be transported to the local hospital.
PPNNE also has a 24/7 on call service; if a patient were to call in with an emergency situation they would be directed to call 911 or to go to their local hospital for immediate care.

Continued next page:

APRN Practice Guidelines continued

Quality Assurance:

- A) 10 charts per practitioner per year are audited for (among other outcomes) appropriate referral and follow-up of abnormal finding; for age-appropriate screenings and testing; and for appropriate prescribing of birth control methods. Occurrence Report data are continuously observed to ensure adherence to quality care.
- B) 10 Charts per practitioner are audited on a routine basis by the Medical Director and/or a designee of the Medical Director (see Regional Clinical Director note, below) at the time of practitioner evaluation to ensure adherence to PPNNE protocols.
- C, D & E) Each practitioner's charts are audited quarterly by Health Center Filed Surveyor for compliance with the Medical Standards and Guidelines. In addition, each practitioner has a designated Regional Clinical Director - an experienced APRN or PA - who directly observes the practitioner's work on a regular basis. Direct feedback is given to each practitioner by his or her supervising Regional Clinical Director and/or the Medical Director.
- F) All documentation and records are kept on file for the duration of the APRN's employment. All records are maintained by the Human Resource department.
- G) When indicated, Performance Improvement Plans are completed with the Practitioner, the Regional Clinical Director and Human Resources: the action required for continued employment with PPNNE is documented and attested to by all parties and is kept on record in the Human Resource Department.



Ellen Starr
APRN

3/9/13
Date



Regan Theiler MD
Medical Director

2/6/13
Date

APRN Practice Guidelines

APRN information:

Name: Ellen Starr

Role/credentials: APRN

Population focus: Sexual and reproductive healthcare for any woman age 12 or older

Specialty: Woman's healthcare

VT License number: 1010016012



Practice Description:

Name: Planned Parenthood of Northern New England

Address: 90 Washington Street, Barre, VT 05641

Phone: 476-6696

Client population served: any woman age 12 or older

Type of care provided: Sexual and reproductive health care

Standards of Clinical Practice

A) Below is a brief description of standards and citations used to guide and evaluate practice at Planned Parenthood of Northern New England?

- PPNNE Manual of Standards and Guidelines (Medical Protocol) developed by The Planned Parenthood Federation of America and updated annually by Medical Director and Medical Services team of PPNNE (current Protocol is on file with the VT BON)
- USPSTF guidelines
- CDC STD treatment guidelines

B) Below is a brief description of elements of clinical practice including methods of data collection and documentation of assessment, diagnosis and plan of care.

- Job description for Advanced Practice Clinician. (already on file with the VT BON)
- Practitioner Clinical Performance Evaluation (already on file with the VT BON)
- See Standards of Practice from the PPNNE Manual of Standards and Guidelines

C) Criteria for consultation and referral is as follows:

- As outlined in the PPNNE Manual of Medical Standards and Guidelines
Interoffice consults are conducted daily between practitioners and medical services team for consultation in patient management not covered by standards in medical protocol.

If in the rare case an emergency situation were to arise at one of PPNNE's health centers 911 would be called and if need be the patient would be transported to the local hospital.

PPNNE also has a 24/7 on call service; if a patient were to call in with an emergency situation they would be directed to call 911 or to go to their local hospital for immediate care.

Continued next page:

APRN Practice Guidelines continued

Quality Assurance:

- A) 10 charts per practitioner per year are audited for (among other outcomes) appropriate referral and follow-up of abnormal finding; for age-appropriate screenings and testing; and for appropriate prescribing of birth control methods. Occurrence Report data are continuously observed to ensure adherence to quality care.

- B) 10 Charts per practitioner are audited on a routine basis by the Medical Director at the time of practitioner evaluation to ensure adherence to PPNNE protocols.

- C, D & E)
Each practitioner's charts are audited quarterly by Health Center Filed Surveyor for compliance with the Medical Standards and Guidelines. In addition, each practitioner has a designated Regional Clinical Director, an experienced APRN or PA who directly observes the practitioner's work on a quarterly basis. Direct feedback is given to each practitioner by his or her supervising Regional Clinical Director and or the Medical Director.

- F) All documentation and records are kept on file for the duration of the APRN's employment. All records are maintained by the Human Resource department.

- G) When indicated, Performance Improvement Plans are completed with the Practitioner, the Regional Clinical Director and Human Resources: the action required for continued employment with PPNNE is documented and attested to by all parties and is kept on record in the Human Resource Department.

