

APD6534

COLORADO STATE BOARD OF MEDICAL EXAMINERS
APPLICATION FOR A LICENSE TO PRACTICE MEDICINE

STATE OF COLORADO
BOARD OF MEDICAL EXAMINERS
RECEIVED
JUN 2 2008

READ ALL INSTRUCTIONS PRIOR TO COMPLETING THIS APPLICATION. ALL QUESTIONS ON THIS APPLICATION MUST BE ANSWERED, AND ALL SUPPORTING DOCUMENTS MUST BE SUBMITTED WITH THIS APPLICATION PER INSTRUCTIONS. THE ENCLOSED CHECKLIST IS PROVIDED FOR YOUR CONVENIENCE. PLEASE TYPE OR PRINT NEATLY. WHEN SPACE PROVIDED IS INSUFFICIENT, ATTACH ADDITIONAL SHEETS OF PAPER. YOU MAY REPRODUCE THESE BLANK FORMS AS NEEDED, BUT EACH COMPLETED FORM YOU SUBMIT MUST BE IN ORIGINAL INK OR TYPE. MAKE SUFFICIENT COPIES OF ALL FORMS BEFORE YOU BEGIN.

1 a. Name: Last First Middle Degree ROSS ANDREW JORDAN MD			1b. Social Security Number Redacted		OFFICE USE ONLY PERSONAL DATA <input type="checkbox"/> L7 <input type="checkbox"/> APFB <input checked="" type="checkbox"/> BC
2. Other names (i.e. maiden name)- indicate if none. <input checked="" type="checkbox"/>					
3. Mailing Address: Number and Street/Rural Route, Apartment Number (NOTE: Address provided is, by law, public information.) <input type="checkbox"/> Home <input checked="" type="checkbox"/> Business 110 % Rocky Mtn Women's HC Center 701 E. Hampden Ave City ENGLEWOOD State CO Zip 80110 Country USA e-mail address: Redacted					<input type="checkbox"/> L7 <input type="checkbox"/> APFB <input checked="" type="checkbox"/> BC
4. Telephone Number: (Area Code) (Day) Evening 4(215) 629-1782 0(303) 788-8808		5. Date of Birth: Mo/Day/Year Redacted		Place of Birth NYC NY	
6. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		7. Have you ever filed an application in Colorado? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, give date of previous application			<input type="checkbox"/> L7 <input type="checkbox"/> APFB <input checked="" type="checkbox"/> BC
8. List name/address of the school where pre-medical degree was received.					
Name of School		Address and Zip		Period of Attendance From (Mo/Yr) To (Mo/Yr)	<input type="checkbox"/> PRE-MED EDUC <input type="checkbox"/>
UNIVERSITY OF MICHIGAN		ANN ARBOR MI 48109		9/82 5/87	
9. List name/address of the school where medical degree was received. Request an original L2 Form (Certificate of Medical Education - Certificate must be sent directly from the school to this office.)					<input type="checkbox"/> MED EDUC <input type="checkbox"/>
Name of School		Address and Zip		Period of Attendance From (Mo/Yr) To (Mo/Yr)	
UNIVERSITY OF MICHIGAN		ANN ARBOR MI 48109		9/82 5/87	
ALBERT EINSTEIN		1010 MOMERIS PARK AVE		7/82 5/87	<input type="checkbox"/> WRITTEN EXAM <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
COLLEGE OF MEDICINE		BRONX NY 10461		7/82 6/96	
10. List name of licensing exam(s): ECFMG, Medical or Osteopathic National Boards, FLEX, USMLE, LMCC, or state written exam. Request certification of scores from examining agency be sent directly to this office.					
Exam		Location		Date	Result
USMLE I		BRONX NY		6/94	Redacted
" II		"		3/96	Redacted
" III		PHILADELPHIA PA		4/97	Redacted
Official Use		License # 38983		Date 08-11-2008	
Revised 10/99		Fee \$ 375.00		Date 08-28-00	

L1A

11. Have you received and/or completed qualifying postgraduate training approved by the ACGME/AOA in U.S. or Canadian programs? <input checked="" type="checkbox"/> Yes If yes, provide information below. <input type="checkbox"/> No					POSTGRAD TRAINING <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Name of program		Institution		Specialty	Period of attendance			
DEPT OF OB/GYN		THOS. JEFFERSON UNIV. HOSPITAL		OB/GYN	From (Mo/Yr) To (Mo/Yr)			
					6/20/96 6/15/00			
12. Are you now or have you ever been licensed to practice medicine in any state, territory, district or country? Include temporary licenses and educational permits. Request verification from each to be sent to the Colorado Board. <input checked="" type="checkbox"/> Yes If yes, provide information below. <input type="checkbox"/> No							LICENSE DATA <input checked="" type="checkbox"/> <input type="checkbox"/>	
State or country		License #	Issue date	Dates of Practice in this jurisdiction				
PENNSYLVANIA		MT0391SDT	6/20/96	From (Mo/Yr)		To (Mo/Yr)		
				6/20/96		6/15/00		
13. Have you ever been notified by any state, territory, district, or country, U.S. government agency, or state medical/osteopathic board of any complaint, investigation or inquiry, which is currently pending ? <input type="checkbox"/> Yes If yes, give details below. <input checked="" type="checkbox"/> No							REQ REC <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
State	Date	Charge		Disposition				
14. Has any disciplinary action ever been taken regarding any healing arts license which you now hold or have ever held? Include any disciplinary actions by the U.S. Military, U.S. Public Health Service, or other U.S. federal governmental entity? (Disciplinary actions include, but are not limited to, suspension, revocation, probation, practice limitations, reprimand, letter of admonition, censure, and any allegations currently pending.) Washington licensees must disclose any Stipulation to Informal Disposition in response to this question. <input type="checkbox"/> Yes If yes, give details below. <input checked="" type="checkbox"/> No							REQ REC <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
State	Date	Charge		Disposition				
15. Have you ever entered into any agreement with any state, territory, district, country, US government agency, and state medical/osteopathic board regarding your medical license? <input type="checkbox"/> Yes If yes, give details below: <input checked="" type="checkbox"/> No							REQ REC <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Agency		Date	Reason					

