

## Profile - DR.0038983

### General Disclaimer:

The information posted on the Healthcare Professions Profile Program (HPPP) website was provided by applicants for an original license; applicants for reinstatement or reactivation of an existing license; as well as by those individuals renewing a license. While the Division believes the information to be reliable, human or mechanical error remains a possibility, as does the delay in the posting or updating of information. The Division makes no guarantee as to the accuracy or completeness of the information and the information is not verified by the HPPP staff. The Division will take action to obtain compliance with the requirements to provide accurate and timely information as required by law when information is received that indicates information required by law has not been provided or is not accurate.

### Availability Disclaimer:

Healthcare professionals who have an inactive or lapsed license are not required to complete a Healthcare Professions Profile until they apply for reactivation or reinstatement. If you have questions about a missing Healthcare Professions Profile or any missing documents that should be listed, please contact the Healthcare Professions Profile Program at [dora\\_dpo\\_hppp@state.co.us](mailto:dora_dpo_hppp@state.co.us) or 303-894-5942.

**Malpractice Claims Disclaimer:** Some studies have shown that there is no significant correlation between malpractice history and a healthcare professional's competence. At the same time, consumers should have access to malpractice information. To make the best healthcare decisions, you should view this information in perspective. You could miss an opportunity for high quality care by selecting a healthcare professional based solely on malpractice history. When considering malpractice data, please keep in mind: Malpractice histories tend to vary by profession and by specialty. Some professions or specialties are more likely than others to be the subject of litigation. You should take into account how long the healthcare professional has been in practice when considering malpractice averages. The incident causing the malpractice claim may have happened years before a payment is finally made. Sometimes, it takes a long time for a malpractice lawsuit to move through the legal system. Some healthcare professionals work primarily with high-risk patients. These healthcare professionals may have malpractice histories that are higher than average because they specialize in cases or patients who are at very high risk for problems. Settlement of a claim may occur for a variety of reasons that do not necessarily reflect negatively on the professional competence or conduct of the healthcare professional. A payment in settlement of a malpractice action or claim should not be construed as creating a presumption that malpractice has occurred. You may wish to discuss information provided, and malpractice generally, with your healthcare professional.

Name Andrew Jordan Ross  
 Credential DR.0038983

## HPPP GLOBAL - Location of Practice

### Location of Practice

Are you currently practicing in the healthcare profession associated with this profile?

For more information about what must be reported, review [Director Policy #3](#).

Yes

## HPPP GLOBAL - WF Location of Practice If Yes

### Location of Practice

Add your Practice Locations by clicking the "add" button below. If you already have Practice Locations listed that you need to edit you may click the pencil icon in the "Action" column:

*You must enter all locations where you practice the field in which you are licensed.*

Questions #6-#10, are being collected per HB 12-1052. These questions will assist the state in assessing the health professional workforce in your community and will effect the distribution of healthcare workforce practice incentives in under served communities. You are not required to complete questions #6-#10 as a part of your profile submission and your responses to the questions below will not be included in the public search of profiles. Your responses will, however, substantially assist the state in improving access to care within your community. Thank you in advance for your willingness to help improve access to healthcare in Colorado.

Please enter the average hours per week of the services below at this location. For questions #6-#10, please enter a zero (0) in the field if it is a service you do not provide so your information will be included in the assessment.

Address	City	State	Zip Code	Phone Number
	DENVER	Colorado	80209	

## HPPP - MEDICAL Education and Training

### Education and Training

Please select the highest level of education received as it pertains to your profession. *If your degree is not listed, please select "Foreign Trained" for education outside of the United States or "Other" for a United States degree that is not included.*

For more information about what must be reported, review [Director Policy #3](#).

Albert Einstein College of Medicine of Yeshiva Uni

Please enter the year your initial Degree was achieved: *Only enter the year in YYYY format*

1996

## HPPP GLOBAL - Other Licenses

### Other Licenses

Have you ever held, or do you currently hold any other licenses in this profession from any other state, country or province?