 APRN

Ellen Starr
APRN

10/12/11

Date

APRN Guidelines and Collaborative Agreement



APRN information:

Name: Ellen Starr
Role/credentials: Nurse Practitioner
Population focus: Adult
Specialty: Woman's healthcare
VT License number: 1010016012

(Interim) Collaborating Physician information

Name: Kathleen Toivanen
Specialty: OB/GYN
VT License number: 042-0012163
Practice name: Planned Parenthood of Northern New England
Practice address: 23 Mansfield Avenue Burlington, VT 05401
Contact phone: 288-8432

Practice Description:

Name: Planned Parenthood of Northern New England
Address: 90 Washington Street, Barre, VT 05641
Type of care provided: Sexual and reproductive health care

Standards of Clinical Practice

A) Below is a brief description of standards and citations used to guide and evaluate practice at Planned Parenthood of Northern New England:

- PPNNE Manual of Standards and Guidelines (Medical Protocol) developed by The Planned Parenthood Federation of America and updated annually by Medical Director and Medical Services team of PPNNE (current Protocol is on file with the VT BON)
- USPSTF guidelines
- CDC STD treatment guidelines

B) Below is a brief description of elements of clinical practice including methods of data collection and documentation of assessment, diagnosis and plan of care.

- Job description for Advanced Practice Clinician. (already on file with the VT BON)
- Practitioner Clinical Performance Evaluation (already on file with the VT BON)
- See Standards of Practice from the PPNNE Manual of Standards and Guidelines

C) Criteria for consultation and referral is as follows:

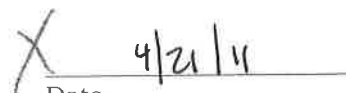
- As out lined in the PPNNE Manual of Medical Standards and Guidelines
Interoffice consults are conducted daily between practitioners and medical services team for consultation in patient management not covered by standards in medical protocol.

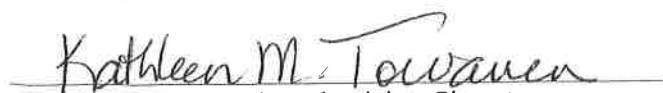
Quality Assurance:

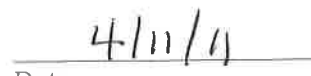
- 10 charts per practitioner are audited yearly by Medical Director at the time of practitioner annual evaluation.
- 30 charts per practitioner are audited yearly by Health Center Field Surveyor for compliance with the Medical Standards and Guidelines, all charts are audited and reviewed by Medical Director. Direct feedback given to each practitioner.

The parties below acknowledge joint review and agreement with the above Practice Guidelines:


APRN signature:


Date


(Interim) Collaborating Physician Signature


Date

APRN Guidelines and Collaborative Agreement

APRN information:

Name: Ellen Starr
Role/credentials: Nurse Practitioner
Population focus: Adult
Specialty: Woman's healthcare
VT License number: 1010016012



(Interim) Collaborating Physician information

Name: Renee Novello
Specialty: OB/GYN
VT License number: 042-0011195
Practice name: Planed Parenthood of Northern New England
Practice address: 6 Roberts North, Rutland, VT 05701
Contact phone: 288-8432

Practice Description:

Name: Planned Parenthood of Northern New England
Address: 90 Washington Street, Barre, VT 05461
Type of care provided: Sexual and reproductive health care

Standards of Clinical Practice

A) Below is a brief description of standards and citations used to guide and evaluate practice at Planned Parenthood of Northern New England:

- PPNNE Manual of Standards and Guidelines (Medical Protocol) developed by The Planned Parenthood Federation of America and updated annually by Medical Director and Medical Services team of PPNNE (current Protocol is on file with the VT BON)
- USPSTF guidelines
- CDC STD treatment guidelines

B) Below is a brief description of elements of clinical practice including methods of data collection and documentation of assessment, diagnosis and plan of care.

- Job description for Advanced Practice Clinician. (already on file with the VT BON)
- Practitioner Clinical Performance Evaluation (already on file with the VT BON)
- See Standards of Practice from the PPNNE Manual of Standards and Guidelines

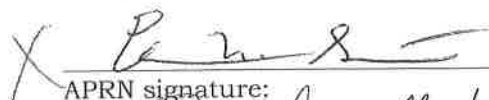
C) Criteria for consultation and referral is as follows:

- As out lined in the PPNNE Manual of Medical Standards and Guidelines Interoffice consults are conducted daily between practitioners and medical services team for consultation in patient management not covered by standards in medical protocol.

Quality Assurance:

- 10 charts per practitioner are audited yearly by Medical Director at the time of practitioner annual evaluation.
- 30 charts per practitioner are audited yearly by Health Center Field Surveyor for compliance with the Medical Standards and Guidelines, all charts are audited and reviewed by Medical Director. Direct feedback given to each practitioner.