L1B

16. Have you ever been denied a license, permission to practice medicine or any other healing art, or permission to take an examination in any state, country, or US federal jurisdiction? <input type="checkbox"/> Yes If yes, give details below: <input checked="" type="checkbox"/> No				REQ	REC
Agency	Date	Reason for denial		<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
17. Have you ever voluntarily surrendered a license to practice medicine or any other healing arts in any state country or U.S. federal jurisdiction? This does not include allowing your license to lapse solely due to non-payment of the renewal fee. <input type="checkbox"/> Yes If yes, explain on a separate sheet, summarize below: <input checked="" type="checkbox"/> No				REQ	REC
Agency	Date	Reason		<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
18. Have you ever had staff privileges at a hospital limited or reduced, denied, suspended or revoked, or have you resigned from a medical staff in lieu of disciplinary action? <input type="checkbox"/> Yes If yes, explain on a separate sheet, provide copy of resignation letter or hospital action and summarize below: <input checked="" type="checkbox"/> No				REQ	REC
Name of facility	Address and zip	Date	Reason for action	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
19. Have you ever received a deferred prosecution, a deferred judgment, been convicted of, or pled guilty or nolo contendere to a violation of any law? Please respond "yes" if any charges are currently pending. <input type="checkbox"/> Yes If yes, explain on a separate sheet. Summarize details below: <input checked="" type="checkbox"/> No				REQ	REC
Date	Court address and zip	Violation	Penalty or disposition	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
20. Within the last five years, have you engaged in any behavior or suffered any mental or physical health condition that might affect your ability to practice medicine safely and competently? <input type="checkbox"/> Yes If yes, explain on a separate sheet. Be specific as to date of occurrences, the type of behavior or condition involved, and what if anything has been done to correct the behavior or condition. <input checked="" type="checkbox"/> No				REQ	REC
21. Within the last five years, have you illegally or excessively used any controlled substance, habit-forming drug, prescription medication, or alcohol? <input type="checkbox"/> Yes If yes, explain on a separate sheet. Be specific as to date of occurrences, the type of behavior involved, and what if anything has been done to correct the behavior. <input checked="" type="checkbox"/> No				REQ	REC
22. Within the last five years, has any final judgment, settlement or arbitration award for medical malpractice been paid on your behalf or has any claim been filed which is still pending? <input checked="" type="checkbox"/> Yes If yes, list below and complete the enclosed Claims Information Form. <input type="checkbox"/> No				REQ	REC
Date	Name and address of Insurance Company	Reason for Action		<input type="checkbox"/>	<input type="checkbox"/>
5/5/2000	MEDICAL INTER-INSURANCE EXCHANGE	FAILURE TO DIAGNOSE ECTOPIC PREGNANCY		<input type="checkbox"/>	<input type="checkbox"/>
	2 PRINCESS ROAD			<input type="checkbox"/>	<input type="checkbox"/>
	LAWRENCEVILLE NJ			<input type="checkbox"/>	<input type="checkbox"/>

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L1C

23. Have you ever been refused malpractice insurance, or has your malpractice insurance ever been canceled or rated at a higher premium due to past claims experience? <input type="checkbox"/> Yes, if yes, explain on a separate sheet and provide verification from insurance company or state licensing board. <input checked="" type="checkbox"/> No	<table border="1"> <tr> <td>REQ</td> <td>REC</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	REQ	REC	<input type="checkbox"/>	<input type="checkbox"/>
REQ	REC				
<input type="checkbox"/>	<input type="checkbox"/>				
24. You must provide proof of malpractice insurance or an acceptable alternative as required by Colorado Law, or claim one of the four exemptions set forth in the enclosed insurance memo. See instructions in application packet, and include proof of insurance (obtained from your insurance carrier) or include a statement setting forth the basis for the exemption claimed below. EXEMPTION CLAIMED: _____	<table border="1"> <tr> <td>INS</td> </tr> <tr> <td><input type="checkbox"/></td> </tr> </table>	INS	<input type="checkbox"/>		
INS					
<input type="checkbox"/>					

NOTE: ALL ITEMS IN THIS APPLICATION ARE MANDATORY; NONE ARE VOLUNTARY. FAILURE TO PROVIDE ANY OF THE REQUESTED INFORMATION WILL RESULT IN THE APPLICATION BEING REJECTED AS INCOMPLETE. The information provided will be used to determine qualification for licensure, per Section 12-36-107 and Section 12-36-111, C.R.S., which authorize the collection of this information. Applicants have the right to review their application subject to the provisions of the Colorado Open Records Act. The Program Administrator of the Colorado State Board of Medical Examiners is the custodian of records.

