

Application #: _____
Date of Issue: ____/____/____

Board of Registration in Medicine
200 Harvard Mill Square, Suite 330 - Wakefield, MA 01880
Telephone: (781) 876-8210 Fax: (781) 876-8383 www.massmedboard.org

FULL LICENSE APPLICATION

Application Fee: Please enclose a check or money order in the amount of \$600.00 made payable to the Commonwealth of Massachusetts. The application fee is non-refundable.

Check One: U.S./Canadian Graduate International Graduate

Legal Name (do not use nicknames or initials, unless they are part of your legal name)

Dutton Caryn Ruth
Last Name (type or print clearly) First Middle Suffix (Jr., etc.)

M.D. D.O. Ph.D Other degree _____ Male Female

Other Name(s) Used - List any other name(s) you have used which may appear on your identifying documents, such as medical education and examination records. If not applicable, check here

Dutton Bean Caryn Ruth
Entire Last Name (type or print clearly) First Middle Suffix (Jr., etc.)

Date of Birth: _____ Social Security Number: _____
Month Day Year

Place of Birth: Washington DC
City State/Province/Territory Country if not USA

*Mailing Address: 75 Francis St. ASB-1, 3-073 Telephone: (617) 732-5444
Number and Street
Boston MA 02115
City State/Province/Territory Zip (or postal) Code

Home Address: _____ Telephone: _____
Number and Street
City State/Province/Territory Zip (or postal) Code

Business Address: (see mailing address above) Telephone: _____
Number and Street
City State/Province/Territory Zip (or postal) Code

E-mail Address: _____ Fax number: (617) 277-1440

Are you applying for licensure through FCVS? (See instructions page 12) Yes No

* The Board will use your Mailing Address for all correspondence

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AUG 10 2010

PAGE 2 OF 6 Board of Registration in Medicine

08/25/10

PRINT NAME: Caryn Ruth Dutton Bean

Pre-medical School

Facility: Amherst College Degree: B.A. From 8/31/88 To 5/24/92
 Street: Po Box 5000 City: Amherst State: MA

Facility: _____ Degree: _____ From 1/1 To 1/1
 Street: _____ City: _____ State: _____

Medical School

Facility: University of Connecticut Degree: MD From 8/21/92 To 5/23/96
 Street: 263 Farmington Ave. City: Farmington State: CT

Facility: _____ Degree: _____ From 1/1 To 1/1
 Street: _____ City: _____ State: _____

Date of medical school graduation: May 23 1996
Month Day Year

Note: U.S. graduates must include a written explanation for the duration of medical education longer than four (4) years, and for any breaks in medical education. International graduates must provide a written explanation for the duration of medical education longer than six (6) years and any breaks in medical education.

Postgraduate Education:

List all postgraduate training in chronological order from medical school to the present. Include the name and address of the facility, your position, e.g. PGY 1, 2, fellow, etc. and dates of affiliation. You must account for all periods of training or postgraduate work from the time you graduated from medical school.

	<u>From</u>	<u>To</u>
Facility: <u>Kaiser Permanent Medical Center</u> Position: <u>PGY1-4</u> <u>6/23/96</u> <u>6/30/00</u> Street: <u>700 Lawrence Expressway</u> City: <u>Santa Clara</u> State: <u>CA</u> <u>Dept of Ob/Gyn</u>		
Facility: <u>University of Southern California</u> Position: <u>fellow</u> <u>7/1/00</u> <u>6/30/02</u> Street: <u>1240 N. Mission Blvd</u> City: <u>Los Angeles</u> State: <u>CA</u>		
Facility: _____ Position: _____ <u>1/1</u> <u>1/1</u> Street: _____ City: _____ State: _____		
Facility: _____ Position: _____ <u>1/1</u> <u>1/1</u> Street: _____ City: _____ State: _____		
Facility: _____ Position: _____ <u>1/1</u> <u>1/1</u> Street: _____ City: _____ State: _____		

Examination History

Please contact the appropriate examination entity and have certified transcript of your scores sent directly to this Board. If you are using FCVS, your examination scores will be sent to the Board with your credentials packet.

List each licensure examination, U.S. or international, you have taken (USMLE, NBME, NBOME, LMCC, Etc.). If additional space is necessary, please enclose a separate sheet with your application and include all the information below. If you answer "yes" to question #5 on the Full Supplement, you must also complete the required information.

<u>Examination</u>	<u>Most Recent Date taken (Month/Year)</u>	<u>Passed (P) or Failed (F)</u>	<u>Number of attempts</u>
USMLE Step I	June 1994	<input checked="" type="checkbox"/> P <input type="checkbox"/> F	1
USMLE Step II	August 1995	<input checked="" type="checkbox"/> P <input type="checkbox"/> F	1
USMLE Step III	May 1997	<input checked="" type="checkbox"/> P <input type="checkbox"/> F	1
NBME Part I		<input type="checkbox"/> P <input type="checkbox"/> F	
NBME Part II		<input type="checkbox"/> P <input type="checkbox"/> F	
NBME Part III		<input type="checkbox"/> P <input type="checkbox"/> F	
FLEX Component 1		<input type="checkbox"/> P <input type="checkbox"/> F	
FLEX Component 2		<input type="checkbox"/> P <input type="checkbox"/> F	
FLEX Pre-1985		<input type="checkbox"/> P <input type="checkbox"/> F	
NBOME Part I		<input type="checkbox"/> P <input type="checkbox"/> F	
NBOME Part II		<input type="checkbox"/> P <input type="checkbox"/> F	
NBOME Part III		<input type="checkbox"/> P <input type="checkbox"/> F	
COMLEX Level 1		<input type="checkbox"/> P <input type="checkbox"/> F	
COMLEX Level 2		<input type="checkbox"/> P <input type="checkbox"/> F	
COMLEX Level 3		<input type="checkbox"/> P <input type="checkbox"/> F	
COMVEX		<input type="checkbox"/> P <input type="checkbox"/> F	
LMCC - Single		<input type="checkbox"/> P <input type="checkbox"/> F	
LMCC - Part I		<input type="checkbox"/> P <input type="checkbox"/> F	
LMCC - Part II		<input type="checkbox"/> P <input type="checkbox"/> F	
State Board Exam	(State of examination)	<input type="checkbox"/> P <input type="checkbox"/> F	

PRINT NAME: Caryn Ruth Dutton Bean

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PAGE 4 OF 5
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Hospital Affiliations and Employment

List hospital appointments, in chronological order, where you had active staff privileges. Include the name and address of the facility, your position and dates of affiliation. Also include periods of unemployment or employment outside of medicine. Attach a separate sheet of paper if necessary.

Facility:	Position:	From	To
<u>Kaiser Permanente Center</u> Street: <u>700 Lawrence Express Way</u>	<u>per diem physician</u> City: <u>Santa Clara</u>	<u>3/ 99</u>	<u>6/ 100</u>
<u>Queen of Angels Hospital</u> Street: <u>1300 N. Vermont Ave</u>	<u>achrestaff</u> City: <u>Los Angeles</u>	<u>7/ 101</u>	<u>7/ 102</u>
<u>University of Wisconsin Hospital</u> Street: <u>600 Highland Ave</u>	<u>achrestaff</u> City: <u>Madison</u>	<u>8/ 102</u>	<u>to present</u>
<u>Menier Hospital</u> Street: <u>202 15 Park St</u>	<u>achrestaff</u> City: <u>Madison</u>	<u>8/ 102</u>	<u>to present</u>
<u>St Mary's Hospital</u> Street: <u>700 S Park St.</u>	<u>achrestaff</u> City: <u>Madison</u>	<u>8/ 102</u>	<u>to present</u>

1. List other states (abbreviations) where you are currently or have ever had a full license: WI CA
2. a) Are you certified by the American Board of Medical Specialties? Yes No
 b) Are you certified by the American Board of Osteopathic Medicine? Yes No
3. List Board Certification(s): Obstetrics and Gynecology Certification date: 11/7/03
 Certification date: / /
4. List your practice specialt(ies) Ob/Gyn

5. Have you attached an up-to-date copy of your curriculum vitae? Yes No
6. Reason for requesting a Massachusetts medical license: joining HMS Faculty and starting employment at Brigham + Women's Hospital
7. Name of Facility: Brigham and Women's
 Address: 75 Francis St. City: Boston
8. Anticipated starting date in Massachusetts: 9/1/10

Under the penalties of perjury, I declare that I have examined this full application and all its accompanying instructions, forms and statements, and to the best of my knowledge and belief, the information contained herein is true, correct and complete. As an applicant for a full license to practice medicine, I understand that a criminal record check may be conducted for conviction and pending criminal case information from the Criminal History Systems Board only and that it will not necessarily disqualify me from licensure.

C Dutton MD
Signature of Applicant

8, 4, 10
Month Day Year

(Continued on page 5)

63
4
08/25/10

Hospital Affiliations and Employment:

1. Meriter Hospital
202 N. Park St, Madison, WI, 53715
Active Staff, Department of Obstetrics and Gynecology, with admitting privileges from August 2002 until present.
2. St. Mary's Hospital
700 S. Park St., Madison, WI 53715
Active Staff, Department of Obstetrics and Gynecology, with admitting privileges from August 2002 until present.
3. University of Wisconsin Hospital and Clinics
600 Highland Ave, Madison, WI 53792
Active Staff, Department of Obstetrics and Gynecology, with admitting privileges from August 2002 until present.
4. Planned Parenthood of Wisconsin, Inc.
402 N. Jackson St., Milwaukee, WI (608)
Physician, July 2002 until December 2008.
5. Planned Parenthood of Los Angeles
1920 Marengo St., Los Angeles, CA
Contract Physician, July 2000-August 2002
6. Queen of Angels-Hollywood Presbyterian Hospital
1300 N Vermont Ave, Los Angeles, CA 90028
Active staff, Department of Obstetrics and Gynecology, from 7/2001 until 7/2002.
7. Kaiser Permanente Medical Center
700 Lawrence Expressway, Santa Clara, CA 95051
Active staff, Department of Obstetrics and Gynecology (per-diem physician) from 3/1999 until 6/2000.