The parties below acknowledge joint review and agreement with the above Practice Guidelines:

X 
APRN signature:

3/15/11
Date

X 
(Interim) Collaborating Physician Signature

3/4/2011
Date

APRN Guidelines and Collaborative Agreement

APRN information:

Name: Ellen Starr
Role/credentials: Nurse Practitioner
Population focus: Adult
Specialty: Woman's healthcare
VT License number: 1010016012

Collaborating Physician information

Name: Cheryl Gibson
Specialty: OB/GYN
VT License number: 042-0007465
Practice name: Planed Parenthood of Northern New England
Practice address: 23 Mansfield Avenue, Burlington, VT 05401
Contact phone: 863-6326

Practice Description:

Name: Planned Parenthood of Northern New England
Address: 90 Washington Street, Barre, VT 05641
Client population: 12 yrs. old to adult
Type of care provided: Sexual and reproductive health care

Standards of Clinical Practice

A) Below is a brief description of standards and citations used to guide and evaluate practice at Planned Parenthood of Northern New England:

- > PPNNE Manual of Standards and Guidelines (Medical Protocol) developed by The Planned Parenthood Federation of America and updated annually by Medical Director and Medical Services team of PPNNE (current Protocol is on file with the VT BON)
- > USPSTF guidelines
- > CDC STD treatment guidelines

B) Below is a brief description of elements of clinical practice including methods of data collection and documentation of assessment, diagnosis and plan of care.

- > See attached job description for Advanced Practice Clinician.
- > See attached Practitioner Clinical Performance Evaluation
- > See Standards of Practice from the PPNNE Manual of Standards and Guidelines

C) Criteria for consultation and referral is as follows:

- > As out lined in the PPNNE Manual of Medical Standards and Guidelines Interoffice consults are conducted daily between practitioners and medical services team for consultation in patient management not covered by standards in medical protocol.

Quality Assurance:

- > 10 charts per practitioner are audited yearly by Medical Director at the time of practitioner annual evaluation.
- > 30 charts per practitioner are audited yearly by Health Center Field Surveyor for compliance with the Medical Standards and Guidelines, all charts are audited and reviewed by Medical Director. Direct feedback given to each practitioner.

The parties below acknowledge joint review and agreement with the above Practice Guidelines:


APRN signature:

2/25/11
Date


Collaborating Physician Signature

2/16/11
Date

PLANNED PARENTHOOD OF NORTHERN NEW ENGLAND

TITLE: ADVANCED PRACTICE CLINICIAN

(NURSE PRACTITIONER, PHYSICIAN ASSISTANT, or CERTIFIED NURSE MIDWIFE)

GRADE: 21

Non-exempt

DESCRIPTION: To provide quality, patient-centered, personalized health care to clients.

CHARACTERISTIC RESPONSIBILITIES:

- * Conducts comprehensive medical history interviews.
- * Performs appropriate physical exams, with focus on the reproductive system, including standard initial and annual exams, and screening procedures.
- * Assesses patient's health status and prescribes appropriate contraceptive methods, treatments for GYN problems, per PPNNE protocols.
- * Refers patients to physicians and other health or social services as appropriate. Follows the medical referral/alert window protocol.
- * Follows up on patients as circumstances indicate.
- * Counsels/educates patients regarding general reproductive health care; all FDA-approved methods of birth control, including emergency contraception; pregnancy options including abortion, adoption and parenting; and related health, emotional and social problems/issues.
- * Adheres to all reporting requirements and state laws relevant to the abuse of minors.
- * Consults regularly with supervisor and other PP staff to plan, coordinate and evaluate services, and to review specific cases.
- * Consults regularly with outside health and social service providers (i.e. Dept. of Public Health) to make referrals, coordinate treatment of/assistance to individual patients, coordinate general services, etc.
- * Prepares all required clinical and administrative records and reports.
- * Participates in training in abortion provision
- * Provides medication abortion and/or assists in abortion procedures, counseling and follow-up.
- * Assists in clinic administration, including staff scheduling and supervision, supply ordering, bookkeeping, medical records, staff training, clinic set up and maintenance.
- ◆ Participates in various PP community education and/or public affairs activities.
- ◆ Participates in quality assurance audits.
- ◆ May perform other assigned functions as directed by Regional Manager (i.e. coordination of Colposcopy or Abortion program).
- * Demonstrate flexibility and teamwork; understand that staffing needs and schedules fluctuate which will require a flexible work schedule and/or additional work hours; be willing to listen and contribute to department, site, and agency discussions and decision-making; incorporate customer satisfaction into all aspects of operation.

- * **Those duties & responsibilities identified with an asterisk are considered essential elements of the position**

SUPERVISION RECEIVED:

Direction is received from the Site Manager. Medical oversight is provided by the Medical Director.

SUPERVISION EXERCISED:

None

QUALIFICATIONS:

- ◆ RN or PA, completion of an accredited Nurse Practitioner or Physician Assistant program
- ◆ Master's of Science degree, plus one to two years of relevant clinical experience.
- ◆ Commitment to customer service and satisfaction.
- ◆ Commitment to a team orientation and willingness to participate in constant and ongoing feedback with colleagues.
- ◆ Flexibility, initiative, creative thinking, and a willingness to learn required.
- ◆ Broad based clinical GYN knowledge and skills
- ◆ Be familiar with, and able to comfortably discuss all services provided by PPNNE
- ◆ Excellent counseling/teaching skills.
- ◆ Ability to relate to a broad range of people and express oneself clearly, using tact, discretion and sensitivity with patients.
- ◆ Knowledge of community resources and referral agencies desirable.
- ◆ Ability to sit for up to 4 hr., stand for up to 4 hour with frequent stooping and walk for up to 1 hour a day.
- ◆ Ability to operate all normal office equipment.