I, ANDREW ROSS hereby make application for a license to practice medicine in the State of Colorado. In so doing, I authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), business and professional associations (past and present), and all government agencies (local, state, federal and foreign) to release to the Colorado State Board of Medical Examiners or its successors any information, files or records requested by the Board relative to my qualifications as a physician and my eligibility for licensure.

In accordance with sections 18-8-503 and 18-8-501(2)(a)(I), C.R.S., false statements made herein are punishable by law.

I state under penalty of perjury, as defined in 18-8-503, C.R.S., that the information contained this application is true and correct to the best of my knowledge.

I understand that under the Colorado Medical Practice Act, providing false information is grounds for denial, suspension or revocation of a medical license and that application fees are not refundable.

 Signature MD Date 6/14/00

RETURN THIS APPLICATION TO:

**COLORADO BOARD OF MEDICAL EXAMINERS
 1560 BROADWAY, SUITE 1300
 DENVER CO 80202-5140**

L1D

COLORADO BOARD OF MEDICAL EXAMINERS

CLAIMS INFORMATION FORM

The applicant must complete this form for each liability or malpractice claim which has been identified pursuant to question 22 on the application. (Form L1C)

ANDREW J. ROSS (303) 788-8808
Name of Physician Business Telephone No.
701 E. HAMPDEN AVE ENGLEWOOD CO 80110
Address City, State, and Zip Code
% ROCKY MOUNTAIN WOMEN'S HC Center

1. On a separate sheet of paper type your full name and provide a clinical narrative regarding each malpractice case(s)/allegations. Include name of patient, age, sex, date of occurrence, and location (include address). Do not omit the answers to these questions or make reference to attached documents for answers. This section must be completed with your own description which includes all of the facts requested above. Simply stating that the charges were dismissed is inadequate, more detail must be provided.

2. Indicate your position in case, i.e., intern, resident, primary doctor, etc. _____
2ND YEAR RESIDENT

3. Case was filed against: Individual doctor Group Hospital
List names of other doctors and/or hospitals also named in the suit _____
DR THOMAS KLEIN
THOMAS JEFFERSON UNIVERSITY HOSPITAL

4. Plaintiff's Attorney & Telephone CLAIRE NEWMAN (215) 923-7227

5. Is the claim pending? YES NO

6. Was there a judgment or settlement? YES NO

7. What was the amount and date of the judgment or settlement? \$30,000 5/5/2000

8. What amount was attributable to you? \$15,000

I certify that the information which I have provided is correct to the best of my knowledge
ANDREW J. ROSS MD. 6/14/00
Signature Date

STATE OF COLORADO

STATE BOARD OF MEDICAL EXAMINERS

1560 Broadway, Suite 1300
Denver, Colorado 80202-5146
(303) 894-7715/894-7716
FAX (303) 894-7692
V/TDD (303)894-7880
<http://www.dora.state.co.us/medical>

Department of Regulatory Agencies
Division of Registrations



CERTIFICATE OF MEDICAL EDUCATION

THIS SECTION TO BE COMPLETED BY APPLICANT AND
FORWARDED TO SCHOOL WHERE MEDICAL DEGREE WAS RECEIVED

This certifies that Andrew J. Ross
FULL NAME OF APPLICANT

enrolled in Albert Einstein College of Medicine of Yeshiva University
FULL NAME OF MEDICAL SCHOOL

1300 Morris Park Avenue, Bronx, NY on the 17th day of August 1992
LOCATION OF MEDICAL SCHOOL

THIS SECTION TO BE COMPLETED BY PRESIDENT/SECRETARY/DEAN OF MEDICAL
SCHOOL AND FORWARDED TO COLORADO BOARD OF MEDICAL EXAMINERS.
COMPLETE ALL BLANKS IN THE SECTION OR FORM WILL BE RETURNED.

The undersigned certifies that the records of this institution show that he/~~she~~ attended this
institution beginning on the 17th day of August, 1992 and was granted the degree

~~Bachelor~~/Doctor of Medicine or ~~Doctor of Osteopathy~~ on the 6th day of June, 1996

Signed and the college seal affixed

This 28th day of June, 192000

By Lillian Lombardi, Registrar

NOT VALID WITHOUT SCHOOL SEAL

NOTE TO REGISTRAR:

IF NO SCHOOL SEAL, PLEASE INDICATE ABOVE, NEXT TO SIGNATURE OF
PRESIDENT/SECRETARY/DEAN.