SUPPLEMENT FORM

PRINT NAME: Caryn Ruth Dutton Bean DATE: 7/19/10

IMPORTANT NOTE: If you answer "yes" to any of these questions, you must provide the additional information on pages 4-10.

YES NO

QUESTIONS

1. Since your enrollment in college, have you been subject to any disciplinary action (see definition) at an academic institution?
- 2-A. Have you ever been terminated or granted a leave of absence by a medical school or any postgraduate training program or have you ever withdrawn from a medical school or any postgraduate training program or had to repeat a year of postgraduate training?
- 2-B. Have you ever, for any reason, been placed on probation by a medical school or any postgraduate training program?
3. Have you ever applied for licensure or to sit for an examination or taken an examination under a different name? If so, previous name: _____
4. Since your enrollment in college, have you been denied the privilege of taking or finishing an examination or been accused of cheating and/or improper conduct during an examination?
5. Have you ever failed any of the following examinations: FLEX, any State Board examination, any part of the National Boards, any Step of the USMLE, NBOME, or have you failed to gain certification from the National Board of Medical Examiners, any other certification body or any foreign licensing or certification body?
- 6-A. Have you ever, for any reason, been denied a medical license, whether full, limited, temporary, or have you withdrawn an application for medical licensure?
- 6-B. Have you ever voluntarily surrendered a license to practice medicine or any healing art?
7. Have you ever, for any reason, lost American Board of Medical Specialty or been denied required recertification by one or more specialty boards?
- 8-A. Are any formal disciplinary charges pending against you, or do you have knowledge of any pending investigation into your professional competence or conduct by any governmental authority, health care facility, group practice or professional medical society or association (international, national, state or local)? (See definition).
- 8-B. Has any disciplinary action ever been taken against you for violation of laws, rules, by-laws, or standards of practice by any governmental authority, healthcare facility, group or professional medical society or association (national, state or local)?

Applicant's Signature: C Dutton Bean Date: 7/19/10

YES NO

- 9-A. Have you ever voluntarily relinquished any medical staff membership?
- 9-B. Has your medical staff membership, medical privileges or medical staff status at any hospital been limited, suspended, revoked, not renewed or subject to probationary conditions or has processing toward any of those ends been instituted or recommended by a medical staff committee or governing board?
- 9-C. Have you ever been denied medical staff membership, or advancement in medical staff status, or has such denial been recommended by a standing medical staff committee or governing body?
- 9-D. Have you ever, for any reason, withdrawn an application for hospital privileges or appointment?
- 10. Have you ever been charged with any criminal offense, other than a minor traffic offense?
- 11. Has your privilege to possess, dispense or prescribe controlled substances ever been suspended revoked, denied, restricted or surrendered, or have you ever been called before or warned by any state or other jurisdiction including a federal agency regarding such privileges?
- 12. Has any professional liability insurance provider ever restricted, limited, terminated, imposed a surcharge or co-payment, or placed any condition related to professional competency or conduct on your coverage or have you ever voluntarily restricted, limited or terminated your insurance coverage in response to any inquiry by a professional liability insurance provider?
- 13. Have you ever been the subject of any suspension or probation proceedings instituted Blue Cross or Blue Shield, Medicare, Medicaid, or any other medical Reimbursement plan; or have you ever been restricted from receiving payments from any Blue Cross or Blue Shield, Medicare, Medicaid (any state), or third party programs?
- 14. Have you ever had an application for membership as a participating provider rejected by any HMO/PPO/IPA or other prepaid health care plan or your contract as a participating provider terminated by any HMO/PPO/IPA or other prepaid plan?
- 15-A. In the past ten (10) years, has any medical malpractice claim been made against you, whether or not a lawsuit was filed in relation to the claim?
- 15-B. In the past ten (10) years, has any lawsuit, other than a medical malpractice suit, which is related to your competency to practice medicine, or your professional conduct in the practice of medicine, been filed against you or has such a suit been settled, adjudicated or otherwise resolved?

Applicant's Signature: CDutta Bean Date: 7/19/10

Full License Application

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JUL 23 2010

Board of Registration
in Medicine

Board of Registration in Medicine
200 Harvard Mill Square, Suite 330 - Wakefield, MA 01880
Telephone: (781) 876-8210 Fax: (781) 876-8383 www.massmedboard.org

MEDICAL EDUCATION VERIFICATION

APPLICANT INSTRUCTIONS: Please complete the waiver for release of information and forward this form to your university/medical school(s) or university of graduation for verification.

I authorize the medical school/university listed below to provide any and all information pertaining to my medical education at your institution.

Applicant's Signature: C. Dutton Bean Date of Birth _____
Print or Type Name: Dutton Bean Caryn R Social Security No. _____
(Last name) (First Name) (Middle Initial)
Other Name(s) Caryn Ruth Dutton
(Please type or print name(s))
Name of Medical School: University of Connecticut School of Medicine
Address: 263 Farmington Ave City Farmington State or Province: CT

INSTRUCTIONS TO THE DEAN OR DESIGNATED OFFICIAL OF MEDICAL SCHOOL

Please complete this form and forward it, together with a copy of the official transcript (which indicates courses taken, dates and hours of attendance, and scores, grades, or evaluations) and mail it to the Board of Registration in Medicine.

APPLICANT'S EDUCATIONAL HISTORY

If name of institution was different from the above named institution when applicant attended, please enter name below:

Premedical Education: Does your school have a premedical school education requirement? Yes No

If "yes," indicate where the applicant completed premedical school.

Applicant's Undergraduate School: Amherst College
Undergraduate School Address: Mass.

(Continued on page 2)

Full License Application

Enrollment and Participation: Our records indicate that Dutton Caryn
(type or print the applicant's name): (Last name) (First name) (Middle initial)

attended our medical school on the following dates (indicate the month, day and year in the section below):

ATTENDANCE DATES:		FROM	TO	FROM	TO
		08/21/1992	07/25/93	07/01/95	05/23/96
		08/23/1993	06/24/94		
		07/01/1994	06/30/95		

The applicant attended 168 total weeks or _____ total months (must be included) of not less than 32 weeks in each academic year of continuing on-campus education.

check one was awarded a degree in M.D. on (month/day/year) 5/23/96
 was NOT awarded degree. Please explain reason(s) _____

Unusual Circumstances: The following questions apply to unusual circumstances that occurred during any part of the applicant's medical education.

All questions must be answered. If you answer "YES" to any of the questions below, please enclose an explanation.

- | | YES | NO |
|---|-----|----|
| 1. Did the applicant take any leaves of absence or breaks from his/her medical education? | | |
| 2. Was the applicant ever placed on probation? | | |
| 3. Was the applicant ever disciplined or under investigation? | | |
| 4. Were any negative reports ever filed by instructors regarding the applicant? | | |

COMMENTS: _____

AFFIX INSTITUTIONAL SEAL HERE

(if the institution does not have a seal, this form must be notarized) INTERNATIONAL MEDICAL SCHOOLS MUST ATTACH A COPY OF THE MEDICAL SCHOOL DIPLOMA AND A TRANSCRIPT OR PROVIDE AN EXPLANATION.

Signature: Swarna Das
Print Name: SWARNA DAS
Title: Asst Registrar
Date: 07/20/10 Telephone: (800) 679-5125

This form will not be accepted unless it is stamped with the institutional seal or notarized.

Board of Registration in Medicine
200 Harvard Mill Square, Suite 330 - Wakefield, MA 01880
Telephone: (781) 876-8210 Fax: (781) 876-8383 www.massmedboard.org

STATE LICENSE VERIFICATION

Applicant's Instructions: Complete the waiver for release of information and forward this form to every state board where you are currently licensed or were ever licensed in the past. Contact the individual state board(s) for information on verification processing fees before you mail this form.

Applicant's Waiver for Release of Information:

I am applying for licensure in the Commonwealth of Massachusetts and the Board of Registration in Medicine requires that this form be completed by each state where I hold or have ever held licensure. I hereby authorize the release of any information in your files, favorable or otherwise.

Signature of physician: C Dutton M.D. Date: 7, 7, 10
Print or type name: Caryn Dutton M.D.
License number: 44747-020 Status of license: Active Inactive Other _____

TO BE COMPLETED BY STATE BOARD

- Name of medical school of graduation: _____
- Date of graduation: / / License number: _____ Date of issue: / /
- Basis for licensure:
Name(s) of medical licensing examinations(s): _____
- Expiration date of license: / /
- Status of license: (check one) good standing revoked suspended
- If revoked or suspended, please explain: _____

- | | YES | NO |
|---|--------------------------|--------------------------|
| 7. Has the licensee ever been on probation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Has the licensee ever been requested to appear before the board? | <input type="checkbox"/> | <input type="checkbox"/> |

If "yes," please explain: _____
Other derogatory information: _____
Remarks: _____

Signed: _____
BOARD SEAL Print Name: _____
Title: _____
State Board: _____ Date: / /

PLEASE RETURN THE STATE LICENSE VERIFICATION TO THE APPLICANT IN A SEALED ENVELOPE WITH THE BOARD SEAL OR THE SIGNATURE OF THE PERSON COMPLETING THIS FORM ON THE BACK OF THE ENVELOPE.