Revised 3/15/10
LAM

CLINICIAN PERFORMANCE EVALUATION

Employee: _____ Job Title: _____

Status of Clinician: Salaried Per Diem Completion of New Hire Orientation Period

Overall Rating: _____ Review Period: _____

Name(s) of Evaluator(s): _____ Date of Last Evaluation: _____

I. PERFORMANCE FACTORS	SUPERIOR		FULLY	SOMETIMES	
	ACCOMPLISHMENT	EXCELLENT	COMPETENT	BELOW	UNSATISFACTORY

(THIS SECTION MAY BE COMPLETED BY CENTER MANAGER OR CLINICIAN EVALUATOR)

1. Customer Satisfaction

- Builds and maintains positive, quality relationships with customers.
- Demonstrates respect for the individual needs and backgrounds of customers.
- Demonstrates commitment to exceeding customer expectations at every opportunity.
- Responds positively to customer concerns and demonstrates effective problem-solving skills.
- Consistently interacts professionally with customers.
- Demonstrates understanding that co-workers are customers and treats them accordingly.

2. Attitude

- Is flexible and open to new assignments, policies and procedures.
- Accepts responsibility, suggestions and instructions with a positive attitude.
- Maintains appropriate behavior in stressful situations.
- Contributes constructively to the work team.

3. Communication Skills

- Delivers information to staff and clients in a well-organized and clear manner.
- Assesses listener's degree of comprehension and clarifies as necessary.
- Uses direct communication to resolve issues and problems.
- Cooperates and works well with others.

4. Initiative and Productivity

- Able to work independently without specific or continual instruction.
- Works in an efficient manner and completes tasks and projects on time.
- Able to produce thorough, accurate work.
- Is able to maintain busy clinic flow/produces a high volume of completed work.
- Maintains punctual attendance.
- Absences are excused and not excessive.

5. Is responsible for pharmacy area/dispensing.

NAME OF PERSON WHO COMPLETED ABOVE SECTION _____

II. CLINICAL SKILLS	FULLY	NEEDS	NOT
	COMPETENT	IMPROVEMENT	TRAINED

1. General

- a. Refers to current edition of affiliate protocols as needed.
- b. Introduces self to client:
 - Explains NP role as requested/appropriate.
 - Briefly orients client to procedures.
- c. History taking:
 - Reviews history thoroughly.
 - Elicits additional information in a concise manner.
 - Demonstrates organization in interviewing technique.
 - Completes thorough chart review.
 - Documents concisely with appropriate descriptive terminology.
- d. Prepares forms and other written materials in a legible and well-organized manner.

2. Specimen Collection

- a. Uses proper technique to collect Pap test
 - Adequate sampling of endocervix with cytobrush/swab, as appropriate
 - Entire squamo-columnar junction sampled
 - Cells evenly applied to slide, fixed within 5 seconds (for slide-based Pap)
 - Liquid-based spatula and brush rinsed correctly and within 30 seconds to prevent fixation
- b. Uses good technique for wet mount preparation.
 - Properly handles specimen
 - Accurately identifies organisms
 - Disposes of specimen adequately
- c. Clinician is responsible to be sure specimens are labeled correctly.

3. Sexually Transmitted Infections (STI)

- Sexual history is reviewed, including STI risk assessment
- Appropriate screening is offered
- Uses appropriate criteria for diagnosis
- Appropriately treats and educates patient when above are diagnosed

4. Clean Technique

- Washes hands before and after each patient
- Avoids contamination of "clean" hand throughout entire exam
- Avoids contamination of "clean" inanimate objects during entire exam (supplies, table, lamp, self, chart, counters, lubricant, etc.)
- Avoids contamination of clean parts of lab specimens (outside tubes, caps, pap, etc.)
- Uses "inside out" technique for removing glove

5. Specific Birth Control Methods

- a. Barrier Methods Direct observation Chart review Diaphragm FemCap
 - Chooses appropriate size
 - Provides instructions
 - Requests return demonstration when appropriate
- b. IUC Insertion Direct observation Chart review Paragard
Mirena
 - Obtains appropriate informed consent documentation
 - Does bimanual prior to insertion
 - Explains procedure
 - Uses good technique in cleansing cervix
 - Applies tenaculum properly
 - Sounds uterus using good technique
 - Uses measurement obtained by sounding to measure expected depth of uterine cavity
 - Inserts IUC using manufacturer's instructions

