

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0037

Family Planning

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:
Connecticut Public Health Code, Section 19-13-D54 and Section 19a-116-1:

Planned Parenthood of Southern New England-New Haven of New Haven, CT d/b/a Planned Parenthood of Southern New England is hereby licensed to maintain and operate an Family Planning.

Planned Parenthood of Southern New England is located at 345 Whitney Avenue, New Haven, CT 06511

This license expires **December 31, 2017** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, January 1, 2014



Jewel Mullen, MD

Jewel Mullen, MD, MPH, MPA
Commissioner

STATE OF CONNECTICUT
Department of Public Health

LICENSE

License No. 0037

Outpatient Clinic

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:
Connecticut Public Health Code, Section 19-13-D54 and Section 19a-116-1:

Planned Parenthood Of Connecticut, Inc. of New Haven, CT, d/b/a Planned Parenthood Of Southern
New England is hereby licensed to maintain and operate a Family Planning Clinic.

Planned Parenthood Of Southern New England is located at 345 Whitney Avenue, New Haven, CT
06511.

This license expires **December 31, 2013** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, January 1, 2010. RENEWAL.



J Robert Galvin MD, MPH, MBA

J. Robert Galvin, MD, MPH, MBA, Commissioner

Hull, Suzette

From: Silva, Ivelisse
Sent: Thursday, June 11, 2015 10:08 AM
To: Hull, Suzette
Cc: 'christine.jennings@ct.gov'; Bawza, Mary; Revzen, Shira
Subject: State of CT- DPH Facility Licensing & Investigation Section

Follow Up Flag: Follow up
Flag Status: Flagged

Categories: Red Category

Suzette,

Christine Jennings the Processing Technician for DPH called and stated that pieces of the licensure application are missing and or not filled in correctly. Please see items below and send to Christine as soon as possible.

[Christine.jennings@ct.gov](mailto:christine.jennings@ct.gov) or her fax number is 860-509-7538.

- Organizational Chart
- Ownership Form- Needs to be filled in, it can not say see attached.
- Worker's Compensation & Certificate of Liability Insurance-No dates filled in or policy number, it can not say see attached.

Thank You,
Evy



Planned Parenthood of Southern New England

Ivelisse Silva
Health Center Manager

211 State Street 2nd Floor | Bridgeport, CT 06604
p: 203.366.0664 | f: 203.394.6784
ivelisse.silva@ppsne.org | www.ppsne.org

NOTE: This transmission, and any files that may accompany it, contain information belonging to Planned Parenthood of Southern New England and are considered confidential and/or legally privileged. If you are not the intended recipient, any disclosure, copying, distribution or the taking of any action in reliance on the contents of this transmission is strictly prohibited. If you believe you have received this transmission in error, please contact the sender immediately.

Planned Parenthood of Southern New England

Board of Directors 2013-2014

Officers:

Amelia Renkert-Thomas, Chair

Simone Joyaux, Vice Chair

Sandra Arnold, Secretary

Siw de Gysser, Treasurer

Leigh Bonney, Assistant Treasurer

Board of Directors:

Natalie Adsuar, M.D.

Adriana Arreola-Joseph

Erica Buchsbaum

Gayle Capozzalo

Karen Dubois-Walton

Sue Hessel

Susann Mark

Nadesha Mijoba

Donna Moffly

John R. Morton, M.D.

Susan Ross

Fahd Vahidy

Mary Kay Woods



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/12/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Marsh USA, Inc. 1166 Avenue of the Americas New York, NY 10036 Attn: healthcare.accounts@marsh.com Fax: 212-948-1307	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #
109210-NIPT-CAS-15-16 NEW,C PL	INSURER A: N/A	N/A
INSURED PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND, INC., AN AFFILIATE OF PLANNED PARENTHOOD FEDERATION OF AMERICA, INC. 345 WHITNEY AVENUE NEW HAVEN, CT 06511	INSURER B: National Union Fire Ins. Co. of Pittsburgh, PA	19445
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: NYC-007010533-01 REVISION NUMBER: 2

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	MEDICAL PROFESSIONAL CLAIMS-MADE COVERAGE		6793286 *Program Retro Date: 11/1/76*	01/01/2015	01/01/2016	PER CLAIM \$1,000,000 AGGREGATE \$3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 EVIDENCE OF COVERAGE FOR HEALTH CENTER

CERTIFICATE HOLDER

PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND
 211 STATE STREET
 BRIDGEPORT, CT 06604

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
 of Marsh USA Inc.
 Ricki Fitzsimmons

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CONTINUATION OF INTERRUPTED FACSIMILE TRANSMISSION
Job Number: 1748681451-008-1

4 of 5 pages (excluding this cover sheet) were previously delivered at:
Fri 19 Jun 2015 03:59:59 PM EDT



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/31/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Marsh USA, Inc.
1166 Avenue of the Americas
New York, NY 10036
Attn: healthcare.accounts@marsh.com Fax: 212-948-1307

CONTACT NAME
PHONE (A/C, No, Ext): FAX (A/C, No):
E-MAIL ADDRESS:

109210-NIP-CAS-15-16 NEW,C GLPL

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	New Hampshire Insurance Company	23841
INSURER B:	National Union Fire Ins. Co. of Pittsburgh, PA	19445
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED
PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND, INC.
AN AFFILIATE OF PLANNED PARENTHOOD FEDERATION OF AMERICA, INC.
345 WHITNEY AVENUE
NEW HAVEN, CT 06511

COVERAGES CERTIFICATE NUMBER: NYC-005757681-27 REVISION NUMBER: 11

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDISUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> SIR: \$100,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N N/A		082695195	01/01/2015	01/01/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/POP AGG \$ 2,000,000 COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$ WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	MEDICAL PROFESSIONAL CLAIMS-MADE COVERAGE		6793286 Program Retro Date: 11/1/76	01/01/2015	01/01/2016	PER CLAIM \$1,000,000 AGGREGATE \$3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER	CANCELLATION
PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND ATTN: LOUIS DENEGRE 345 WHITNEY AVENUE NEW HAVEN, CT 06511	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE of Marsh USA Inc. Rick Fitzsimmons <i>Rick Fitzsimmons</i>

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RENEWAL



STATE OF CONNECTICUT
 DEPARTMENT OF PUBLIC HEALTH
 FACILITY LICENSE & INVESTIGATIONS SECTION

LICENSURE APPLICATION

INITIAL RENEWAL CHANGE OF OWNERSHIP

NOTICE: Any nursing home licensee, owner or officer, including, but not limited to, a director, trustee, limited partner, managing partner, general partner or any person having at least 10 per cent (10%) ownership interest, and any administrator, assistant administrator, medical director, director of nursing or assistant director of nursing, may be subject to criminal liability, in addition to civil and administrative sanctions under federal and state law, for the abuse or neglect of a resident of the nursing home perpetrated by an employee of the nursing home.

NOTE: A separate application must be completed for each licensed level of care, weather or not, that level is located at the same address

In accordance with Section 19a-491 and/or Section 19a-506 of the Connecticut General Statutes, application is hereby made for a license to operate the following (please check the appropriate box/boxes that apply):

- | | |
|--|---|
| <input type="checkbox"/> Assisted Living Services Agency | <input type="checkbox"/> Infirmary Operated by an Educational Institution |
| <input type="checkbox"/> Children's Hospital | <input type="checkbox"/> Maternity Home |
| <input type="checkbox"/> Chronic and Convalescent Nursing Home | <input type="checkbox"/> Maternity Hospital |
| <input type="checkbox"/> Chronic Disease Hospital | <input type="checkbox"/> Outpatient Clinic/Primary Care |
| <input checked="" type="checkbox"/> Family Planning Clinic | <input type="checkbox"/> Outpatient Dialysis Unit |
| <input type="checkbox"/> General Hospital | <input type="checkbox"/> Outpatient Surgical Facility |
| <input type="checkbox"/> Home Health Care Agency | <input type="checkbox"/> Residential Care Home |
| <input type="checkbox"/> Homemaker-Home Health Aide Agency | <input type="checkbox"/> Rest Home with Nursing Supervision |
| <input type="checkbox"/> Hospice | <input type="checkbox"/> In-Patient Hospice Unit |
| <input type="checkbox"/> Hospital for Mentally Ill Persons | <input type="checkbox"/> Well Child Clinic |
| <input type="checkbox"/> Mental Health Psychiatric OutPat. | <input type="checkbox"/> Mental Health Day Treatment |
| <input type="checkbox"/> Mental Health Intermediate Tmt. | <input type="checkbox"/> Mental Health Community Residence |
| <input type="checkbox"/> Substance Abuse & Dependence | <input type="checkbox"/> Mental Health Residential Living |

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Phone: (860) 509-7444
 Telephone Device for the Deaf (860) 509-719
 410 Capitol Avenue - MS # 12HFL
 P.O. Box 340308 Hartford, CT 06134

Adm. Office
1-203-865-5158



An Equal Opportunity Employer

Please respond to all of the following questions:

- ✓ 1. Planned Parenthood of Southern New England
 Facility "d/b/a" (doing business as) Name
- 345 Whitney Ave New Haven CT 06511 (203) 503-0447
 Business Address City State Zip Code Telephone
- Same
 Mailing Address (if applicable) City State Zip Code

- ✓ 2. Bed Capacity Requested (if applicable). If submitting this application for multiple levels of care, please list the bed capacity for each level of care being requested.

<u>Level of Care</u>	<u>Beds/ Hemodialysis Stations</u>	<u>Bassinets (if applicable)</u>
<u>N/A</u>	_____	_____
_____	_____	_____
_____	_____	_____

- ✓ 3. 0602635105
 Federal Employer Identification Number

- ✓ 4. Disclose the legal entity which owns/operates the facility. (Note: The license will be issued to this entity.)