Board of Registration in Medicine
 200 Harvard Mill Square, Suite 330 - Wakefield, MA 01880
 Telephone: (781) 876-8210 Fax: (781) 876-8383 www.massmedboard.org

POSTGRADUATE TRAINING VERIFICATION

APPLICANT'S AUTHORIZATION: I authorize the release of information from my postgraduate training program listed below, as requested by the Massachusetts Board of Registration in Medicine.

Applicant's Signature: C. Dutton Date: 6/15/10
 Print or Type Name: Caryn Ruth Dutton
 Name of Institution: Kaiser Permanente Medical Center, Santa Clara CA

INSTRUCTIONS TO THE PROGRAM DIRECTOR

Please complete this form and forward it to the applicant in a sealed envelope, signed across the seal. If the department was a "rotating" or "transitional" program, please submit documentation of the rotations, dates and hours of training.

Name of Institution: Kaiser Permanente Medical Center, Santa Clara CA

If name of Institution was different when applicant attended, please enter name: _____

Enrollment and Participation: Our records indicate that Caryn Ruth Dutton, MD participated in the following program:
(Print applicant's name)

(List each year separately with from and to dates)

Program Type (internship, residency, fellowship)	PGY (1,2,3,4)	Department or type of specialty training	Dates Attended (MONTH/DAY/YEAR)		Completed (YES/NO)	Accredited By (ACGME, RSC, AOA or not accredited)
			FROM	TO		
PGY-1 Residency	PGY-1	OB/GYN	6/23/1996	6/22/1997	Yes	Yes
Residency	PGY-2	OB/GYN	7/1/1997	6/30/1998	Yes	Yes
Residency	PGY-3	OB/GYN	7/1/1998	6/30/1999	Yes	Yes
Residency	PGY-4	OB/GYN	7/1/1999	6/30/2000	Yes	Yes

(Continued on page 2)

No. 1226 F 2

PFWI 892

Jun. 15. 2010 10:40AM

APPLICANT'S NAME: Caryn Ruth Dutton

Unusual Circumstances: The following questions apply to unusual circumstances that occurred during any part of the applicant's medical education. Please circle the appropriate response. If you answer yes to any of these questions, please enclose an explanation.

QUESTIONS

YES NO

- 1. Did the applicant take any leaves of absence or breaks from his/her post-graduate training?
- 2. Was the applicant ever placed on probation?
- 3. Was the applicant ever disciplined or under investigation?
- 4. Were any negative reports ever filed by instructors regarding the applicant?
- 5. Were any limitations or special requirements imposed on the applicant because of questions of academic incompetence or disciplinary problems?
- 6. During the applicant's participation, our postgraduate medical training was accredited by: ACGME Other: _____

COMMENTS: _____

Certification: I hereby certify that the above information is correct, to the best of my knowledge.

**AFFIX INSTITUTIONAL SEAL
HERE**

(If the institution does not have a seal, this form must be notarized by a notary public).

Program Director's Signature: [Signature]

Print Name: David K. Levin, MD

Academic Title: OB/GYN RESIDENCY PROGRAM DIRECTOR

Telephone: 408 851-3830 Today's Date: 6/17/10

PLEASE RETURN THIS COMPLETED FORM TO THE APPLICANT IN A SEALED ENVELOPE WITH YOUR SIGNATURE ACROSS THE SEAL OF THE ENVELOPE

No. 1270 P. 3
Jun. 15. 2010 10:41AM PFWI 692

Board of Registration in Medicine
200 Harvard Mill Square, Suite 330 - Wakefield, MA 01880
Telephone: (781) 876-8210 Fax: (781) 876-8383 www.massmedboard.org

POSTGRADUATE TRAINING VERIFICATION

APPLICANT'S AUTHORIZATION: I authorize the release of information from my postgraduate training program listed below, as requested by the Massachusetts Board of Registration in Medicine.

Applicant's Signature: C. Dutton M.D. Date: 7/6/2010

Print or Type Name: Caryn Dutton M.D.

Name of Institution: Dept of Ob/Gyn, USC Keck School of Medicine / LAC-USC Medical Center

INSTRUCTIONS TO THE PROGRAM DIRECTOR

Please complete this form and forward it to the applicant in a sealed envelope, signed across the seal. If the department was a "rotating" or "transitional" program, please submit documentation of the rotations, dates and hours of training.

Name of Institution: Los Angeles County University of Southern California Medical Center

If name of Institution was different when applicant attended, please enter name:

Enrollment and Participation: Our records indicate that Caryn Dutton participated in the following program:
(Print applicant's name)

(List each year separately with from and to dates)

Program Type (Internship, residency, fellowship)	PGY (1,2,3,4)	Department or type of specialty training	Dates Attended (MONTH/DAY/YEAR)		Completed (YES/NO)	Accredited By (ACGME, RSC, AOA or not accredited)
			FROM	TO		
<u>Fellowship Family Planning</u>	<u>5 & 6</u>	<u>Family Planning</u>	<u>Sept, 1, 2000</u>	<u>June 30, 2012</u>	<u>Yes</u>	<u>Not Accredited</u>

(Continued on page 2)

APPLICANT'S NAME: Caryn Dutton M.D.

Unusual Circumstances: The following questions apply to unusual circumstances that occurred during any part of the applicant's medical education. Please circle the appropriate response. If you answer yes to any of these questions, please enclose an explanation.

QUESTIONS

YES NO

- 1. Did the applicant take any leaves of absence or breaks from his/her post-graduate training?
- 2. Was the applicant ever placed on probation?
- 3. Was the applicant ever disciplined or under investigation?
- 4. Were any negative reports ever filed by instructors regarding the applicant?
- 5. Were any limitations or special requirements imposed on the applicant because of questions of academic incompetence or disciplinary problems?
- 6. During the applicant's participation, our postgraduate medical training was accredited by: ACGME Other: Not accredited

COMMENTS: _____

Certification: I hereby certify that the above information is correct, to the best of my knowledge: Daniel R. Marshall Jr

**AFFIX INSTITUTIONAL SEAL
HERE**

(If the institution does not have a seal, this form must be notarized by a notary public).

Program Director's Signature: Daniel R. Marshall Jr

Print Name: Daniel R. Marshall Jr

Academic Title: Professor Dept of Gyn Keck School of Medicine

Telephone: (951) 226-3377 Today's Date: 7/2/10

*University of
Southern
Calif. Irvine*

PLEASE RETURN THIS COMPLETED FORM TO THE APPLICANT IN A SEALED ENVELOPED WITH YOUR SIGNATURE ACROSS THE SEAL OF THE ENVELOPE.

RECEIVED

AUG - 6 2010

MALPRACTICE HISTORY

Board of Registration in Medicine

08/25/10

Board of Registration in Medicine

200 Harvard Mill Square, Suite 330

Wakefield, MA 01880 Telephone: (781) 876-8210 Fax: (781) 876-8383

Website: www.massmedboard.org

MALPRACTICE HISTORY

Applicant's Instructions: Complete this waiver for release of information and forward a copy to each of your current and past liability carrier(s) over the past ten (10) years. If you have been in a training program within the past ten (10) years, a copy of this form must be forwarded to your training program risk management office. You must account for any gaps in your claims history. If you have additional liability carriers, you may photocopy this form. Please return the Malpractice History form(s) with your original signature to the Board of Registration in Medicine.

Waiver for Release of Information

I authorize my professional liability carrier(s) listed below to release to the Commonwealth of Massachusetts, Board of Registration in Medicine, my malpractice history and any and all claims or actions for damages, including the following:

1. the name(s) of the claimant(s)
2. nature and date of claim(s)
3. amounts paid, if any, and
4. other disposition or information in its possession, custody or control on my current policy number, and/or any other policy I have had with this or any other carrier
5. dates of policy coverage must be included.

Liability Carrier's Instructions: If the applicant has any open or closed cases that have gone to trial, whether or not monies were paid, a copy of the complaint or summons, disposition or judgment and amount of monies paid on behalf of the applicant must be forwarded directly to the Board. IF THE APPLICANT DOES NOT HAVE ANY CLAIMS HISTORY, PLEASE CONFIRM THAT THERE ARE "NO CLAIMS" ON YOUR LETTERHEAD WITH THE DATES OF COVERAGE AND FORWARD TO THE BOARD. TRAINING PROGRAMS ARE ALSO REQUIRED TO PROVIDE THE MALPRACTICE HISTORY AND DATES OF COVERAGE.

County of Los Angeles
 Liability Carrier: LAC+USC Healthcare Network From: 7/00 To: 6/02
 City: Los Angeles State: CA Policy Number: n/a

Liability Carrier: The Doctor's Company From: 7/01 To: 7/02
 City: Napa State: CA Policy Number: 0026200

Liability Carrier: _____ From: 1 To: 1
 City: _____ State: _____ Policy Number: _____

Applicant's signature: C DUTTON Date: 8/4/10

Print Name: Caryn Dutton M.D. / Caryn Dutton Bean

Address: _____ City: _____
 State: _____ Zip code: _____

Additional forms available at the Board's website at www.massmedboard.org

MALPRACTICE HISTORY

Board of Registration in Medicine

200 Harvard Mill Square, Suite 330

Wakefield, MA 01880 Telephone: (781) 876-8210 Fax: (781) 876-8383

Website: www.massmedboard.org

MALPRACTICE HISTORY

Applicant's Instructions: Complete this waiver for release of information and forward a copy to each of your current and past liability carrier(s) over the past ten (10) years. If you have been in a training program within the past ten (10) years, a copy of this form must be forwarded to your training program risk management office. You must account for any gaps in your claims history. If you have additional liability carriers, you may photocopy this form. Please return the Malpractice History form(s) with your original signature to the Board of Registration in Medicine.