L2

STATE OF COLORADO

STATE BOARD OF MEDICAL EXAMINERS
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Department of Regulatory Agencies
Division of Registrations



CERTIFICATE OF COMPLETION OF ACGME/AOA POSTGRADUATE TRAINING

THIS SECTION TO BE COMPLETED BY APPLICANT AND FORWARDED TO THE FACILITY WHERE POSTGRADUATE TRAINING WAS RECEIVED AND/OR COMPLETED

This certifies that ANDREW JORDAN ROSS
FULL NAME OF APPLICANT
a graduate of ALBERT EINSTEIN COLLEGE OF MEDICINE
FULL NAME OF MEDICAL/OSTEOPATHIC SCHOOL
commenced postgraduate training in Thomas Jefferson Univ. Hosp., 11th & Walnut Sts., Philadelphia, PA 19107
NAME AND ADDRESS OF FACILITY

TO BE COMPLETED BY THE PROGRAM DIRECTOR OF THE FACILITY FOR ACGME/AOA POSTGRADUATE TRAINING IN THE UNITED STATE OR CANADA. PLEASE TYPE OR PRINT.

on 6/20, 1996 and satisfactorily completes such training on 6/15, 10 2000.
This training consisted of 48 months of actual clinical instruction and is approved by the Accredited Council for Graduate Medical Education (ACGME), the American Osteopathic association (AOA), or the Coordinating Council of Medical Education of the Canadian Medical Association (CCME) and consisted of the following rotations:

List type and length of training.
ROTATION Obstetrics & Gynecology LENGTH OF ROTATION 4 Years

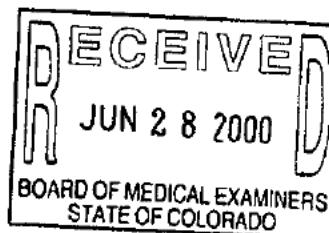
WAS THIS PHYSICIAN'S PERFORMANCE COMPLETELY SATISFACTORY? PLEASE CHECK ONE

Redacted

IF NO, PLEASE ATTACH AN EXPLANATION.

I hereby declare under penalty of perjury under the laws of the State of Colorado that the above statements are true and correct and the facility is approved by the ACGME/AOA or the CCME to offer the type of level of training completed by the applicant and that the applicant was trained in an approved ACGME or CCME program position.

PROGRAM DIRECTOR Cynthia G. Silber, MD.
ADDRESS 834 Chestnut St., Suite 400, Philadelphia, PA 19107
PHONE NUMBER (215) 955-1085 DATE 6/22/00
SIGNATURE [Signature]



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STATE OF COLORADO

STATE BOARD OF MEDICAL EXAMINERS
 1560 Broadway, Suite 1300
 Denver, Colorado 80202-5146
 (303) 894-7716/894-7715
 FAX (303) 894-7692
 V/TDD (303) 894-7880
<http://www.dora.state.co.us/medical>

Department of Regulatory Agencies
 Division of Registrations

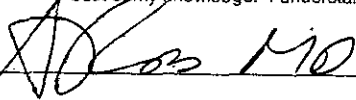


REPORT OF PRACTICE HISTORY

Facility Name	Address and Zip	Reference (name and title)	Dates of Practice From-to	Nature of Practice
THOMAS JEFFERSON	111 S. 11th St	DEBRA CIPELLI - DIRECTOR	6/20/96	OB/GYN RESIDENCY
1. UNIVERSITY HOSPITAL	PHILADELPHIA PA 19107	OFFICE OF HOUSE STATE AFFAIRS	6/19/00	"
2. DEPT OB/GYN	834 CHESTNUT ST #400 PHILADELPHIA PA 19107	SHAILON SHAM MD RESIDENCY DIRECTOR	"	"
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

PLEASE BE AWARE THAT IN COLORADO SUPPLYING FALSE INFORMATION IN AN APPLICATION FOR A LICENSE IS PUNISHABLE BY LAW.

I state under penalty of perjury in the second degree, as defined in 18-8-503, Colorado Revised Statutes, that the information contained in this application is true and correct to the best of my knowledge. I understand that under the Medical Practice Act, providing false information is grounds for denial, suspension or revocation of a medical license.

SIGNATURE 

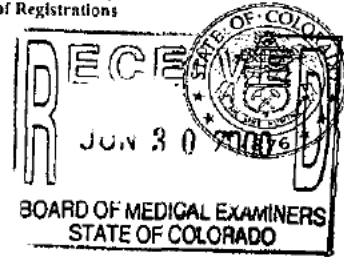
PRINT LAST NAME ROSS

DATE 6/16/00 **L6**

STATE OF COLORADO

STATE BOARD OF MEDICAL EXAMINERS
1560 Broadway, Suite 1300
Denver, Colorado 80202-5146
(303) 894-7715/894-7716
FAX (303) 894-7692
V/TDD (303) 894-7880
<http://www.dora.state.co.us/medical>

Department of Regulatory Agencies
Division of Registrations



DISCIPLINARY ACTION REPORT

PLEASE COMPLETE ALL BLANKS ON THIS FORM AND MAIL TO:

FEDERATION OF STATE MEDICAL BOARDS
400 Fuller Wiser Road
Suite 300
Euless, TX 76039-3855

Phone: 817-868-4000
Fax: 817-868-4099

****NO FEE REQUIRED****

The Federation of State Medical Boards maintains a national databank of all disciplinary action by state licensing boards and/or other credentialing agencies. To complete your application we have a report from the Federation. Please note: an unfavorable report does not automatically disqualify you from licensure in Colorado.