Planned Parenthood of Southern New England
 Licensee

345 Whitney Ave New Haven CT 06511 (203) 503-0447
 Business Address City State Zip Code Telephone

Same
 Mailing Address (if applicable)

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- ✓ 5. Is the above named legal entity a (please check the box which applies):
- Individual/Sole proprietor Municipality
 General Partnership Trust
 Limited Partnership Profit Corporation
 Limited Liability Company
 Other: _____
 Non-profit Corporation

- ✓ 6. Is the above named entity authorized by the Office of the Secretary of State to transact business in the State of Connecticut and considered in Good Standing? YES NO

✓ 7. Please disclose the name, business address and telephone number of the Agent for Service for the Licensee.
JUDY TABAR 345 WHITNEY AVE NEW HAVEN, CT 06511 (203) 865-5158
Name Address Telephone

✓ 8. Attach an organizational chart which reflects the current ownership structure of the licensee and the licensee's relationship with the facility/agency.

✓ 9. Respond to the specific question that reflects the ownership structure of the licensee. **The Licensee is the legal entity which will be issued the license to operate.**

A. If the Licensee is a **general partnership, limited partnership or limited liability company**, complete Form 1 (attached).

B. If the Licensee is a **trust**, complete Form 2 (attached) for the Licensee.

i. Attach a list including the name, address and telephone number of all trustees.

C. If the Licensee is a **corporation (profit or non-profit)**, complete Form 3 (attached) for the Licensee. Complete a separate Form 3 for each additional corporate entity having 10% or greater ownership interest in the Licensee.

i. If the corporation is incorporated in a state other than Connecticut, please attach a Certificate of Good Standing from the Secretary of State of the state of incorporation.

ii. Attach a list including the name, address and telephone number of all officers and all directors of the corporation.

✓ 10. Attach a current copy of the facility's Certificate of malpractice and public liability insurance. (Note: Information Pages and Insurance Binders are unacceptable. Only Certificates of Insurance will be accepted.) Please note that All Behavioral Health levels of care, except hospitals, and RCH facilities are exempt from the malpractice requirement.

✓ 11. Attach evidence of current compliance with the worker's compensation insurance coverage requirements in the form of one of the following:
A. a certificate of self-insurance issued by a worker's compensation commissioner pursuant to Section 31-284 of the Conn. General Statutes; or
B. a certificate of compliance issued by the Insurance Commissioner pursuant to Section 31-286 of the Conn. General Statutes; or
C. a Certificate of Insurance issued by any stock or mutual insurance company or mutual association authorized to write worker's compensation insurance in this state. (Note: Information pages and Insurance Binders are unacceptable. Only Certificates of Insurance will be accepted.)

✓ 12. Ownership of Real Property
Planned Parenthood of Southern New England
Name
345 WHITNEY AVE NEW HAVEN CT 06511 (203) 865-5158
Business Address City State Zip Code Telephone

FOR OFFICE USE ONLY

CHECK # _____ AMOUNT \$ _____
DATE RECEIVED _____ INITIALS _____

13. Annual Fire Marshal's Certificate of Inspection Form (attached) must be completed by the Local Fire Marshal. **NOTE: Hospitals must have a separate Fire Marshal's Certificate of Inspection completed for each building on the hospital's campus and each satellite listed on the hospital's license. Additional forms may be copied if necessary. Each completed Fire Marshal's Certificate of Inspection that is submitted must have an original signature. (Not applicable for Homemaker Home Health and Home Health Agencies).**

14. Affidavit of Owner:
I attest that the information provided within this application is true and accurate and that any changes in the information submitted will be reported to the Department as required by law.

Judy Tabar
Signature

11/8/13
Date Signed

Check one as applicable:

- Individual/Sole Proprietor
- General/Managing Partner
- President of Corporation
- Secretary of Corporation
- Municipal Officer
- Trustee

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State of Connecticut)

County of New Haven) ss 11/8 2013

Personally appeared before me the above named Judy Tabar and made oath to the truth of the statements contained in his/her answers to the foregoing questions.

Sally Wellman
Notary Public
Justice of the Peace
Town Clerk
Commissioner of the Superior Court

My Commission Expires:
(If Notary Public)

Sally Wellman
Notary Public-Connecticut
My Commission Expires
December 31, 2016

Please refer to Renewal Application to complete this form

Start at the bottom of this page going up.

Planned Parenthood of Southern New England

ORGANIZATION CHART

BOARD OF TRUSTEES

(Please attach a list of the board of Trustees)

Planned Parenthood of Southern New England

^

Page 2, Line 4 of the renewal application (LICENSEE)

Planned Parenthood of Southern New England

^

Page 1, Line 1 of the renewal application (D/B/A)

Organizational Chart

Non Profit entity run by a Board of Directors

Planned Parenthood of Southern New England (licensee)

Planned Parenthood/Enfield (d/b/a Planned Parenthood of Southern New England)

Board of Directors 2013-2014

Officers:

Amelia Renkert-Thomas, Chair
Simone Joyaux, Vice Chair
Sandra Arnold, Secretary
Siw de Gysser, Treasurer
Leigh Bonney, Assistant Treasurer

Board of Directors:

Natalie Adsuar
Adriana Arreola-Joseph
Erica Buchsbaum
Gayle Capozzalo
Karen Dubois-Walton
Sue Hessel
Susann Mark
Nadesha Mijoba
Donna Moffly
John R. Morton, M.D.
Susan Ross
Fahd Vahidy
Mary Kay Woods



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
FACILITY LICENSING & INVESTIGATIONS SECTION

Attachment 3

FORM 3

FACILITY/AGENCY NAME: Planned Parenthood of Southern New England

Form 3 must be completed if the facility/agency or Real Property Owner is owned/operated by a corporation (profit or non-profit). Please copy additional sheets if necessary.