Waiver for Release of Information

I authorize my professional liability carrier(s) listed below to release to the Commonwealth of Massachusetts, Board of Registration in Medicine, my malpractice history and any and all claims or actions for damages, including the following:

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2. nature and date of claim(s)
3. amounts paid, if any, and
4. other disposition or information in its possession, custody or control on my current policy number, and/or any other policy I have had with this or any other carrier
5. dates of policy coverage must be included.

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Liability Carrier: State of Wisconsin / UW HC Risk Management From: 8/02 To: 1 present
 City: Madison State: WI Policy Number: N/A

Liability Carrier: ARMS Affiliate Risk Management Svcs (previously Marsh USA) From: 7/04 To: present
 City: New York State: NY Policy Number: 2648255-6793286

Liability Carrier: ARMS Affiliate Risk Management Svcs (previously Marsh USA) From: 7/00 To: 8/02
 City: New York State: NY Policy Number: 2648255

Applicant's signature: C. Dutton MD Date: 8/4/10

Print Name: Caryn Dutton MD / Caryn Dutton Bear

Address: _____ City: _____

State: _____ Zip code: _____

Additional forms available at the Board's website at www.massmedboard.org

RECEIVED

JUL 21 2010

Board of Registration
in Medicine

Application #: 245859
Date of Issue: ___/___/___

Board of Registration in Medicine
200 Harvard Mill Square, Suite 330 - Wakefield, MA 01880
Telephone: (781) 876-8210 Fax: (781) 876-8383 www.massmedboard.org

FULL LICENSE APPLICATION

Application Fee: Please enclose a check or money order in the amount of \$600.00 made payable to the Commonwealth of Massachusetts. The application fee is non-refundable. RECEIVED

Check One: U.S./Canadian Graduate International Graduate

Legal Name (do not use nicknames or initials, unless they are part of your legal name)

Dutton Bean Caryn Ruth
Last Name (type or print clearly) First Middle Suffix (Jr., etc.)

M.D. D.O. Ph.D Other degree _____ Male Female

Other Name(s) Used - List any other name(s) you have used which may appear on your identifying documents, such as medical education and examination records. If not applicable, check here

Dutton Caryn Ruth
Entire Last Name (type or print clearly) First Middle Suffix (Jr., etc.)

Please issue license in this name (see cover letter)

Date of Birth: ___/___/___ Social Security Number: _____
Month Day Year

Place of Birth: Washington D.C.
City State/Province/Territory Country if not USA

*Mailing Address: 75 Francis St., ASB1, 3-073 Telephone: (617) 732 5444
Number and Street
Boston MA 02115
City State/Province/Territory Zip (or postal) Code

Home Address: _____ Telephone: _____
Number and Street
City State/Province/Territory Zip (or postal) Code

Business Address: _____ Telephone: _____
Number and Street
City State/Province/Territory Zip (or postal) Code

E-mail Address: _____ Fax number: (617) 277-1440

Are you applying for licensure through FCVS? (See instructions page 12) Yes No

* The Board will use your Mailing Address for all correspondence

03/25/10

PRINT NAME: Caryn Ruth Dutton Bean

33
14
08/25/10

Hospital Affiliations and Employment

List hospital appointments, in chronological order, where you had active staff privileges. Include the name and address of the facility, your position and dates of affiliation. Also include periods of unemployment or employment outside of medicine. Attach a separate sheet of paper if necessary.

see next page for complete listing

		From	To
Facility: _____	Position: _____	____/____/____	____/____/____
Street: _____	City: _____	State: _____	
Facility: _____	Position: _____	____/____/____	____/____/____
Street: _____	City: _____	State: _____	
Facility: _____	Position: _____	____/____/____	____/____/____
Street: _____	City: _____	State: _____	
Facility: _____	Position: _____	____/____/____	____/____/____
Street: _____	City: _____	State: _____	

1. List other states (abbreviations) where you are currently or have ever had a full license: WI CA

- 2. a) Are you certified by the American Board of Medical Specialties? Yes No
- b) Are you certified by the American Board of Osteopathic Medicine? Yes No

3. List Board Certification(s): Obstetrics - Gynecology Certification date: 11/7/03
_____ Certification date: ____/____/____

4. List your practice specialt(ies) Ob/Gyn

5. Have you attached an up-to-date copy of your curriculum vitae? Yes No

6. Reason for requesting a Massachusetts medical license: starting new job on faculty at HMS/Brigham Women's Hospital

7. Name of Facility: Brigham Women's Hospital
Address: 75 Francis St City: Boston

8. Anticipated starting date in Massachusetts: 9/1/2010

Under the penalties of perjury, I declare that I have examined this full application and all its accompanying instructions, forms and statements, and to the best of my knowledge and belief, the information contained herein is true, correct and complete. As an applicant for a full license to practice medicine, I understand that a criminal record check may be conducted for conviction and pending criminal case information from the Criminal History Systems Board only and that it will not necessarily disqualify me from licensure.

C Dutton Bean
Signature of Applicant

7 / 19 / 10
Month Day Year

63
12
09/25/10

MALPRACTICE HISTORY

Board of Registration in Medicine
200 Harvard Mill Square, Suite 330
Wakefield, MA 01880 Telephone: (781) 876-8210 Fax: (781) 876-8383
Website: www.massmedboard.org

MALPRACTICE HISTORY

Applicant's Instructions: Complete this waiver for release of information and forward a copy to each of your current and past liability carrier(s) over the past ten (10) years. If you have been in a training program within the past ten (10) years, a copy of this form must be forwarded to your training program risk management office. You must account for any gaps in your claims history. If you have additional liability carriers, you may photocopy this form. **Please return the Malpractice History form(s) with your original signature to the Board of Registration in Medicine.**

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2. nature and date of claim(s)
3. amounts paid, if any, and
4. other disposition or information in its possession, custody or control on my current policy number, and/or any other policy I have had with this or any other carrier
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Liability Carrier: Marsh USA From: 7/04 To: 1 present
City: New York State: NY Policy Number: 6793286

Liability Carrier: Marsh USA From: 7/00 To: 8/02
City: New York State: NY Policy Number: 2648255

Liability Carrier: _____ From: 1 To: 1
City: _____ State: _____ Policy Number: _____

Applicant's signature: C Dutton Bean 7/19/10
Date

Print Name: Caryn Dutton M.D. / Caryn Dutton Bean

Address: _____ City: _____

State: _____ Zip code: _____

Additional forms available at the Board's website at www.massmedboard.org

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16
08/25/10

MALPRACTICE HISTORY

Board of Registration in Medicine
200 Harvard Mill Square, Suite 330
Wakefield, MA 01880 Telephone: (781) 876-8210 Fax: (781) 876-8383
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2. nature and date of claim(s)
3. amounts paid, if any, and
4. other disposition or information in its possession, custody or control on my current policy number, and/or any other policy I have had with this or any other carrier
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County of Los Angeles
Liability Carrier: LAC + WIC Healthcare Network From: 7/100 To: 6/102
City: Los Angeles State: CA Policy Number: N/A

Liability Carrier: _____ From: ____/____/____ To: ____/____/____
City: _____ State: _____ Policy Number: _____

Liability Carrier: _____ From: ____/____/____ To: ____/____/____
City: _____ State: _____ Policy Number: _____

Applicant's signature: C Dutton Bean 7/19/10
Date

Print Name: Caryn Dutton M.D. / Caryn Dutton Bean

Address: _____ City: _____

State: _____ Zip code: _____

Additional forms available at the Board's website at www.massmedboard.org

MALPRACTICE HISTORY

Board of Registration in Medicine
200 Harvard Mill Square, Suite 330
Wakefield, MA 01880 Telephone: (781) 876-8210 Fax: (781) 876-8383
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Liability Carrier: The Doctors Company
City: Napa State: CA

From: 7/01 To: 7/02
Policy Number: 0026200

Liability Carrier:
City: State:

From: / To:
Policy Number:

Liability Carrier:
City: State:

From: / To:
Policy Number:

Applicant's signature: Caryn Dutton Bean

Date: 7/19/10

Print Name: Caryn Dutton M.D. / Caryn Dutton Bean

Address: City:

State: Zip code:

MALPRACTICE HISTORY

Board of Registration in Medicine
200 Harvard Mill Square, Suite 330
Wakefield, MA 01880 Telephone: (781) 876-8210 Fax: (781) 876-8383
Website: www.massmedboard.org

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2. nature and date of claim(s)
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4. other disposition or information in its possession, custody or control on my current policy number, and/or any other policy I have had with this or any other carrier
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State of Wisconsin /
Liability Carrier: UWITE Risk Management From: 8/02 To: 1 present
City: Madison State: WI Policy Number: N/A

Liability Carrier: From: / To: /
City: State: Policy Number:

Liability Carrier: From: / To: /
City: State: Policy Number:

Applicant's signature: CDuttonBean Date: 7/19/10

Print Name: Caryn Dutton M.D. / Caryn Dutton Bean

Address: City:

State: Zip code:

Additional forms available at the Board's website at www.massmedboard.org

03 13 08/25/10

JUL 26 2010

Board of Registration in Medicine

19 02/25/10

MALPRACTICE HISTORY

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Liability Carrier: LAC+USC Healthcare Network From: 7/00 To: 6/02
City: Los Angeles State: CA Policy Number: N/A

Liability Carrier: From: / To: /
City: State: Policy Number:

Liability Carrier: From: / To: /
City: State: Policy Number:

Applicant's signature: C Dutton Bean 7, 19, 10
Print Name: Caryn Dutton M.D. / Caryn Dutton Bean
Address: City:
State: Zip code:

MALPRACTICE HISTORY

Board of Registration in Medicine
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State of Wisconsin /
Liability Carrier: UWTC Risk Management From: 8/02 To: / present
City: Madison State: WI Policy Number: N/A

Liability Carrier: From: / To: /
City: State: Policy Number:

Liability Carrier: From: / To: /
City: State: Policy Number:

Applicant's signature: CDuttonBean Date: 7/19/10

Print Name: Caryn Dutton M.D. / Caryn Dutton Bean

Address: City:

State: Zip code:

Additional forms available at the Board's website at www.massmedboard.org

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20
08/25/10

MALPRACTICE HISTORY

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2. nature and date of claim(s)
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Liability Carrier: Pro Assurance Wisconsin From: 8/02 To: present
City: Madison State: WI Policy Number: MP65987

Liability Carrier: _____ From: 1 To: 1
City: _____ State: _____ Policy Number: _____

Liability Carrier: _____ From: 1 To: 1
City: _____ State: _____ Policy Number: _____

Applicant's signature: C Dutton Bean 7/19/10
Date

Print Name: Carvn Dutton M.D/ Caryn Dutton Bean

Address: _____ City: _____

State: _____ Zip code: _____

JUL 21 2010

Board of Registration
in Medicine

PRINT NAME: Caryn Ruth Dutton Bean

PAGE 2 OF 5

08/25/10

Pre-medical School

Facility: Amherst College Degree: B.A. From 8/31/88 To 5/24/1992
Street: PO Box 5000 City: Amherst State: MA

Facility: _____ Degree: _____ / / / /
Street: _____ City: _____ State: _____

Medical School

Facility: University of Connecticut Degree: MD From 8/24/92 To 5/23/1996
Street: 263 Farmington Ave. City: Farmington State: CT

Facility: _____ Degree: _____ / / / /
Street: _____ City: _____ State: _____

Date of medical school graduation: May / 23 / 1996
Month Day Year

Note: U.S. graduates must include a written explanation for the duration of medical education longer than four (4) years, and for any breaks in medical education. International graduates must provide a written explanation for the duration of medical education longer than six (6) years and any breaks in medical education.

Postgraduate Education:

List all postgraduate training in chronological order from medical school to the present. Include the name and address of the facility, your position, e.g. PGY 1, 2, fellow, etc. and dates of affiliation. You must account for all periods of training or postgraduate work from the time you graduated from medical school.

Facility: Kaiser Permanente Medical Center Position: PGY1-4 From 6/24/96 To 6/30/00
Street: 700 Lawrence Expressway City: Santa Clara State: CA

Facility: Dept. of Ob/Gyn University of Southern California Position: Fellow From 7/3/00 To 6/30/02
Street: 1240 N. Mission Blvd City: Los Angeles State: CA

Facility: _____ Position: _____ / / / /
Street: _____ City: _____ State: _____

Facility: _____ Position: _____ / / / /
Street: _____ City: _____ State: _____

Facility: _____ Position: _____ / / / /
Street: _____ City: _____ State: _____



**Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application**

Physician Name: Caryn R Dutton, M.D.

License No.: 245859

Current Status: Active

License Expiration Date: 3/31/2011

1) **Activity Status:** Active

2) **Address & Contact Information**

Mailing Address: 75 Francis St
Boston
Massachusetts - 02115
United States of America

Home Address:

Business Address: 75 Francis St
Boston
Massachusetts - 02115
United States of America
(617) 732-4287

3) **Email Address:**

4) **Fax Number:** (617) 232-6346

5) **Specialties**
Obstetrics and Gynecology

6) **Current American Board of Medical Specialties (ABMS) or American Osteopathic Association (AOA) Information**

ABMS/AOA	Board Name	Certification	Subspecialty
ABMS	Obstetrics & Gynecology	Obstetrics and Gynecology	

7) **Drug License Numbers**

Massachusetts	Federal (DEA)	Federal (DEA) XS
----------------------	----------------------	-------------------------

8) **Other states where you are now licensed to practice**

Wisconsin

9) **States where you were previously licensed**

California
Connecticut

10) **Work Sites**

List of all work sites in Massachusetts, including health care facilities (where you are credentialed), private office, clinics, nursing homes, etc

WorkSite	Location
Brigham & Women's Hospital	



Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application

Physician Name: Caryn R Dutton, M.D.

License No.: 245859

11) Care of patients in Massachusetts
Average weekly hours involved in:

- a) inpatient care 12 hrs/Awk
b) outpatient care 24 hrs/Awk

12) Medical Liability Insurance Information

Insurance Carrier	Policy Start Date	Policy End Date	Policy Type
CRICO	09/09/2010	12/31/2011	Claims made with tail coverage

13) Do you perform any surgery in your Massachusetts office?

14) Claims Made

- a) New: Have you received notification of a claim, whether or not a lawsuit was filed on that claim, or has any medical malpractice claim been made against you during this time period?
b) Pending: Are there any unresolved malpractice claims against you today, i.e., any claims that have not been resolved, settled or adjudicated during this time period?

15) Claims Closed

Has any medical malpractice claim against you (whether or not a lawsuit was filed on that claim) been resolved, settled, or adjudicated during this time period?

16) Other Civil Lawsuits

Question 16 refers to claims or actions related to your competency to practice medicine or your professional conduct in the practice of medicine.

- a) New: Have there been any claims, other than medical malpractice claims, filed against you during this time period?
b) Resolved: Have you resolved, settled or adjudicated any lawsuits, other than medical malpractice claims, during this period?

17) Criminal Charges

- a) Have you been charged with any criminal offense during this period?
b) Have any criminal offenses/charges against you been resolved during this time period?
c) Are there any criminal charges pending against you today?
d) Are any Application of Issuance of Process pending against you?

18) Other Issues

- a) Have you withdrawn an application to any governmental authority, health care facility, group practice employer or professional association?
b) Have you ever taken a leave of absence from any health care facility, group practice or employer?
c) Have you been the subject of an investigation by any governmental authority, health care facility, group practice, employer or professional association?
d) Have you been the subject of a disciplinary action taken by any governmental authority, health care facility, group practice, employer or professional association?

19) Have your privileges to possess, dispense or prescribe controlled substances been suspended, revoked, denied, restricted by or surrendered to any state or federal agency?

20) Have you withdrawn an application for a medical license, allowed a license application to become obsolete or have you been denied a medical license for any reason?

21) Has any medical liability insurance carrier restricted, limited, terminated, imposed a surcharge or co-payment, or placed any condition related to professional competency or conduct on your coverage, or have you voluntarily restricted, limited or terminated your insurance coverage in response to an inquiry by a medical liability insurance carrier?



**Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application**

Physician Name: Caryn R Dutton, M.D.

License No.: 245859

22) Have you completed all CME requirements (100 hours of CME of which 10 hours must be in risk management. Requirement: 40 hours credit in Category 1 and 60 hours in Category 2) for this renewal period? (If you are in an approved Residency/ Fellowship program, or if your are renewing your license for the first time, please answer Yes) Yes



**Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application**

Physician Name: Caryn R Dutton, M.D.

License No.: 245859

23) Do you have a medical condition that interferes in any way or limits your ability to practice medicine?

24) Have you used any chemical substance(s) which in any way interferes with your ability to practice medicine?



**Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application**

Physician Name: Caryn R Dutton, M.D.

License No.: 245859

Current Status: Active

License Expiration Date: 3/31/2013

1) **Activity Status:** Active

2) **Address & Contact Information**

Mailing Address: 75 Francis St
Boston
Massachusetts - 02115
United States of America

Home Address:

Business Address: 75 Francis St
Boston
Massachusetts - 02115
United States of America
(617) 732-4806

3) **Email Address:**

4) **Fax Number:** (617) 730-2830

5) **Specialties**
Obstetrics and Gynecology

6) **Current American Board of Medical Specialties (ABMS) or American Osteopathic Association (AOA) Information**

ABMS/AOA	Board Name	Certification	Subspecialty
ABMS	Obstetrics & Gynecology	Obstetrics and Gynecology	

7) **Drug License Numbers**

Massachusetts	Federal (DEA)	Federal (DEA) XS
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8) **Other states where you are now licensed to practice**

None Reported

9) **States where you were previously licensed**

California
Connecticut
Wisconsin

10) **Work Sites**

List of all work sites in Massachusetts, including health care facilities (where you are credentialed), private office, clinics, nursing homes, etc

WorkSite	Location
Brigham & Women's Hospital	



Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application

Physician Name: Caryn R Dutton, M.D.

License No.: 245859

11) Care of patients in Massachusetts
Average weekly hours involved in:

- a) inpatient care 12 hrs/wk
b) outpatient care 24 hrs/wk

12) Medical Liability Insurance Information

Insurance Carrier	Policy Start Date	Policy End Date	Policy Type
CRICO	01/01/2013	12/31/2013	Claims made with tail coverage

13) Do you perform any surgery in your Massachusetts office?