NAME ANDREW ROSS
ADDRESS 1/2 ROCKY MOUNTAIN WOMEN'S HIL CENTER 701 E. HAMPDEN AVE
CITY, STATE AND ZIP CODE ENGLEWOOD CO 80110
DATE OF BIRTH Redacted
SOCIAL SECURITY NUMBER Redacted
MEDICAL SCHOOL ALBERT EINSTEIN COLLEGE OF MEDICINE
DATE OF GRADUATION 6/1996

I hereby authorize and request that the Federation of State Medical Boards of the United States Inc. provide a disciplinary history to the State of Colorado Board of Medical Examiners

[Signature]
Signature

6/14/00
Date

WE HAVE NO UNFAVORABLE INFORMATION REGARDING THE ABOVE NAMED PHYSICIAN
JUN 27 2000
James R. Winn, M.D.
EXECUTIVE VICE-PRESIDENT
L7



ROCKY MOUNTAIN
WOMEN'S HEALTHCARE CENTER
A PROFESSIONAL CORPORATION

M. Herzl Melmed, M.D.
Fellow of American College of Obstetricians & Gynecologists
Fellow of Royal College of Obstetricians & Gynecologists (London)

June 21, 2000

State Board of Medical Examiners
1560 Broadway
Denver CO 80202

OBSTETRICS

GYNECOLOGY

INFERTILITY

FAMILY PLANNING

To Whom It May Concern:

Dr. Andrew Ross will be covered under Copic malpractice insurance when he arrives in Colorado. Should there be any questions, please feel free to contact me at 303-788-8808.

Sincerely,

Chris Tillman, Office Manager



**ROCKY MOUNTAIN
WOMEN'S HEALTHCARE CENTER**
A PROFESSIONAL CORPORATION

**M. Herzl Melmed, M.D.
Susan Toung Horvath, M.D.
Heidi Jo Jatana, M.D.**

July 24, 2000

State Board of Medical Examiners
1560 Broadway
Suite 1300
Denver CO 80202-5146

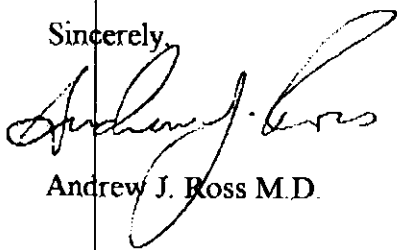
Attn: Jan Seewald

Dear Ms. Seewald,

You are in receipt of my application for medical licensure for the state of Colorado. I want to claim Exemption D, regarding my malpractice insurance, as I am not yet working in Colorado. When I do start working, I will be covered under Copic malpractice insurance. My application is in the process with Copic.

Thank you for your help.

Sincerely,



Andrew J. Ross M.D.

OBSTETRICS
GYNECOLOGY
INFERTILITY
FAMILY PLANNING

Renewal - DR.0038983

Name	Andrew Jordan Ross
Credential	DR.0038983

Fee Details

Renewal Fee	\$2.00
Renewal Fee	\$334.00
Renewal Fee	\$3.00
Renewal Fee	\$18.00
Renewal Fee	\$144.00
	\$501.00

DR Renewal Questionnaire**PART I: MANDATORY RENEWAL QUESTIONNAIRE**

You must answer "YES" or "NO" to each question below. If you answer "YES" to a question, you must mail a copy of this questionnaire and a detailed explanation to include dates, amounts and contact information, to the Board for each "YES" answer within **thirty (30) days** of submitting your renewal. If the matter has already been disclosed to the Board, you must send a letter to the Board providing the case number and identifying information. If no documentation is received, a case may be opened and a complaint issued for an explanation of each "YES" answer.

Mail all documentation to:

Colorado Medical Board, ATTN: Renewal, 1560 Broadway, Suite 1350, Denver, CO 80202

SECTION A: SINCE YOU LAST RENEWED YOUR COLORADO MEDICAL LICENSE:

1. Have you been admonished, reprimanded, censured and/or disciplined in any way by any licensing agency in another state or country, by any peer review committee or body, by any health care facility or committee thereof, by any professional or medical society or association or committee thereof, or by any governmental agency, law enforcement agency or court of law, whether involuntary or in lieu of investigation?

No

2. Have you surrendered a license or other authorization to practice medicine in another state or jurisdiction, or surrendered membership on any medical staff, medical or professional association or society while under investigation by any of these authorities or bodies?

If you answer YES to question number 2, you must provide a detailed summary of the events which led to the charges or citation. Include a copy of the charges or citation, intake and discharge summary (if applicable), and all communication with (and from) the citing agency and the court of jurisdiction.

No

3. Have you, in any state, been denied medical liability insurance, or has your medical liability insurance coverage been limited, restricted or terminated by action of the insurance carrier?