II. CLINICAL SKILLS (continued)	FULLY COMPETENT	NEEDS IMPROVEMENT	NOT TRAINED
<p>c. Implants Direct observation Chart review Implanon Norplant (removal only)</p> <ul style="list-style-type: none"> • Obtains appropriate informed consent documentation • Prior to insertion and removal, skin is prepped properly • Maintains sterile field during insertion • Follows manufacturer's instruction for insertion • Follows manufacturer's instruction for removal • For Norplant, in removal, incision is <5 mm • Implant(s) is removed without undue trauma • Clinician demonstrates competency in educating clients about removal <p>d. Injectable - DMPA</p> <ul style="list-style-type: none"> • Clinician demonstrates judgment in reviewing appropriateness of DMPA for client • Necessary chart review is complete prior to DMPA administration (LMP, PT, etc.) <p>e. Combined Hormonal Contraceptives and POPs COCs Ring Patch POPs</p> <ul style="list-style-type: none"> • Clinician demonstrates knowledge of various CHC/POP formulations, delivery systems, management of side effects, etc. • Clinician demonstrates judgment in assessing appropriateness for CHC/POPs 			
<p>6. GYN Services Direct observation Chart review</p> <ul style="list-style-type: none"> • Appropriate history & education, as per protocol • Complete exam, identifies normal and abnormal findings • Appropriate diagnoses, treatment, HRT, as per protocol 			
<p>7. Provision of Services Related to Pregnancy</p> <p>a. Family Planning Services</p> <ul style="list-style-type: none"> • Sizes uterus accurately • Provides thorough post-AB assessment • Is able to discern normal vs. abnormal post-AB findings <p>b. Prenatal</p> <ul style="list-style-type: none"> • Obtains appropriate informed consent documentation • Recognizes/assesses deviations from normal • Clearly documents when there is deviation from normal • Utilizes protocol for high level vigilance with suspected PIH • Utilizes protocol for high level vigilance with suspected PTL • Recognizes need for consultation with delivery OB: refers when appropriate 			
<p>8. Men's Health Services Direct observation Chart review</p> <ul style="list-style-type: none"> • Recognizes/assesses deviations from normal • Appropriately diagnoses and manages conditions in male patient, per protocol 			
<p>9. Provision of Services Related to Pregnancy Termination</p> <p>a. Obtains appropriate informed consent documentation as needed</p> <p>b. Explains procedures as performed</p> <p>c. Completes exam systematically and efficiently</p> <p>d. Accurately identifies normal and abnormal findings</p> <p>e. Assessment/Clinical Impression</p> <ul style="list-style-type: none"> • Identifies risk factors for BCM chosen • Accurately interprets lab findings • Accurately interprets physical findings • Synthesizes information from history and physical to form assessment/clinical impression <p>f. Management/Plan</p> <ul style="list-style-type: none"> • Performs/orders lab tests per protocol with respect for individual needs and economy • Accurately provides BCM with respect for individual needs • Accurately provides medications based on assessment • Refers/recommends as appropriate per protocol and based on individual needs 			

II. CLINICAL SKILLS (continued)	FULLY COMPETENT	NEEDS IMPROVEMENT	NOT TRAINED
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10. Proficiency Testing

Test type:

- Slide Test / other
- Wet Mount (check applicable organisms)
 Clue Trich Yeast Normal Epithelial
- Micro urinalysis
- Semen sample
- Rh slide test

11. Other specialty services

Center: _____

CHART REVIEW

Reviewed by: _____

Date of Review: _____

KEY: . = Compliance O = Non-compliance NA = Not applicable Patient Name and Chart Number	Type of Visit	Medical history noted, with positive findings addressed by provider with date and signature	Chief complaint or reason for visit documented	Review of Systems addressed	Allergies, adverse reactions addressed and flagged	Assessment and Plan Correlate	Medical documentation / procedure performed is specific, i.e., Norplant /IM/IV site	Problems from previous visit(s) addressed or resolved	Patient education documented in plan	Completed lab reports in chart with provider signature and date	Time spent with client recorded in chart	Evidence of appropriate referrals with follow-up documented per protocol.	Ultrasound reports documented in body of chart
1.													
Comments:													
2.													
Comments:													
3.													
Comments:													
4.													
Comments:													
5.													
Comments:													
6.													
Comments:													
7.													
Comments:													
8.													
Comments:													
9.													
Comments:													
10.													
Comments:													
11.													
Comments:													
12.													
Comments:													

LIST THE EMPLOYEE'S STRENGTHS AND/OR ACCOMPLISHMENTS:

AREAS FOR IMPROVEMENT:

MEDICAL DIRECTOR'S COMMENTS:

EMPLOYEE'S COMMENTS:

GOALS: (Optional)
DATE

SCHEDULED COMPLETION

1.

2.

3.