For more information about what must be reported, review [Director Policy #4](#).

Yes

## HPPP GLOBAL - Other Licenses if Yes

### Other Licenses

Add your other licenses by clicking the "add" button below. If you already have other licenses listed that you need to edit you may click the pencil icon in the "Action" column:

*You need only include the preceding ten years.*

State	License Status	Year Originally Issued
Pennsylvania	Expired	1996

## HPPP GLOBAL - Board Certifications

### Board Certifications

Do you hold any current Board Certifications?

For more information about what must be reported, review [Director Policy #4](#).

Yes

## HPPP - MEDICAL Board Certifications if Yes

### Board Certifications

Please select all Board Certifications as applicable:

*Only current and active certifications should be included.*

Certification
Obstetrics and Gynecology

## HPPP GLOBAL - Practice Specialties

### Practice Specialties

Do you have a practice specialty in which you are appropriately trained and actively practicing?

For more information about what must be reported, review [Director Policy #4](#).

Yes

## HPPP - MEDICAL Practice Specialties if Yes

### Practice Specialties

Please select all Practice Specialties as applicable:

If your specialty is not listed, you can select ""Other"" and may provide information in the Optional Narrative section

<b>Specialty</b>
Obstetrics and Gynecology

### HPPP GLOBAL - CO Hospital Affiliations

#### Colorado Hospital Affiliations

Do you have a current affiliation or clinical privileges with any Colorado Hospital?

Hospital Affiliations and clinical privileges include locum tenens lasting for longer than six months, teaching positions, and any relationship with a hospital including positions on boards of directors.

For more information about what must be reported, review [Director Policy #4](#).

Yes

### HPPP GLOBAL - CO Hospital Affiliations if Yes

#### Colorado Hospital Affiliations

Add your Colorado hospital affiliations by clicking the "add" button below. If you already have Colorado hospital affiliations listed that you need to edit, you may click the pencil icon in the "Action" column:

Hospital	Affiliation Type	City
Swedish Medical Center	Admitting Privileges	Englewood

### HPPP GLOBAL - Other Hospital Affiliations

#### Other Health Care Facilities and Out of State Hospital Affiliations

Do you have a current affiliation with any healthcare facility or a non-Colorado hospital?

Other healthcare facilities can include ambulatory surgery centers and rehabilitation hospitals. Affiliations with non-Colorado hospitals includes locum tenens lasting for longer than six months, teaching positions, and any relationship with a hospital including positions on boards of directors.

For more information about what must be reported, review [Director Policy #4](#).

No

### HPPP GLOBAL - Business Ownership

#### Business Ownership

Do you have a current business ownership interest in any healthcare-related business?

For more information about what must be reported, review [Director Policy #4](#).

No

### HPPP GLOBAL - Employer

#### Employer

Do you have an employer in the profession in which you are licensed or are applying for a license?

For more information about what must be reported, review [Director Policy #3](#).

Yes

### HPPP GLOBAL - Employer if Yes

**Employer**

Add your current Employer(s) by clicking the "add" button below. If you already have employers listed that you need to edit, you may click the pencil icon in the "Action" column:

*List all current employers. If you work for a temporary agency, please list the agency as your employer. Any changes in employers must be updated within one year of the change.*

Employer Name	Address	City	State	Zip Code	Phone Number
Health One Clinic Services	701 E. Hampden	Englewood	Colorado	80209	(303) 788-8808

**HPPP GLOBAL - Employment Contracts****Employment Contracts**

Do you have a contract with any business whose mission relates to healthcare services or products where the value is greater than \$5000 annually?

*This does not include contracts with insurance providers. Any contract with a hospital, durable medical equipment company or pharmaceutical company must be reported.*

For more information about what must be reported, review [Director Policy #4](#).

Yes

**HPPP GLOBAL - Employment Contracts if Yes****Employment Contracts**

Add your current Employment Contract(s) by clicking the "add" button below. If you already have employment contracts listed that you need to edit, you may click the pencil icon in the "Action" column:

Entity Name	Length of Contract	Contract Position
Health One Clinic Services	3 years	Employee

**HPPP GLOBAL - Disciplinary Actions****Disciplinary Actions**

Have you ever had public disciplinary action taken against your license by any board or licensing agency in any state or country?