For each stockholder with a 10% or greater ownership interest in the Licensee, provide the information requested below. If no owner owns 10% or more of the total shares, please indicate the two largest stockholders. **Please complete a separate form for each legal entity listed below that is not an individual.**

This information is for: Licensee Planned Parenthood of Southern New England
 Real Property Owner _____

1. Name: N/A
 Address: _____
 Telephone: _____
 Stockholder's percentage of ownership: _____
 Stockholder's occupation with the owner: _____

2. Name: _____
 Address: _____
 Telephone: _____
 Stockholder's percentage of ownership: _____
 Stockholder's occupation with the owner: _____

3. Name: _____
 Address: _____
 Telephone: _____
 Stockholder's percentage of ownership: _____
 Stockholder's occupation with the owner: _____

4. Name: _____
 Address: _____
 Telephone: _____
 Stockholder's percentage of ownership: _____
 Stockholder's occupation with the owner: _____

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/11/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

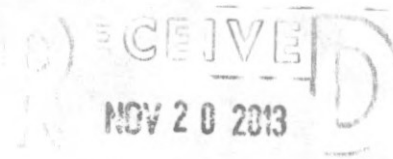
PRODUCER Lindquist Insurance Associates 24 Lexington St New Britain CT 06052		CONTACT NAME: Lori Toussaint PHONE (A/C No. Ext): (860) 224-2413 FAX (A/C No.): (860) 225-8917 E-MAIL ADDRESS: Lori.Toussaint@lindquist-insurance.com	
INSURED Planned Parenthood Of So. New England, Inc 345 Whitney Ave New Haven CT 06511		INSURER(S) AFFORDING COVERAGE INSURER A: Trust Workers Compensation INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	NAIC #

COVERAGES CERTIFICATE NUMBER: CL1341100728 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/OP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N <input type="checkbox"/> N/A	WCP39420	1/1/2013	1/1/2014	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 2,500,000 E.L. DISEASE - EA EMPLOYEE \$ 2,500,000 E.L. DISEASE - POLICY LIMIT \$ 2,500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)



CERTIFICATE HOLDER Planned Parenthood of Southern NE 345 Whitney Ave New Haven, CT 06511	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Lori Toussaint/LJT <i>Lori Toussaint</i>
--	---

Department of Public Safety
Division of Fire, Emergency & Building Services
Office of State Fire Marshall



STATE OF CONNECTICUT

On (date) 2/18/14, the (Town/City) New Haven Office of the Fire Marshal conducted at inspection of (name of facility) PPS NB located at (address) 345 Whitney Ave in the City/Town of New Haven to determine the degree of compliance with the fire safety requirements of Connecticut General Statutes 541 as authorized by Section 29-305 of the statutes. This facility was evaluated as a (new/existing) (occupancy classification) _____ as classified by the CONNECTICUT FIRE SAFETY CODE. As a result of this inspection, the following conditions were found:

- I. At the time of inspection, no code violations were identified. Certificate of approval recommended.
- II. At the time of inspection, conditions were discovered to be contrary to the minimum requirements of these codes. An acceptable plan of correction was submitted. (See attached information) Certificate of approval recommended.
- III. At the time of inspection, conditions were discovered to be contrary to the minimum requirements of these codes. No approved plan of correction was submitted. (See attached information) Certificate of approval NOT recommended.
- IV. Based on the extreme hazard to public safety discovered at the time of this inspection, this office is currently seeking an injunction from the court through our Town/City Attorney for the purpose of closing or restricting usage of this facility by the public. (See attached information) Certificate of approval NOT recommended.

[Signature]
Fire Marshal

2/18/14
Date

City or Town: City of New Haven



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
FACILITY LICENSING & INVESTIGATIONS SECTION

LICENSURE APPLICATION - ADDITIONAL INFORMATION REQUIRED

OUTPATIENT CLINICS, WELL CHILD CLINICS AND
FAMILY PLANNING CLINICS

Please respond to all of the following questions:

1. Planned Parenthood of Southern New England
Facility "d/b/a" (doing business as) Name

315 Whitney Ave New Haven CT 06511 (203) 503-0447
Business Address City State Zip Code Telephone

2. Check the appropriate box/boxes describing the services to be provided by the clinic:

- Primary Care
- Family Planning
- Well Child Clinic
- Abortion Procedures
- Dental

3. Jody Clark
Administrator (Your name needs to appear as it is shown on your Professional License).

4. Timothy Spurrell, MD NOV 20 2013
Medical Director Dental Director (if applicable)
(Your name needs to appear as it is shown on your Professional License).