CLINICIAN EVALUATOR'S NAME

CLINICIAN EVALUATOR'S SIGNATURE

DATE

CENTER MANAGER'S NAME

CENTER MANAGER'S SIGNATURE

DATE

DIRECTOR OF MEDICAL MGMT. SIGNATURE

MEDICAL DIRECTOR SIGNATURE

DATE

EMPLOYEE'S SIGNATURE

DATE

(Signature indicates acknowledgement of this review, not agreement.)

CLINICIAN PERFORMANCE EVALUATION

SAFETY ADDENDUM

Compliance Non-compliance

Successful completion of semi-annual internal proficiency testing and correct sharps handling.

Wears gloves for all laboratory testing, specimen handling, and injections.

Wears closed-toed shoes and lab coat while at work.

Complies with all safety and infectious control measures in work site, as stated in Planned Parenthood's Policy and Procedures Manual.

SUPERVISOR'S SIGNATURE _____

DATE

EMPLOYEE'S SIGNATURE _____

DATE

EMPLOYEE NAME (PLEASE PRINT) _____



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

**Planned Parenthood of Northern New England
APRN Practice Guidelines include the following:**

- 1) **Description of Clinical Practices:** APRN's annually review and sign the Standing Orders that are approved by PPNNE's Medical Advisory Committee then co-signed by PPNNE's Medical Director. Standing Orders define the prescriptive and medical authority of the APRN at PPNNE. A copy of the current Standing Orders is attached for review.

PPNNE's health centers and patient population:

PPNNE is a non-profit health care organization with fourteen outpatient health centers in Vermont. Under the supervision of PPNNE's Medical Director, APRN's provide outpatient gynecological and preventive care for women from age 12 and over. Qualified APRN's may provide limited reproductive healthcare for men ages 12-40.

- 2) **Standards for clinical practices:**

The standards for clinical practice are clearly defined in PPNNE's Medical Protocol. A copy of the current protocol dated 11/2008, is on file with the Vermont Board of Medical Practice.

- 3) **Methods of Quality Assurance:**

All PPNNE practitioners undergo a thorough orientation to PPNNE and our medical protocol before functioning in an independent capacity. If further training in any expected area of competence is needed, this is arranged. The Medical Director, a board certified OB/GYN., provides oversight and supervision through on-site visits, telephone consultations, in-services and is available for telephone back up on a 24-hour basis. In addition, the Medical Director works with the Medical Management Team and the Director of Clinical Quality Improvement to develop and review protocols, audits, and to evaluate any new developments in the medical field that may affect PPNNE.

Ellen Starr 3/2/09
Ellen Starr, APRN Date
VT Lic# 101-0016012

Cheryl Gibson 2/3/09
Cheryl Gibson M.D Date
Collaborating Physician
VT. Lic # 042-0007465

Practice address:

90 WASHINGTON ST
BARRE VT
05641



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

EDUCATION & TRAINING DEPARTMENT

183 Talcott Road, Suite 101
Williston, VT
05495
Phone 802.878.7753
Fax 802.878.8971
1-800-488-9638

2/28/2007

Vermont State Board of Nursing
80 River Street
Montpelier, VT 05609-1106

To Whom It May Concern:

Please note that I will be the Collaborative Physician for Ellen Starr, Nurse Practitioner, while she is working at our Health Center. Ellen will be practicing under the guidelines of Planned Parenthood of Northern New England's protocol, which is on file with the Board of Nursing.

If you have any questions please feel free to contact our Credentialing Coordinator, Beverly Dion, at (802) 288-8432.

Sincerely,

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

Cheryl Gibson, M.D
Medical Director
Planned Parenthood of Northern New England
Vermont State license # 042-0007465

02/23/2001 08:49 0020629637
02/23/01 17:00 8028788001

BETH
PPNNE CENTRAL OFFICE BURLINGTON, VT

PAGE 02
0021000



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 Talbot Road, Suite 101
Williston, VT
05495-2075
Phone 802.878.7232
Fax 802.878.8001

February 22, 2001

Vermont State Board of Nursing
Attn: Pat Sartelle
81 River Street
Montpelier, VT 05609-1106

Dear Ms. Sartelle,

Below you will find the listing of practitioners that will be practicing under my supervision, in the state of Vermont: (Pg. 1 of 1)

- Karen Behringer
- Christiana Bloomfield
- Linda Boutin
- Carol Buck-Rolland
- Maria Calzonetti
- Maureen Cassidy
- Francine Cohen
- Nancy Day
- Eileen Dick
- Lisa Dimondstein
- Carolyn Ermet
- Ann Fielder
- Maribeth Fries
- Suzanne Germain
- Jane Goddard
- Madelyn Goldwaire

Practitioner listing continued: (Pg. 2 of 2)

- Rachel Guy
- Sandra Hayes
- Kathryn Jacobs
- Lorraine Kane
- Roxanne Karter
- Rebecca Levasseur
- Christine Malcolm
- Carla Medved
- Katherine Morgan
- Nancy Mosher
- Caroline Nord
- Linda Rice
- Karen Schelling
- Carol Scully
- Brenda Smith
- Maria Spadenuda
- Ellen Starr
- Sherrilyn Systma
- Kathleen White

If you have any questions please feel free to call our Credentialing Coordinator, Beverly Dion at
(803) 878-7716 x 241.