14) Claims Made

- a) New: Have you received notification of a claim, whether or not a lawsuit was filed on that claim, or has any medical malpractice claim been made against you during this time period?
b) Pending: Are there any unresolved malpractice claims against you today, i.e., any claims that have not been resolved, settled or adjudicated during this time period?

15) Claims Closed

Has any medical malpractice claim against you (whether or not a lawsuit was filed on that claim) been resolved, settled, or adjudicated during this time period?

16) Other Civil Lawsuits

Question 16 refers to claims or actions related to your competency to practice medicine or your professional conduct in the practice of medicine.

- a) New: Have there been any claims, other than medical malpractice claims, filed against you during this time period?
b) Resolved: Have you resolved, settled or adjudicated any lawsuits, other than medical malpractice claims, during this period?

17) Criminal Charges

- a) Have you been charged with any criminal offense during this period?
b) Have any criminal offenses/charges against you been resolved during this time period?
c) Are there any criminal charges pending against you today?
d) Are any Application of Issuance of Process pending against you?

18) Other Issues

- a) Have you withdrawn an application to any governmental authority, health care facility, group practice employer or professional association?
b) Have you ever taken a leave of absence from any health care facility, group practice or employer?
c) Have you been the subject of an investigation by any governmental authority, including the Massachusetts Board of Registration in Medicine or any other state medical board, health care facility, group practice, employer or professional association?
d) Have you been the subject of a disciplinary action taken by any governmental authority, health care facility, group practice, employer or professional association?

19) Have your privileges to possess, dispense or prescribe controlled substances been suspended, revoked, denied, restricted by or surrendered to any state or federal agency?

20) Have you withdrawn an application for a medical license, allowed a license application to become obsolete or have you been denied a medical license for any reason?

21) Has any medical liability insurance carrier restricted, limited, terminated, imposed a surcharge or co-payment, or placed any condition related to professional competency or conduct on your coverage, or have you voluntarily restricted, limited or terminated your insurance coverage in response to an inquiry by a medical liability insurance carrier?



**Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application**

Physician Name: Caryn R Dutton, M.D.

License No.: 245859

22) Have you completed all CPD requirements (100 hours of CPD of which 10 hours must be in risk management. Requirement: 40 hours credit in Category 1 and 60 hours in Category 2) for this renewal period? (If you are in an approved Residency/ Fellowship program, or if your are renewing your license for the first time, please answer Yes) Yes



**Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application**

Physician Name: Caryn R Dutton, M.D.

License No.: 245859

23) Do you have a medical condition that interferes in any way or limits your ability to practice medicine?

24) Have you used any chemical substance(s) which in any way interferes with your ability to practice medicine?



**Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application**

Physician Name: Caryn R Dutton, M.D.

License No.: 245859

Current Status: Active

License Expiration Date: 3/31/2015

1) Activity Status: Active

2) Address & Contact Information

Mailing Address: 75 Francis St
Boston
Massachusetts - 02115
United States of America

Home Address:

Business Address: 75 Francis St
Boston
Massachusetts - 02115
United States of America
(617) 732-4806

3) Email Address:

4) Fax Number: (617) 730-2830

5) Specialties
Obstetrics and Gynecology

6) Current American Board of Medical Specialties (ABMS) or American Osteopathic Association (AOA) Information

ABMS/AOA	Board Name	Certification	Subspecialty
ABMS	Obstetrics & Gynecology	Obstetrics and Gynecology	

7) Drug License Numbers

Massachusetts	Federal (DEA)	Federal (DEA) XS
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8) Other states where you are now licensed to practice
None Reported

9) States where you were previously licensed
California
Connecticut
Wisconsin

10) Work Sites
List of all work sites in Massachusetts, including health care facilities (where you are credentialed), private office, clinics, nursing homes, etc

WorkSite	Location
Brigham & Women's Hospital	



Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application

Physician Name: Caryn R Dutton, M.D.

License No.: 245859

11) Care of patients in Massachusetts

Average weekly hours involved in: a) inpatient care 12 hrs/wk
b) outpatient care 24 hrs/wk

12) Medical Liability Insurance Information

Insurance Carrier	Policy Start Date	Policy End Date	Policy Type
CRICO	01/01/2015	12/31/2015	Claims made with tail coverage

13) Do you perform any surgery in your Massachusetts office?

14) Claims Made

- a) New: Have you received notification of a claim, whether or not a lawsuit was filed on that claim, or has any medical malpractice claim been made against you during this time period?
- b) Pending: Are there any unresolved malpractice claims against you today, i.e., any claims that have not been resolved, settled or adjudicated during this time period?

15) Claims Closed

Has any medical malpractice claim against you (whether or not a lawsuit was filed on that claim) been resolved, settled, or adjudicated during this time period?

16) Other Civil Lawsuits

Question 16 refers to claims or actions related to your competency to practice medicine or your professional conduct in the practice of medicine.

- a) New: Have there been any claims, other than medical malpractice claims, filed against you during this time period?
- b) Resolved: Have you resolved, settled or adjudicated any lawsuits, other than medical malpractice claims, during this period?

17) Criminal Charges

- a) Have you been charged with any criminal offense during this period?
- b) Have any criminal offenses/charges against you been resolved during this time period?
- c) Are there any criminal charges pending against you today?
- d) Are any Application of Issuance of Process pending against you?

18) Other Issues

- a) Have you withdrawn an application to any governmental authority, health care facility, group practice employer or professional association?
- b) Have you taken a leave of absence from any health care facility, group practice or employer for reasons related to your competence to practice medicine?
- c) Have you been the subject of an investigation by any governmental authority, including the Massachusetts Board of Registration in Medicine or any other state medical board, health care facility, group practice, employer or professional association?
- d) Have you been the subject of a disciplinary action taken by any governmental authority, health care facility, group practice, employer or professional association?

19) Have your privileges to possess, dispense or prescribe controlled substances been suspended, revoked, denied, restricted by or surrendered to any state or federal agency?

20) Have you withdrawn an application for a medical license, allowed a license application to become obsolete or have you been denied a medical license for any reason?

21) Has any medical liability insurance carrier restricted, limited, terminated, imposed a surcharge or co-payment, or placed any condition related to professional competency or conduct on your coverage, or have you voluntarily restricted, limited or terminated your insurance coverage in response to an inquiry by a medical liability insurance carrier?



**Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application**

Physician Name: Caryn R Dutton, M.D.

License No.: 245859

22) Have you completed all of the CPD requirements for this renewal cycle? If you are renewing your license for the first time or participating in postgraduate training, please answer Yes.

Yes



**Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application**

Physician Name: Caryn R Dutton, M.D.

License No.: 245859

23) Do you have a medical condition that interferes in any way or limits your ability to practice medicine?

24) Have you used any chemical substance(s) which in any way interferes with your ability to practice medicine?

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Board of Registration
in Medicine

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CURRICULUM VITAE for CARYN DUTTON, M.D., M.S.

PART I: General Information

DATE PREPARED: July 19, 2010

Name: Caryn Dutton, M.D., M.S.

Office Address: (starting Sept 1, 2010) 75 Francis St., ASB1, 3-073, Boston, MA 02115

Home Address:

Work E Mail:

Work FAX: (617) 277-1440

Place of Birth: Washington, D.C.

Education:

- 9/1988-5/1992 B.A. Amherst College, Amherst, MA
- 8/1992-5/1996 M.D. University of Connecticut School of Medicine, Farmington, CT
- 9/2000-12/2003 M.S. University of Southern California, Los Angeles, CA
Applied Biostatistics and Epidemiology

Postdoctoral Training:

- 6/1996-6/2000 Resident Obstetrics and Gynecology Kaiser Permanente Medical Center, Santa Clara, CA
- 7/2000-6/2002 Fellow Family Planning Clinical Care and Research Women's and Children's Hospital, LAC-USC Medical Center, Los Angeles, CA

Licensure and Certification:

- 5/1998-3/2004 Physician and Surgeon, Medical Board of California, license# A65255
- 7/2002-present Medicine and Surgery, State of Wisconsin Department of Regulation and Licensing, license# 44747-020
- 11/2003-present Diplomate, American Board of Obstetrics and Gynecology

Academic Appointments:

- 7/2000-6/2002 Clinical Instructor USC Keck School of Medicine, Los Angeles, CA

8/2002- 6/2004	Clinical Assistant Professor	University of Wisconsin School of Medicine and Public Health, Madison, WI
7/2004- 8/2010	Assistant Professor (CHS)	University of Wisconsin School of Medicine and Public Health, Madison, WI
Starting 9/2010	Clinical Instructor	Harvard Medical School Boston, MA

Hospital or Affiliated Institution Appointments:

7/2001- 7/2002	Active Staff	Queen of Angels-Hollywood Presbyterian Medical Center Los Angeles, CA
8/2002- present	Active Staff	University of Wisconsin Hospital and Clinics Madison, WI
8/2002- present	Active Staff	Meriter Hospital, Madison, WI
8/2002- present	Active Staff	St. Mary's Hospital, Madison, WI
9/2010-	Application In Progress	Brigham and Women's Hospital, Boston, MA

Other Professional Positions and Major Visiting Appointments:

3/1999- 6/2000	Per-Diem Physician	Kaiser Permanente Medical Center Santa Clara, CA
7/2000- 8/2002	Independent Contractor	Planned Parenthood of Los Angeles Los Angeles, CA
7/2001- 7/2002	Independent Contractor for USC Ob/Gyn Inc.	Queen of Angels-Hollywood Presbyterian Medical Center, Los Angeles, CA
7/2004- 12/2008	Physician	Planned Parenthood of Wisconsin, Inc. Madison, WI

Hospital and Health Care Organization Service Responsibilities:

1/2004- 9/2006	Clinic Director	Comprehensive Reproductive Health Center Madison, WI Planned Parenthood of Wisconsin Inc.
10/2006- present	Associate Medical Director	Planned Parenthood of Wisconsin Inc.