5. Hours of Operation: M 9:00am-7:00pm T 9:00am-7:00pm W 8:00am-4:00pm
TH 9:00am-10:00pm F 8:00am-4:00pm S 8:00am-2:00pm 2 Sundays a month
6. Please provide a list of services that will be provided. 8:00am-12:00pm

7. Business Fax Number: (203) 503-0454

8. Business Email Address: Jody.Clark@ppsne.org

9. Business Cell Phone Number with Texting capabilities of the Administrator: _____

J. Clark
Signature of Administrator

11/8/13
Date Signed

Planned Parenthood of Southern New England

Services available:

- Well women's health care
- Well men's health care
- Cervical cancer screening
- Breast exams
- Sexually transmitted infection testing and treatment
- HIV testing
- Birth control services
- Pregnancy testing
- Options counseling
- Pre-conception care
- Medication abortion services
- Health and sexual health education services
- Hepatitis and HPV vaccine services
- Transgender services

NOV 20 2013

Dec.
2010
YEAR

FIRE MARSHAL ONLY

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 Amelia Renkert-Thomas, J.D., Treasurer
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 Chris Van Allsburg
 Sandra G. Wagenfeld
 Joan Melber Warburg
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President & CEO

Judy Tabar

Administrative Headquarters

345 Whitney Avenue
 New Haven, CT 06511
 203.865.5158

111 Point Street
 Providence, RI 02903
 401.421.7820

www.ppsne.org



Serving Connecticut & Rhode Island

January 21, 2010

Rose McLellan
 Facility License and Investigation Section
 CT Department of Public Health
 410 Capitol Avenue, MS # 12-FLIS
 P.O. Box 340308
 Hartford, CT 06134-0308

Dear Ms. McLellan,

With regard to the relicense application for Planned Parenthood of Southern New England in New Haven, CT, please be advised that the Fire Marshal's Inspection, which is due annually for health facilities, was conducted today, January 21, 2010. We apologize for not having it done by the due date of October 31, 2009 due to a misunderstanding. Our Facilities Manager was informed at our last inspection that the building at 345 Whitney Avenue (our state administrative offices) did not need re-inspection for two years, but did not realize that this exception did not apply to the health center located adjacent to the building. Thus we did not schedule an inspection for the health center until we were informed that our certificate had expired.

Once the Fire Marshal has supplied us with our certificate of inspection, we will immediately forward it to you. If you have any questions or concerns, please do not hesitate to contact me or our Facilities Manager, Frank O'Connor.

Sincerely,

Deanna Martin
 Clinical Services Administrative Assistant



Serving Connecticut & Rhode Island

Clinical Services Department

345 Whitney Avenue • New Haven, CT 06511

Tel: (203) 865-5158 • Fax: (203) 752-3258 • www.ppsne.org

Fax Transmittal

To: Kristine Jennings

From: Deanna Martin

Fax: 860-509-7538

Date: 1/21/10

Phone:

Pages (including cover): 2

Re: Fire Marshal Inspection

CC:

Urgent **For Review** **Please Comment** **Please Reply** **Please Recycle**

Comments:

Letter explaining the lapse between our expired Certificate of Inspection and date of scheduled inspection as requested.

all of 2010
2011-4yr
2012
2013

Dec. 2009

1-1-2010
12-31-2013

2010

RENEWAL



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
FACILITY LICENSE & INVESTIGATIONS SECTION

LICENSURE APPLICATION

[] INITIAL [✓] RENEWAL

NOTE: A separate application must be completed for each licensed level of care which is located at a different address. One (1) application may be submitted for multiple levels of care provided each level of care has the same name and the same licensee and is located at the same address.

In accordance with Section 19a-491 and/or Section 19a-506 of the Connecticut General Statutes, application is hereby made for a license to operate the following (please check the appropriate box/boxes that apply):

- | | |
|--|---|
| <input type="checkbox"/> Assisted Living Services Agency | <input type="checkbox"/> Infirmary Operated by an Educational Institution |
| <input type="checkbox"/> Children's Hospital | <input type="checkbox"/> Maternity Home |
| <input type="checkbox"/> Chronic and Convalescent Nursing Home | <input type="checkbox"/> Maternity Hospital |
| <input type="checkbox"/> Chronic Disease Hospital | <input type="checkbox"/> Outpatient Clinic |
| <input checked="" type="checkbox"/> Family Planning Clinic | <input type="checkbox"/> Outpatient Dialysis Unit |
| <input type="checkbox"/> General Hospital | <input type="checkbox"/> Outpatient Surgical Facility |
| <input type="checkbox"/> Home Health Care Agency | <input type="checkbox"/> Residential Care Home |
| <input type="checkbox"/> Homemaker-Home Health Aide Agency | <input type="checkbox"/> Rest Home with Nursing Supervision |
| <input type="checkbox"/> Hospice | <input type="checkbox"/> Well Child Clinic |
| <input type="checkbox"/> Hospital for Mentally Ill Persons | <input type="checkbox"/> Mental Health Day Treatment |
| <input type="checkbox"/> Mental Health Psychiatric OutPat. | <input type="checkbox"/> Mental Health Community Residence |
| <input type="checkbox"/> Mental Health Intermediate Tmt. | <input type="checkbox"/> Mental Health Residential Living |
| <input type="checkbox"/> Substance Abuse & Dependence | |