Thank you.

Sincerely,



Cheryl A. Gibson, M.D.
Medical Director
Planned Parenthood of Northern New England

The Family Planning Practitioner may:

Date Effective: February 1994

- A. Provide information and counseling on: family planning methods, sterilization, pregnancy; adoption; abortion; common gynecological problems; sexually transmitted diseases; sexual assault; male reproductive health; infertility; maternity care; midlife health; well child care; general preventive health care.
- B. 1) Order and dispense hormonal contraceptives and HRT in accordance with the PPNNE Medical Protocol.
2) Manage routine hormonal contraceptive and HRT problems.
3) Order special laboratory tests needed to prescribe hormonal contraceptives and HRT.
- C. 1) Insert and remove the Norplant contraceptive system in accordance with the PPNNE Medical Protocol.
2) Manage routine Norplant problems.
- D. 1) Insert and remove IUD's in accordance with the PPNNE Medical Protocol.
2) Manage routine IUD problems.
3) Order X-rays and sonograms for IUD localization.
- E. 1) Fit and check diaphragms, cervical caps and sponges in accordance with the PPNNE Medical Protocol.
2) Manage diaphragm, cervical cap and sponge problems.
- F. 1) Order and dispense condoms and vaginal spermicides in accordance with the PPNNE Medical Protocol.
2) Manage condom and spermicide problems.
- G. Counsel and provide continuing evaluation and support of the natural methods of birth control: BBT, symptothermal, cervical mucus and calendar.
- H. Evaluate patient history, perform elementary physical examination and pelvic examination, and order and evaluate laboratory and other tests as indicated in accordance with the PPNNE Medical Protocol.
- I. Administer parenteral medications in accordance with the PPNNE Medical Protocol. These medications specifically are:

Adrenalin
Atropine
Cefoxitin
Ceftriaxone
Depo-medroxyprogesterone acetate
Diphenhydramine (Benadryl)
Diphtheria, Tetanus, Pertussis vaccine
Epinephrine
Gentamicin
Hepatitis B vaccine
Influenza vaccine
Lidocaine
Measles, Mumps, Rubella vaccine
Methylergonovine maleate (Methergine)
Penicillin
Pitocin

Progesterone
Rh immune globulin
RhoGam
Rubella vaccine
Spectinomycin
Streptomycin
Tetanus toxoid
Tigan

Tuberculin skin test
Vancomycin

The following parenteral medications may be administered under physician orders:

Diazepam (Valium)
Phenobarbital
Other Emergency Drugs

- J. Order and dispense the following oral medications in accordance with PPNNE Medical Protocol:

Acetaminopen (Tylenol)
Acyclovir (Zovirax)
Amoxicillin
Ampicillin
A.S.A.
Azithromycin
Cefixime
Ciprofloxacin
Clindamycin
Conjugated estrogens (Premarin)
Diphenhydramine (Benadryl)

Medroxyprogesterone acetate (Provera)
Mefenamic acid (Ponstel)
Methylergonovine maleate (Methergine)
Metronidazole (Flagyl)
Naproxen sodium (Anaprox)
Nicorette gum
Nordette (for MAP only)
Norfloxacin
Nystatin
Ofloxacin
Ovral (for MAP only)

Doxycycline
Erythromycin
Estradiol (Estrace)
Fenoprofen (Nalfon)
Ferrous Fumarate
Ferrous Gluconate
Ferrous Sulfate
Fluconazole
Ibuprofen (Motrin, Nuprin, Advil)
Ipecac syrup
Ketoconazole
Ketorolac
Macrodantin

Probenecid
Pyridium
Pyridoxine (Vitamin B6)
Sulfizoxazole (Gantrisin)
Tetracycline
Trimethoprim-sulfamethoxazole
(Bactrim, Septra)
Trivalent oral polio virus (TOPV)
And, all oral contraceptives currently stocked by PPNNE.
The following oral medications may be administered under
physician orders:
Serax
Diazepam (Valium)

K. Order, dispense and use the following topical medications in accordance with the PPNNE Medical Protocol:

Acigel
Acyclovir cream (Zovirax)
Ammonia inhalant
Betadine vaginal preparations
Butoconazole nitrate cream 2%
(Femstat)
Clindamycin vaginal cream
Clotrimazole cream, suppositories
(Mycelex, Gyne-Lotrimin)
Condylox topical solution
Conjugated Estrogen Cream
Crotamiton cream/lotion (Eurax)
Dienestrol Cream
Estradiol Cream