For more information about what must be reported, review [Director Policy #5](#).

Yes

**HPPP GLOBAL - Disciplinary Actions if Yes****Disciplinary Actions**

Add your current Disciplinary Action(s) by clicking the "add" button below. If you already have disciplinary actions listed that you need to edit, you may click the pencil icon in the "Action" column:

Discipline Year	State
2015	Colorado

**HPPP GLOBAL - Restrictions and Suspensions****Restrictions and Suspensions**

Have you ever entered into any agreement or stipulation to temporarily cease your practice or had a board order issued restricting or suspending your license?

For more information about what must be reported, review [Director Policy #5](#).

No

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## HPPP GLOBAL - Healthcare Facility Actions

### Healthcare Facility Actions

Since September 1, 1990, have you had any final actions resulting in involuntary limitations or probationary status on or reduction, nonrenewal, denial, revocation or suspension of medical staff membership or clinical privileges at a hospital or healthcare facility? You are not required to report a precautionary or administrative suspension unless you resigned your medical staff membership or clinical privileges while the suspension was pending.

For more information about what must be reported, review [Director Policy #5](#).

No

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## HPPP GLOBAL - Termination of Employment

### Termination of Employment

Have you ever been terminated by an employer for a reason that would be considered a violation of your profession's practice law?

For more information about what must be reported, review [Director Policy #5](#).

No

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## HPPP GLOBAL - DEA Registration

### DEA Registration Surrender

Have you ever had to involuntarily surrender your United States Drug Enforcement Agency Administration Registration?

For more information about what must be reported, review [Director Policy #5](#).

No

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## HPPP GLOBAL - DEA Registration if Yes

### DEA Registration Surrender

Please provide the year of surrender below. If you have had multiple DEA surrenders, enter the years separated by a comma (,).

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## HPPP GLOBAL - Convictions

### Convictions

Since you were issued a license to practice your profession in any state or country, have you had any final criminal conviction(s) or plea arrangement(s) resulting from the commission or alleged commission of a felony or crime of moral turpitude in any jurisdiction?

For more information about what must be reported, review [Director Policy #6](#).

No

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## HPPP GLOBAL - Malpractice Claims

### Malpractice Claims

Since September 1, 1990, have you had any final judgment, entered into a settlement, or paid an arbitration award for malpractice?

For more information about what must be reported, review [Director Policy #5](#).

Yes

## HPPP GLOBAL - Malpractice Claims if Yes

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### Malpractice Claims

Add your Malpractice Claims by clicking the "add" button below. If you already have malpractice claims listed that you need to edit, you may click the pencil icon in the "Action" column:

Year	State	Claim Type	Arbitrator, Mediator or Court
1997	Pennsylvania	Settlement	n/a
2001	Colorado	Settlement	COPIC
2010	Colorado	Settlement	COPIC

## HPPP GLOBAL - Malpractice Carrier Refusal

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### Malpractice Carrier Refusal

Have you been denied liability insurance, or has your liability insurance coverage been limited, restricted or terminated by the insurance carrier?

*This does not include cancellations or terminations due to non-payment*

For more information about what must be reported, review [Director Policy #5](#).

No

## HPPP GLOBAL - Optional Narrative

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### Optional Narrative

Please provide any information regarding awards and/or recognitions you have received, or charity care you have provided that directly relate to your profession.

*Please be aware that the Director may remove any information that is not pertinent or may be considered inappropriate.*

## HPPP GLOBAL - Attestation

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### Attestation

By submitting this Healthcare Professions Profile to the Division of Professions and Occupations you are attesting that:

- You are the person identified in this profile; or
- You are authorized to submit information on behalf of the person identified in this profile; and
- The information contained herein is true and correct to the best of my knowledge.

Enter today's date:

04/24/2017