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 DIVISION OF HEALTH
 SYSTEMS REGULATION

Please respond to all of the following questions:

✓1. PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND
 Facility "d/b/a" (doing business as) Name

345 WHITNEY AVE. NEW HAVEN, CT 06511 (203) 503-0450
 Business Address City State Zip Code Telephone

 Mailing Address (if applicable) City State Zip Code

Phone: (860) 509-7444
 Telephone Device for the Deaf (860) 509-719
 410 Capitol Avenue - MS # 12HFL
 P.O. Box 340308 Hartford, CT 06134



An Equal Opportunity Employer

2. Bed Capacity Requested (if applicable). If submitting this application for multiple levels of care, please list the bed capacity for each level of care being requested.

Level of Care	Beds/ Hemodialysis Stations	Bassinets (if applicable)
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. 06-0263565
Federal Employer Identification Number

4. Disclose the legal entity which owns/operates the facility. (Note: The license will be issued to this entity.)

~~JUDY TABAK~~ ^{error} Planned Parenthood of Southern New England, Inc.
 Licensee
 345 WHITNEY AVE NEW HAVEN CT 06511 (803) 503-0450
 Business Address City State Zip Code Telephone

Mailing Address (if applicable)

5. Is the above named legal entity a (please check the box which applies):

- Individual/Sole proprietor
- General Partnership
- Limited Partnership
- Limited Liability Company
- Other: _____
- Non-profit Corporation
- Municipality
- Trust
- Profit Corporation

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 STATE OF CONNECTICUT

6. Is the above named entity authorized by the Office of the Secretary of State to transact business in the State of Connecticut and considered in Good Standing? YES NO

7. Please disclose the name, business address and telephone number of the Agent for Service for the Licensee.

Planned Parenthood of Southern New England
 Name Address Telephone
 345 Whitney Ave New Haven, CT 06511
 203 503 865-5158

8. Attach an organizational chart which reflects the current ownership structure of the licensee and the licensee's relationship with the facility/agency.

FACILITY FAX # (203) 624 1333

- 2. Bed Capacity Requested (if applicable). If submitting this application for multiple levels of care, please list the bed capacity for each level of care being requested.

<u>Level of Care</u>	<u>Beds/ Hemodialysis Stations</u>	<u>Bassinets (if applicable)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. 06-0263565
Federal Employer Identification Number

- 4. Disclose the legal entity which owns/operates the facility. (Note: The license will be issued to this entity.)

JUDY TABAR
Licensee

345 Whitney Ave New Haven Ct 06511 (203) 503-0450
Business Address City State Zip Code Telephone

Mailing Address (if applicable)

- 5. Is the above named legal entity a (please check the box which applies):

- Individual/Sole proprietor
- General Partnership
- Limited Partnership
- Limited Liability Company
- Other: _____
- Non-profit Corporation
- Municipality
- Trust
- Profit Corporation

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 DIVISION OF HEALTH
 SYSTEMS REGULATIONS

- 6. Is the above named entity authorized by the Office of the Secretary of State to transact business in the State of Connecticut and considered in Good Standing? YES NO