If you answer YES to question number 3, you must provide a copy of the notification from the insurance carrier and a summary of the events which led to the action by the carrier. If you do not have a copy of the notification, contact the insurance carrier to obtain one.

No

4. Have you had any felony or misdemeanor charges of any kind brought against you? Have you had any traffic citations involving drugs or alcohol brought against you? Regardless of the case disposition, you must answer YES if you have been charged.

If you answer YES to question number 4, you must provide a detailed summary of the events which led to the charges or citation. Include a copy of the charges or citation, intake and discharge summary (if applicable), and all communication with (and from) the citing agency and the court of jurisdiction.

No

5. **For question 5, you must answer YES** if any of these actions are currently pending, or if you have withdrawn or failed to proceed with an application for these items.

Has your medical staff membership or clinical privileges at any hospital or healthcare facility been involuntarily or in lieu of investigation reduced, limited, placed on probation, not renewed or relinquished, or been denied, revoked or suspended?

If you answer **YES** to questions 5, you must provide a detailed summary to the Board of the conduct/allegation upon which action was taken.

No

6. For question 6, you must answer **YES** if any of these actions are currently pending, or if you have withdrawn or failed to proceed with an application for these items.

Has your DEA registration been involuntarily or in lieu of investigation reduced, limited, placed on probation, not renewed or relinquished, or been denied, revoked or suspended?

If you answer **YES** to questions 6, you must provide a detailed summary to the Board of the conduct/allegation upon which action was taken. And you must include the notification from the DEA. If you do not have a copy of the notification, contact the DEA to obtain a copy.

No

SECTION B IN THE LAST TWO YEARS:

7. Do you now abuse or excessively use, or have you in the last two years abused or excessively used, any habit forming drug, including alcohol, or any controlled substance that has a) resulted in any accusation or discipline for misconduct, unreliability, neglect of work, or failure to meet professional responsibilities; or b) affected your ability to practice as a physician safely and competently?

You may answer NO if the behavior or condition or use of such substances is already known to the Colorado Physician Health Program (CPHP) or you have entered into a Confidential Agreement with the Board. "Known to CPHP" means that you have informed CPHP of your behavior, condition or use of such substances and you are complying with all of CPHP's requirements for evaluation, treatment and/or monitoring.

If you answer **YES** to question 7, you must provide a detailed summary of the behavior, condition or substance use. Include the date of onset, date(s) and summary of treatment(s) received, the current status of your condition, and the name and address of all treatment providers.

Redacted

8. In the last two years, have you been diagnosed with or treated for a condition that significantly disturbs your cognition, behavior, or motor function, and that may impair your ability to practice as a physician safely and competently, such as bipolar disorder, severe major depression, schizophrenia or other major psychotic disorder, a neurological illness, or sleep disorder?

You may answer NO if the behavior or condition or use of such substances is already known to the Colorado Physician Health Program (CPHP) or you have entered into a Confidential Agreement with the Board. "Known to CPHP" means that you have informed CPHP of your behavior, condition or use of such substances and you are complying with all of CPHP's requirements for evaluation, treatment and/or monitoring.

If you answer **YES** to question 8, you must provide a detailed summary of the behavior, condition or substance use. Include the date of onset, date(s) and summary of treatment(s) received, the current status of your condition, and the name and address of all treatment providers.

Redacted

PART 2: MANDATORY ATTESTATION

9. **By submitting this application for renewal of my license, I state under penalty of perjury in the second degree, as defined in 18-8-503, Colorado Revised Statutes, that the information contained in this application is true and correct to the best of my knowledge. I understand that under the Colorado Medical Practice Act, providing false information is grounds for denial, suspension or revocation of a medical license.**

I wish to to renew my license in ACTIVE status, therefore I attest that I meet (or claim exemption from) the financial responsibility standards as indicated below. (select the correct option A-I) If you are currently in Active status an wish to change to Inactive status you cannot renew online and must contact the Division at 303-894-2984.

I am currently in INACTIVE status and am exempt from the provisions above. (If so, you must select option "J"). *If you wish to change to ACTIVE status, you must first renew your license in inactive status, and then submit the reactivation application and fee. The reactivation application is available on the Medical Board website.

Please select only 1 item below.

D. I maintain commercial professional liability insurance with a company other than those listed in A, B, or C above that is authorized to do business in Colorado, in minimum indemnity amounts of at least \$1,000,000 per incident and \$3,000,000 annual aggregate per year. Please submit an e-mail with the name of that company to **DORA_MedicalBoard@state.co.us**.

DR Renewal HPPP

Healthcare Professions Profiling Program ACTIVE status only:

REMINDER:

Healthcare Professions Profile Program (HPPP): All Active status licensees must maintain their Healthcare Professions Profile with current information. This profile must be updated within 30 days of any change or reportable event.

After you have completed and paid for you renewal please visit www.dora.colorado.gov/professions/hppp if you need to review and/or update your Profile. Please note: The Profile database is a separate system from our renewal system and uses a different login and password than the ones you used to renew your license.

If you have questions or technical issues regarding your online profile, contact the Healthcare Professions Profile Program (HPPP) at: dora_dpo_hppp@state.co.us or (303) 894-5942.