Major Administrative Responsibilities:

7/2001- 6/2002	Staff Physician Supervisor	Family Planning Clinic LAC-USC Medical Center
7/2004- present	Director, Kenneth J. Ryan Residency Training Program	University of Wisconsin School of Medicine and Public Health
4/2005- present	Director, MS4 elective in Women's Reproductive Health	University of Wisconsin School of Medicine and Public Health

Major Committee Assignments:

4/2005- present	Department of Ob/Gyn Research and Development Committee	member	University of Wisconsin School of Medicine and Public Health
4/2008- present	Department of Ob/Gyn Simulation Lab Committee	member	University of Wisconsin School of Medicine and Public Health
4/2008- present	Department of Ob/Gyn Resident Research Committee	member	University of Wisconsin School of Medicine and Public Health
2009	Department of Ob/Gyn CME conference Planning Committee	member	University of Wisconsin School of Medicine and Public Health
10/2009- 7/2010	Department of Ob/Gyn Education Committee	Chair	University of Wisconsin School of Medicine and Public Health

Professional Societies:

Fellow	American Congress of Obstetricians and Gynecologists
Junior Fellow	Society of Family Planning
Member	Association of Reproductive Health Professionals National Abortion Federation Physicians for Reproductive Choice and Health

Community Service Related to Professional Work:

9/2002- 12/2004	Member, Planning and Advisory Committee for the Comprehensive Reproductive Health Center	Planned Parenthood of Wisconsin, Inc.
1/2003- 6/2004	Member, Medical Advisory Board	Planned Parenthood of Wisconsin, Inc.

Editorial Boards:

2001, 2002 Ad hoc reviewer *Contraception*
2002 Ad hoc reviewer *American Journal of Obstetrics and Gynecology*

Awards and Honors:

- 2009 John M. Anderson, M.D. Memorial Award
- 2007 Dean's award to attend AAMC Early Women's Faculty Conference
- 2005 ACOG/CREOG Faculty Award for Resident Teaching in Ob/Gyn
- 2001 USC Medical Faculty Women's Association Research Award
- 1999 APGO/Parke-Davis Scholar Award
- 1998 Kaiser Foundation Hospital-Stanford University Medical Student Teaching Award
- 1998 Berlex Best Teaching Resident Award
- 1995 CIBA/GEIGY Award for Community Service

Part II: Research, Teaching, and Clinical Contributions

A. Narrative report

As a faculty member at the University of Wisconsin School of Medicine and Public Health, my full-time appointment is divided between a thriving department-based general Ob/Gyn practice and clinical care, training, and administrative work at Planned Parenthood of Wisconsin Inc. (PPWI). My general Ob/Gyn practice provides the full spectrum of women's health services including gynecologic surgery, and my panel contains on average 12 obstetric patients due each month. At PPWI, I provide state-mandated counseling and surgical abortion services up to 19 weeks gestation, and I have continuous responsibilities for resident and medical student training during those sessions. In addition I oversee the training and research programs, providee didactic and individualized educational sessions to students and staff, and supervise the state-wide abortion services program.

My research over the past several years has been in collaboration with resident research projects focused on my areas of interest, including access to abortion services, intrauterine contraception, and postpartum contraception. In addition I was the local PI enrolling patients for a national multi-site clinical trial comparing the contraceptive patch and contraceptive ring. I have provided many local and regional lectures on topics in gynecology, contraception, family planning, and abortion to a variety of audiences, including medical students and graduate students at University of Wisconsin-Madison.

As I join HMS and the department of Ob/Gyn at Brigham and Women's Hospital, I look forward to expanding my teaching obligations for residents and medical students, supervising the resident training in the gynecology clinic, and assisting with the Family Planning fellowship as a research and clinical mentor.

B. Funding Information

None.

C. Report of Current Research Activities

Use of lidocaine gel for pain control with IUD insertion in nulliparas: A randomized controlled trial. Principal Investigator, submitted to University of Wisconsin Health Sciences IRB July 2010.

D. Report of Teaching

I. Local contributions (Wisconsin)

a. Medical Student Education

1. Clinical Teaching

Clinical teaching of medical students on inpatient Ob/Gyn rotations during third year rotation, USC Keck School of Medicine, July 2000 to June 2002.

Clinical teaching of medical students on inpatient Ob/Gyn rotations during third year rotation, University of Wisconsin School of Medicine and Public Health, September 2002 to present.

Instructor for "Patient, Doctors, and Society" class for first year medical students, University of Wisconsin School of Medicine and Public Health, Spring 2003. (co-teacher for eight 4-hour sessions)

Director, Elective in Women's Reproductive Health, University of Wisconsin School of Medicine and Public Health, April 2005 to present. (coordinated and supervised 14 students in 2 or 4 week rotations)

Clinical preceptor for Ambulatory Ob/Gyn experience during third-year clerkship, July 2010. (Direct clinical teaching for 4 MS3 students during clinic hours, 16 hours/week)

2. Medical Student Research

Independent research on interaction between hormonal contraceptives and anti-epileptic medications, Britt Lunde MS4, November 2005. (intermittent supervision during a 4-week elective)

Independent research on development of an educational brochure for postpartum contraception, Becca Faber MS4, November 2008. (intermittent supervision during a 4-week elective)

3. Didactic Teaching and Presentations

Medical Student Lectures on Sterilization and Family Planning for third-year core Ob/Gyn rotation, USC Keck School of Medicine, July 2000 to June 2002.

"First Trimester Surgical Abortion," didactic presentation sponsored by Medical Students for Choice at Keck USC School of Medicine, Los Angeles, CA, May 10, 2002.

"An Introduction to Medical and Surgical Abortion," invited lecture to medical students, University of Wisconsin School of Medicine, November 3, 2005.

Moderator for "Patients talk about Abortion," sponsored by Medical Students for Choice, University of Wisconsin School of Medicine, January 25, 2006.

"Early Pregnancy Complications," MS2 core curriculum lecture for Integrated Endocrinology and Reproduction, University of Wisconsin School of Medicine, April 29, 2009. (1 hour lecture, 14 hours preparation.)

"Review of Endocrinology of Pregnancy and Early Pregnancy Complications," MS2 core curriculum lecture for Integrated Endocrinology and Reproduction, University of Wisconsin School of Medicine, April 22, 2010. (1 hour lecture, 4 hour preparation.)

Case conference moderator for Integrated Endocrinology and Reproduction, University of Wisconsin School of Medicine, April 23, 2010. (2 hour commitment, 1 hour preparation.)

4. Medical Student Advising

Faculty Advisor, Ob/Gyn Interest Group, University of Wisconsin School of Medicine and Public Health, 9/2008-7/2010.

Faculty Advisor, Medical Students for Choice, University of Wisconsin School of Medicine and Public Health, 9/2005-7/2010.

b. Resident Education

1. Clinical Teaching

Supervising staff physician for Ob/Gyn resident training in medical and surgical abortion, LAC- USC Medical Center, December 2000 to August 2002

Clinical teaching of Ob/Gyn residents on inpatient rotations, including supervision of Gynecology morning rounds, September 2002 to present.

Director of Kenneth J. Ryan Residency Training Program in Family Planning and Abortion for Department of Ob/Gyn, University of Wisconsin School of Medicine, July 2004 to present

2. Resident Research

Research Advisor for Laura Sabo MD, project title: "A Survey of Patient and Provider Knowledge, Practices and Attitudes Toward Emergency Contraceptive Pills", 2003-2004

Research Advisor for Cara Syth, project title: "A Survey to Compare Costs Incurred by Women Seeking Early Abortion at Two Clinic Sites: Evaluating the Effect of a State-Mandated Waiting Period." 2006-2009.

Research Advisor for Ryan Kerkuta, MD, "Investigating motivation to use contraception or avoid pregnancy among high-risk adolescents." 2009-2010.

Research Advisor for Eliza Bennett, MD, "A survey of IUC knowledge experience, and planned provision among graduating primary care residents." 2007-2010.

3. Didactic Teaching

"Emergency Contraception," presentation to Ob/Gyn residents at Kaiser Permanente Medical Center, Santa Clara, CA, July 26, 2001.

"Overview of Hormonal Contraception," presentation to residents in Internal Medicine, LAC+USC Medical Center, Los Angeles, CA, October 10, 2001.

"Early Surgical Abortion Techniques," presentation to residents in Obstetrics and Gynecology, University of Wisconsin, Madison, WI, January 24, 2002.

"Contraception for Women with Medical Problems and Other Chronic Conditions," presentation to residents in Obstetrics and Gynecology, University of Wisconsin, Madison, WI, February 27, 2003.

"Designing Research Studies and Data Analysis," presentation to residents in Obstetrics and Gynecology, University of Wisconsin, Madison, WI, May 15, 2003.

"Pregnancy Termination," presentation to students in Contemporary Professional Issues in Medical Genetics (Medical Genetics 737), University of Wisconsin, Madison, WI, October 6, 2004.