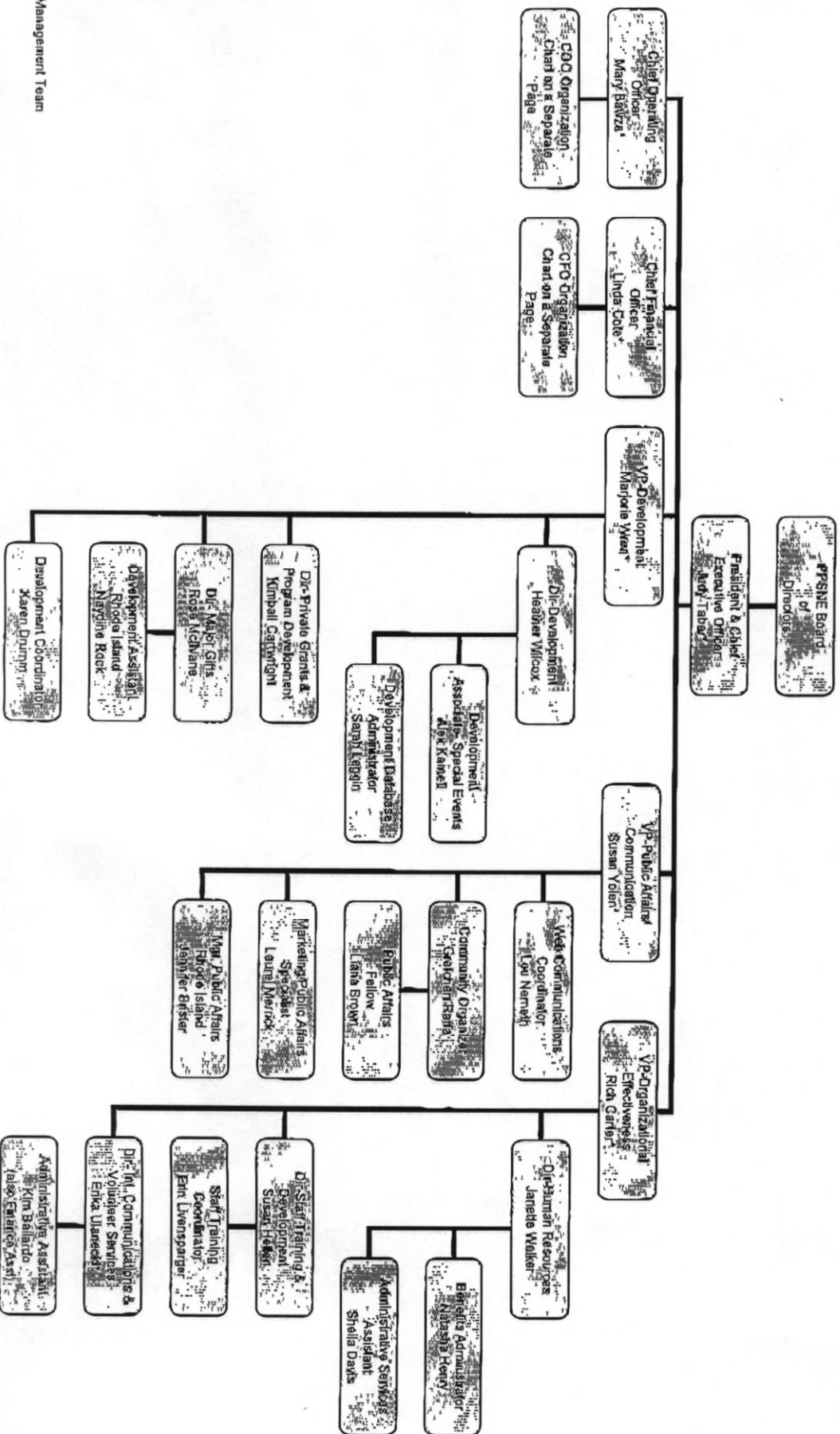
- 7. Please disclose the name, business address and telephone number of the Agent for Service for the Licensee.

Planned Parenthood of Southern New England 345 Whitney Ave New Haven, Ct 06511
Name Address Telephone
203 503 865-5158

- 8. Attach an organizational chart which reflects the current ownership structure of the licensee and the licensee's relationship with the facility/agency.

FACILITY FAX # (203) 624 1333

Planned Parenthood of Southern New England December 2009



Management Team

9. Respond to the specific question that reflects the ownership structure of the licensee. **The Licensee is the legal entity which will be issued the license to operate.**
- A. If the Licensee is a **general partnership, limited partnership or limited liability company**, complete Form 1 (attached).
 - B. If the Licensee is a **trust**, complete Form 2 (attached) for the Licensee.
 - i. Attach a list including the name, address and telephone number of all trustees.
 - C. If the Licensee is a **corporation (profit or non-profit)**, complete Form 3 (attached) for the Licensee. Complete a separate Form 3 for each additional corporate entity having 10% or greater ownership interest in the Licensee.
 - i. If the corporation is incorporated in a state other than Connecticut, please attach a Certificate of Good Standing from the Secretary of State of the state of incorporation.
 - ii. Attach a list including the name, address and telephone number of all officers and all directors of the corporation.

10. Attach a current copy of the facility's Certificate of malpractice and public liability insurance. (Note: Information Pages and Insurance Binders are unacceptable. Only Certificates of Insurance will be accepted.). Please note that All Behavioral Health levels of care, except hospitals, and RCH facilities are exempt from the malpractice requirement.

11. Attach evidence of current compliance with the worker's compensation insurance coverage requirements in the form of one of the following:
- A. a certificate of self-insurance issued by a worker's compensation commissioner pursuant to Section 31-284 of the Conn. General Statutes; or
 - B. a certificate of compliance issued by the Insurance Commissioner pursuant to Section 31-286 of the Conn. General Statutes; or
 - C. a Certificate of Insurance issued by any stock or mutual insurance company or mutual association authorized to write worker's compensation insurance in this state. (Note: Information pages and Insurance Binders are unacceptable. Only Certificates of Insurance will be accepted.)

12. Ownership of Real Property
PLANNED PATERNODD of Southern New England
 Name
345 N HARTNEY AVE NEW HAVEN CT 06511 (203) 865-4575
 Business Address City State Zip Code Telephone

13. Annual Fire Marshal's Certificate of Inspection Form (attached) must be completed by the Local Fire Marshal. **NOTE: Hospitals must have a separate Fire Marshal's Certificate of Inspection completed for each building on the hospital's campus and each satellite listed on the hospital's license. Additional forms may be copied if necessary. Each completed Fire Marshal's Certificate of Inspection that is submitted must have an original signature. (Not applicable for ALSA's, Homemaker Home Health and Home Health Agencies).**

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 SYSTEMS REGULATION



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
FACILITY LICENSING & INVESTIGATIONS SECTION

Attachment 3

FORM 3

FACILITY/AGENCY NAME: PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND

Form 3 must be completed if the facility/agency or Real Property Owner is owned/operated by a corporation (profit or non-profit). Please copy additional sheets if necessary.