After you have read the above, please click the "Next" button below.

Review

Please make sure to **PRINT THIS SCREEN** for your records. To do so, you can click the button in the upper right hand corner of this screen labeled "Print Review". You will not be able to print after you leave this review screen.

Renewal - DR.0038983

Name	Andrew Jordan Ross
Credential	DR.0038983

Fee Details

Renewal Fee	\$2.00
Renewal Fee	\$238.00
Renewal Fee	\$18.00
Renewal Fee	\$162.00
	\$420.00

Affidavit of Eligibility - Screening Present**AFFIDAVIT OF ELIGIBILITY**

1. Do you currently reside in and are you physically present in the United States?
Yes

Affidavit of Eligibility - Screening Doc Change**AFFIDAVIT OF ELIGIBILITY**

2. Are you a United States Citizen and the State or Federally issued document, in which you proved your legal status in the United States is still valid **and** has not expired since you last completed an Affidavit of Eligibility? (This would have been either at your original licensure or your last renewal, whichever is more recent).

-OR-

Are you Not a United States Citizen, but are lawfully present in the United States **and** your legal status within the United States has not changed **and** the legal documents used to prove lawful presence have not changed since you last completed an Affidavit of Eligibility? (This would have been either at your original licensure or your last renewal, whichever is more recent).

If you need to update your lawful presence information, select no and you will be prompted to complete a new Affidavit of Eligibility. Otherwise, if your information has not changed, select yes to move forward.

Yes

Affidavit of Eligibility**AFFIDAVIT OF ELIGIBILITY**

Pursuant to C.R.S. 24-34-107, ALL applicants for original licensure* or licensees renewing or reinstating a current Colorado license after January 1, 2007 are required to complete and sign this Affidavit of Eligibility.

** The word "licensure" is used as a general term. While most of the professions and occupations are licensed, others may be certified, registered or listed. For precise terminology and requirements related to a profession or occupation, please consult the website of the appropriate board or program.*

3. Please enter your Full Legal Name

Affidavit of Eligibility - Section A**Section A: LAWFUL PRESENCE in the United States**

4. Select one of the following Lawful Presence types below and click "Next" when done:

Affidavit of Eligibility - Section B.1

Section B: SECURE AND VERIFIABLE DOCUMENTS

5. Do you have a State or Federal government issued identification?

These include:

- Driver's License or Permit
- Government Issued ID Card
- Valid U.S. Military Common Access Card
- Colorado Department of Corrections Inmate ID
- Tribal ID Card
- U.S. Passport
- Certificate of Naturalization
- Certificate of (U.S.) Citizenship
- Valid Temporary Resident card
- Valid I-94 issued by Canadian government
- Valid I-94 with refugee/asylum stamp

Affidavit of Eligibility - Section B.1 if Yes

Section B: SECURE AND VERIFIABLE DOCUMENTS

6. Select one of the following Government Issued Identification:

7. Enter the name of State or Federal Agency that issued the identification:

8. Enter your full name as shown on the driver's license or State/Federal issued identification:

9. Enter the State/Federal government issued license/ID number:

10. Enter the expiration date of the license/ID:

11. I understand that the above information must be disclosed to the Department of Regulatory Agencies upon request and is subject to verification.

Affidavit of Eligibility - Section B.2

Section B: SECURE AND VERIFIABLE DOCUMENTS

12. Do you have a Valid I-766 (Employment Identification Card)?

Affidavit of Eligibility - Section B.2 if Yes

Section B: SECURE AND VERIFIABLE DOCUMENTS

13. Enter the issuing Federal Agency:

14. Enter the name as listed on the card:

15. Enter the Alien number (A#):

16. Enter the card number:

17. Enter the Valid From Date:

18. Enter the Expiration Date:

19. I understand that the above information must be disclosed to the Department of Regulatory Agencies upon request and is subject to verification.

Affidavit of Eligibility - Section B.3

Section B: SECURE AND VERIFIABLE DOCUMENTS

20. Do you have a Valid I-551 (Resident Alien or Permanent Resident Card)?

Affidavit of Eligibility - Section B.3 if Yes

Section B: SECURE AND VERIFIABLE DOCUMENTS

21. Enter the issuing Federal Agency:

22. Enter the name as listed on the card:

23. Enter the Alien Number (A#):

24. Enter the country of birth:

25. Enter the card expiration date:

26. Enter the Residence Since date:

27. I understand that the above information must be disclosed to the Department of Regulatory Agencies upon request and is subject to verification.

Affidavit of Eligibility - Section B.4

28. Do you have a Valid Foreign Passport with an unexpired Visa with proper classification for work authorization, and an unexpired I-94?

Affidavit of Eligibility - Section B.4 if Yes

Section B: SECURE AND VERIFIABLE DOCUMENTS

29. Enter the issuing foreign country:

30. Enter the Passport Number:

31. Enter the Visa Number:

32. Enter the Visa Class (Examples: J-1, P-1 H-1B, etc.):

33. Enter the Date of Entry:

34. Enter the Until Date:

35. I understand that the above information must be disclosed to the Department of Regulatory Agencies upon request and is subject to verification.