"Medical and Surgical Abortion," interactive case presentation to residents in Obstetrics and Gynecology, University of Wisconsin, Madison, WI, December 9, 2004.

"Pelvic Masses," presentation to residents in Obstetrics and Gynecology, University of Wisconsin, Madison, WI, November 10, 2005.

"Medical Abortion," and "Manual Vacuum Aspiration," as part of a four-hour didactic presentation on Abortion to the residents in Obstetrics and Gynecology at Medical College of Wisconsin, Milwaukee, WI, January 25, 2006.

"Pregnancy Termination," presentation to students in Contemporary Professional Issues in Medical Genetics (Medical Genetics 737), University of Wisconsin, Madison, WI, October 5, 2006.

- "Medical Abortion," presentation to residents in Obstetrics and Gynecology, University of Wisconsin, Madison, WI, December 2006.
- "Primary Preventative Care in Ob/Gyn," presentation to residents in Obstetrics and Gynecology, University of Wisconsin, Madison, WI, August 2007.
- "Values Clarification Exercise," presentation to residents in Obstetrics and Gynecology, University of Wisconsin, Madison, WI, August 2008.
- "Pregnancy Termination," presentation to students in Contemporary Professional Issues in Medical Genetics (Medical Genetics 737), University of Wisconsin, Madison, WI, October 2008.
- "Pelvic Masses," presentation to residents in Obstetrics and Gynecology, University of Wisconsin, Madison, WI, September 17, 2009.

c. Invited Lectures

- "Medical Abortion," Grand Rounds presentation to Department of Adolescent Medicine at Children's Hospital of Los Angeles, Los Angeles, CA, May 25, 2001.
- "Medical Abortion," Grand Rounds presentation to Departments of Medicine and Obstetrics and Gynecology, Kaiser Permanente Medical Center, Santa Clara, CA, July 26, 2001.
- "Levonorgestrel IUD: clinical uses and insertion training," presentation to Planned Parenthood of Orange County, CA, October 16, 2001.
- "An Overview of Medical Abortion," Grand Rounds presentation to the Department of Obstetrics and Gynecology, University of Wisconsin, Madison, WI, January 24, 2002.
- "Emergency Contraception," Grand Rounds presentation to Departments of Medicine and Obstetrics and Gynecology, White Memorial Medical Center, Los Angeles, CA, February 6, 2002.
- "Emergency Contraception," Grand Rounds presentation to Department of Obstetrics and Gynecology at Women and Infants' Hospital, Providence, RI, March 18, 2002.
- "Medical Abortion: Side Effects and Management of Complications," Presentation for the Kenneth J. Ryan Memorial Lectureship sponsored by Physicians for Reproductive Choice and Health, Los Angeles, CA, May 7, 2002.
- "Medical Abortion," Grand Rounds presentation to the Department of Obstetrics and Gynecology at Santa Clara Valley Medical Center, San Jose, CA, June 6, 2002.
- "Medical Abortion," Grand Rounds presentation to the Department of Obstetrics and Gynecology at University of Wisconsin-Milwaukee, Aurora Sinai Medical Center, January 29, 2003.
- "Update on Hormonal Contraception for Adolescents," Grand Rounds presentation to the Department of Pediatrics, University of Wisconsin School of Medicine, July 14, 2005.
- "Hormonal Contraception for Women with Medical Risk Factors," Grand Rounds presentation to the Department of Medicine, Meriter Hospital, Madison, WI, October 10, 2008.
- "Ryan Training programs at Planned Parenthood and Private Clinics," panel member for Ryan Residency Program meeting at NAF, Portland, OR, April 27, 2009.
- "Case presentation: Integrating Late Second Trimester Abortion Services into an Academic Setting," Family Planning Fellowship Annual Meeting, Chicago, IL, May 1, 2009.
- "Hormonal Contraception for Medically-Complex Patients: The Transplant Patient," Grand Rounds presentation to the Department of Transplant Surgery, University of Wisconsin Hospital and Clinics, Madison, WI, October 5, 2009.

d. CME course lectures

- "Emergency Contraception. It's not too late," presentation at "Cutting Edge Conference in Obstetrics and Gynecology," Universal City, CA, sponsored by USC Department of Ob/Gyn, November 4, 2001.

- "Advances in Contraception and Sterilization," presentation to the Wisconsin Nurses Association's Advanced Practice Nurse Forum: 21st Annual Pharmacology & Clinical Update, La Crosse, WI, May 4, 2007.
- "Update on the Latest in Contraception and Sterilization" and "Understanding and Managing Complications of Medical and Surgical Abortion" presented at "New Horizons in Family Planning," sponsored by Planned Parenthood of Wisconsin, Inc., May 11, 2007.
- "Contraceptive Options for Women with Medical Risk Factors," presentation to the Wisconsin Nurses Association's Advanced Practice Nurse Forum: 22nd Annual Pharmacology & Clinical Update, Lake Delton, WI, April 19, 2008.
- "Vulvar Findings in Reproductive Age Women," presentation for Clinical Issues Forum for STIs and Family Planning, HCET, Milwaukee, WI, October 28, 2008.
- "Endometrial Biopsy Workshop," presentation and skills lab for the Clinical Issues Forum for STIs and Family Planning, HCET, Milwaukee, WI, October 23, 2009.

E. Report of Clinical Activities

See narrative above.

Part III: Bibliography

Original Articles

1. Smith RM, Yuan P, Weiner D, **Dutton C**, Hansen D. An Approach to Sequence-Specific Antibody Proteases. *Appl Biochem and Biotech* 1994;47:329-334
2. **Dutton C**, Ackerson L, Phelps-Sandall B. Outcomes after Rollerball Endometrial Ablation for Menorrhagia. *Obstet Gynecol* 2001;98:35-9.
3. Jain JK, **Dutton C**, Harwood B, Meckstroth K, Mishell DR. A Prospective Randomized, Double-Blinded, Placebo-Controlled Trial Comparing Mifepristone and Vaginal Misoprostol to Vaginal Misoprostol Alone for Elective Termination of Early Pregnancy. *Hum Reprod* 2002;17:1477-82.
4. Jain J, **Dutton C**, Nicosia A, Wajszczuk C, Bode FR, Mishell DR Jr. Pharmacokinetics, ovulation suppression and return to ovulation following a lower dose subcutaneous formulation of Depo-Provera. *Contraception* 2004;70(1):11-8.
5. Creinin MD, Meyn LA, Borgatta L, Barnhart K, Jensen J, Burke AE, Westhoff C, Gilliam M, **Dutton C**, Ballagh S. A randomized, multi-center trial to evaluate continuation rates, side effects and acceptability of the contraceptive ring versus the contraceptive patch. *Obstet Gynecol* 2008;111:267-77.

Reviews, Chapters, and Editorials

1. **Dutton C**, and N Foldvary-Schaefer. Contraception in Women with Epilepsy: Pharmacokinetic Interactions, Contraceptive Options, and Management. *Int Rev Neurobiol* 2008;83:113-34.

Thesis

1. **Dutton C.** A Pilot Survey of Provider Knowledge and Provision of Medical Abortion among Ob/Gyn and Family Practice Physicians in Los Angeles. Los Angeles, CA: University of Southern California; 2003.

Abstracts

1. Egan J, **Dutton C**, Leopold H, Diana D, Esters D, Campbell, W. Antenatal Diagnosis of Hypoplastic Left Heart Syndrome: Clinical Characteristics, Management and Outcomes. Poster presentation, Society of Perinatologists and Obstetricians, February 1997.
2. **Dutton C**, Massa B, Harwood B, Jain JK, Mishell DR. A Pilot Study of the Safety and Efficacy of Misoprostol in the Management of Incomplete Abortion. Poster presentation, Pacific Coast Obstetrical and Gynecological Society, October 2001.
3. **Dutton C**, Jain JK, Harwood B, Meckstroth K, Mishell DR. Mifepristone and Vaginal Misoprostol Compared to Vaginal Misoprostol Alone for Elective Termination of Early Pregnancy. Oral presentation at the annual meeting of the Association of Reproductive Health Professionals, December 2001.
4. **Dutton C**, Jain JK, and Mishell DR. Initial Performance with a Program to Train Ob/Gyn Residents in the Performance of Elective Surgical Abortion. Poster presentation at the annual meeting of the Association of Professors in Obstetrics and Gynecology/Council on Resident Education in Obstetrics and Gynecology, March 2002.
5. Harwood B, **Dutton C**, Gong I, and Mishell DR. A Prospective Open Label Dose-finding Study of the Buccal Administration of Misoprostol for Early Pregnancy Termination. Oral presentation at the annual meeting of the National Abortion Federation, April 2002.
6. **Dutton C**, Gatter MG, and Saulsberry V. Same-Day Misoprostol Compared to Overnight Laminaria Prior to Surgical Termination of Pregnancies 12-16 Weeks Gestation. Oral presentation at the annual meeting of the National Abortion Federation, April 2002.
7. Nicosia A, **Dutton C**, Nucatola D, Jain J, Perez B. A Prospective Study Evaluating a Delayed Dosing Regimen of Vaginal Misoprostol for Early Pregnancy Termination. Oral presentation at the annual meeting of the National Abortion Federation, April 2003.
8. Syth C and **Dutton C**. A Survey to Compare Costs Incurred by Women Seeking Early Abortion at Two Clinic Sites: Evaluating the Effect of a State-Mandated Waiting Period. Oral presentation at the annual meeting of the National Abortion Federation, April 2009.