For each stockholder with a 10% or greater ownership interest in the Licensee, provide the information requested below. If no owner owns 10% or more of the total shares, please indicate the two largest stockholders. **Please complete a separate form for each legal entity listed below that is not an individual.**

This information is for: Licensee _____
 Real Property Owner _____

1. Name: SEE ATTACHED
 Address: _____
 Telephone: _____
 Stockholder's percentage of ownership: _____
 Stockholder's occupation with the owner: _____
2. Name: _____
 Address: _____
 Telephone: _____
 Stockholder's percentage of ownership: _____
 Stockholder's occupation with the owner: _____
3. Name: _____
 Address: _____
 Telephone: _____
 Stockholder's percentage of ownership: _____
 Stockholder's occupation with the owner: _____
4. Name: _____
 Address: _____
 Telephone: _____
 Stockholder's percentage of ownership: _____
 Stockholder's occupation with the owner: _____

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**Planned Parenthood of Southern New England, Inc.
Judy Tabar, President and CEO**

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PLANNED PARENTHOOD OF CONNECTICUT CENTER HOURS

Tue	Wed	Thur	Fri	Sat
8:00am-6:30pm	10:30am-4:30pm staff mtg. 9:00-10:30	8:00am-6:30pm	9:00am-4:30pm	9:00-12:30pm
11:00-6:30pm	8:30am-4:00pm	9:30am-4:00pm staff mtg. 8:30-9:30	8:30am-4:00pm	8:30am-12:00pm 2 Sat/month
9:30am-4:30pm staff mtg. 8:30-9:30	9:00am-5:00pm	11:30am-7:30pm	8:30am-4:30pm	9:00am-1:00pm 2 Sat/month
8:30am-4:30pm	8:30am- 4:30pm	10:00am-6:00pm staff mtg. 10:00-11:00	8:30am-4:30pm	9:00am-12:00pm 1st & 3rd Sat
8:30am-4:30pm	9:00am-5:00pm	11:00am-7:00pm	8:30am-4:30pm Staff Mtg. 8:30-9:30	9:00am-1:00pm 2nd Sat of month
8:30am-4:30pm	8:30am-7:30pm	9:00am-7:30pm	8:30am-3:30pm staff mtg. 3:30p-4:30p	8:30am-3:30p beginning Oct 1
8:30am-4:30pm	12:00pm - 7:00pm staff mtg. 11:00-12:00	8:30am-4:30pm	8:30am-4:30pm	8:30am-12:30pm 4 Sat/month
4:30pm-7:30pm	closed	4:30pm-7:30pm	closed	
8:30am-8:00pm	9:15am-5:00pm staff mtg. 8:00-9:00	8:45am-6:00pm	8:15am-5:00pm <i>SURGICAL ABORTIONS 8-12^s</i>	8:15am-2:00pm <i>SURGICAL AB 8-11</i>
8:30am-5:00pm	8:30am-5:00pm	8:30am-7:00pm staff mtg. 11:30-12:30	8:30am-4:00pm	8:30am-12:30pm 1st & 3rd Sat
11:00am-7:00pm	9:00am-5:00pm	9:00am-7:00pm staff mtg 1:00-2:00	9:00am-5:00pm	8:00am-2:00pm
12:00pm-8:00pm	closed	12:00pm-8:00pm	10:00 am-5:00pm staff mtg. 9:00-10:00	9:00am-1:00pm 2 Sat/month
Closed	8:30am-4:00pm	9:30am-7:30pm	8:30am-3:00pm	9:00am-12:30pm
11:00am-5:30pm staff mtg. 10:00-11:00	7:00am-2:30pm	8:30am-7:30pm	8:00am-2:30pm	8:30am-12:00pm every other Sat
9:30am-4:30pm staff mtg. 8:30-9:30	closed	11:00am-7:00pm	8:30am-4:30pm	8:30am-12:30pm 2 Sat/month
12:15pm-6:30pm staff mtg. 11:00-12:00	8:30am-4:00pm	8:30am-4:00pm	8:30am-4:00pm	8:30am-12:00pm 2 Sat/month
8:00am-4:30pm	8:30am-7:00pm	8:30am-7:00pm staff mtg. 12:00-1:00	8:00am-4:30pm	9:00am-1:00pm
10:30am-7:30pm	10:00am-4:30pm	12:30pm-7:30pm staff mtg. 11:30-12:30	8:30am-4:30pm	8:30am-12:30pm 1st & 3rd Sat
9:00am - 5:30pm	9:00 - 5:30pm	12:00 pm - 7:30pm Staff mtg 12:30-1:30 No NPs in bldg in a.m.	9:00 am - 5:30pm	9:00am - 12:30pm

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