Estrogen patches
Gentian violet
Lugol's Solution
Metronidazole vaginal gel (Metro Gel) Miconazole cream,
suppositories (Monistat)
Monsell's solution (Ferric subsulfate)
Nicotine patches
Nystatin suppositories, tablets
Podophyllin (various formulations)
Synthetic pyrethrins (A-200, RID)
Terconazole vaginal suppositories (Terazol)
Transdermal Nicotine Systems
Trichloroacetic acid
Triple Sulfa creams, suppositories (Sultrin)
Xylocaine gel, ointment

- L. Diagnose and order or dispense treatment for conditions covered in the PPNNE Medical Protocol as indicated in the protocol.
- M. Perform pregnancy diagnosis as per the PPNNE Medical Protocol. Order serum HCG pregnancy test, titers and sonograms.
- N. Provide services to patients in the maternity care, abortion, vasectomy, cervical dysplasia, infertility, male services, well child and midlife programs as per the PPNNE Medical Protocol and Medical Protocol Supplements.
- O. Provide routine gynecologic and general preventive health care as per the PPNNE Medical Protocol. Manage and follow-up routine and problem patients in accordance with the PPNNE Medical Protocol.
- P. Perform venipuncture; start and maintain I.V.'s.
- Q. Order and follow-up on outside laboratory tests and dispense treatment for conditions not specifically covered in the PPNNE Medical Protocol under the direct guidance of a PPNNE physician with the Medical Director's approval.

The Family Planning Practitioner must:

- A. Adhere to the PPNNE Medical Protocol.
B. Obtain physician consultation in all non-routine clinical matters.
C. Follow-up and report all complications and all potential medico-legal incidents to the Medical Director.

I agree to practice under the above standing orders

C. N. S. R. P. P. P.
Signature

2/21/95
Date

Tyson MD
Collaborating Physician:
Judith Tyson, M.D., Medical Director, PPNNE

State of Vermont
Board of Nursing
Redstone Building, 26 Terrace Street
Mail: State Office Building
Montpelier, Vermont 05602-2198
(802) 828-2396
Toll Free 1-800-642-5155



James H. Douglas
Secretary of State

Paul S. Gillies
Deputy Secretary of State

**STATE OF VERMONT
BOARD OF NURSING**

TO: Ellen Starr, R.N.
FROM: Vermont State Board of Nursing
DATE: January 30, 1986

At its most recent meeting, the Board of Nursing reviewed
and approved your application for endorsement as a
OB/GYN Nurse Practitioner

Please be advised that if your practice in the future includes
medical acts performed in Vermont, and you have not submitted
a protocol, you must submit protocols for approval by both
the Board of Nursing and the Board of Medical Practice.

Congratulations.



November 27, 1985

Lynn Hardee, R.N., MSN, M.Div.
Executive Director
Vermont State Board of Nursing
109 State Street
Montpelier, VT 05602

Dear Ms. Hardee:

Thank you for your prompt reply to Faith Brown's phone call. I understand that it must be difficult to take charge of this endorsement process when it has been without direct guidance for so long.

In response to your letter, I want to clarify Anastasia Cowles position here at Planned Parenthood of Northern New England. Anastasia Cowles was hired and practices as a family planning nurse practitioner for Planned Parenthood. Although she is a Certified Nurse Midwife, she does not practice midwifery at Planned Parenthood or under my supervision. Therefore, we are requesting that she be endorsed for GYN practice.

Please contact me with any further questions or concerns you may have. Unless I hear from you further about Anastasia or any other of the nurse practitioners you listed, I will assume that all is moving forward with their endorsement processes. Please keep me apprised of the situation.

Also enclosed please find the necessary documents for nurse practitioner endorsement for Ellen Starr and Maureen Cassidy, two nurse practitioners who also work under my supervision at Planned Parenthood. Again I will assume you have on file a copy of the Medical Protocol which covers the programs and services Planned Parenthood provides.

Sincerely,

Judith Tyson, M.D.

Judith Tyson, M.D.
Medical Director



September 6, 1985

Ellen Welsh Starr, RNC
70 E. State St. Apt. A
Montpelier, VT 05602

Dear Ms. Starr:

On behalf of the NAACOG Certification Corporation, I am pleased to inform you that you have successfully completed the requirements for the NCC certification process for special knowledge in obstetric, gynecologic and neonatal nursing. Having attained certification should give you a sense of accomplishment in completing a process intended to enhance patient care.

Your certification as a Obstetric-Gynecologic Nurse Practitioner will be in effect for three years during which you may use the designation RNC (Registered Nurse Certified). A certificate attesting to your certified status will be mailed to you in approximately two months.

Congratulations on your achievement of certification and best wishes for your continued professional advancement and success.

Sincerely,

A handwritten signature in cursive script, appearing to read "Rosanne C. Perez", is written over the typed name.

Rosanne C. Perez, Ed.D., RN, CPNA
President

RCP/mg
Enclosures