Affidavit of Eligibility - Section B.5

Section B: SECURE AND VERIFIABLE DOCUMENTS

36. Do you have a valid foreign passport bearing an unexpired "Processed for I-551" stamp or with an attached unexpired "Temporary I-551" visa?

Affidavit of Eligibility - Section B.5 if Yes

Section B: SECURE AND VERIFIABLE DOCUMENTS

37. Enter the issuing foreign country:

38. Enter the Passport Number:

39. I understand that the above information must be disclosed to the Department of Regulatory Agencies upon request and is subject to verification.

Affidavit of Eligibility - Section C

Section C: Attestation

- I understand that this sworn statement is required by law because I have applied for or hold a professional or commercial license regulated by 8 U.S.C. sec 1621. I understand that state law requires me to provide proof that I am lawfully present in the United States when asked as well as submission of a secure and verifiable document. I may also be required to provide proof of lawful presence.
- I understand that in accordance with sections 18-8-503 and 18-8-501(2)(a)(I), C.R.S., false statements made herein are punishable by law. I state under penalty of perjury in the second degree, as defined in section 18-8-503, C.R.S. that the above statements are true and correct.
- I am the person identified on the previous pages and the information contained herein is true and correct to the best of my knowledge. I understand that under Colorado law, providing false information is grounds for denial, suspension or revocation of a license, certificate, registration or permit.
- I understand that the information on the previous pages must be disclosed to the Department of Regulatory Agencies upon request and is subject to verification.

40. By entering your full legal name below you attest that you have read and understand the above information.

41. Please enter today's date below:

DR Renewal Attestation

The below attestations apply to your license's CURRENT status. You may not change your status through online renewal. To change your status, please contact the licensing office at dora_registrations@state.co.us or 303-894-7800.

By renewing my license in INACTIVE status, I attest that:

- I understand malpractice insurance is not required for Inactive license holders; however, I may not practice medicine, including but not limited to prescribing medications, in Colorado unless and until I comply with the insurance requirements and the Board issues me an Active license. I understand that should I desire to reactivate my Colorado medical license at some future time, I will be required to complete the reactivation application and pay an additional fee. I also understand that if I have not actively practiced medicine for two (2) years or more and then wish to reactivate my Colorado medical license, I will be required to demonstrate continued competence pursuant to Board rules and regulations.

By renewing my license in ACTIVE status, I attest that:

- I have not abused or excessively used any habit forming drug, including alcohol, or any controlled substance that has: 1) resulted in any accusation or discipline for misconduct, unreliability, neglect of work, or failure to meet professional responsibilities; or, 2) affected my ability to practice as a physician safely and competently, at any time during the past two years, up to and including today's date.

AND

In the last two years, I have not been diagnosed with or treated for an illness or condition that significantly disturbs my cognition, behavior, or motor function, and that may impair my ability to practice as a physician safely and competently, such as bipolar disorder, severe major depression, schizophrenia or other major psychotic disorder, a neurological illness, or sleep disorder

OR

The illness or condition or the use of substances, as defined above, is: 1) already known to the Colorado Physician Health Program ("CPHP") and I have made, or will make known within 30 days, any requisite disclosure to the Board pursuant to section 12-36-118.5 and any attendant regulations; or, 2) I have entered into a Confidential Agreement with the Board. For the purpose of this attestation, "Known to CPHP" means that I have informed CPHP of my condition or use of such substances and I am complying with all of CPHP's requirements for evaluation, treatment and/or monitoring.

- In the last 2 years, no adverse action has been taken against my license by another licensing agency, a peer review body, a health care institution, a residency or postgraduate training program, a professional or medical society or association, a governmental agency, a law enforcement agency, or a court for acts or conduct which, would constitute grounds for disciplinary or adverse actions pursuant to the Medical Practice Act or its attendant rules. For the purpose of this attestation, an adverse action by a law enforcement agency includes: 1) all felony charges; 2) all misdemeanor charges; or, 3) traffic charges/citations involving alcohol, controlled substances, or any other habit-forming drug.

OR

I have reported, or will report within 30 days, any adverse action to the Board in accordance with the requirements of the Medical Practice Act.

- In the last 2 years, I have not been denied medical liability insurance and no liability insurance coverage has been limited, restricted, or terminated by action of the insurance carrier in this or any other state.

OR

I have reported, or will report within 30 days, any denial or limitation of medical liability coverage to the Board.

- I have established and will continuously maintain professional liability insurance as required by §13-64-301, C.R.S.

Click Next to proceed.

GLOBAL HPPP Renewal Attestation

Pursuant to section 24-34-110, C.R.S., all Active and Retired status licensees must maintain a current Healthcare Professions Profile. Reportable events and/or changes to information must be made within 30 days. For more information about this Program and to update your profile, visit www.dora.colorado.gov/professions/hppp.

By renewing your Active or Retired license, you attest to the following:

I have updated my Healthcare Professions Profile to current date and/or I will make any updates within 30 days of any reportable event or change, and subsequent updates will be made within 30 days. This requirement is in addition to any requirement by a profession's practice act. Examples of reportable events or changes that must be updated on a profile include, but are not limited to, location of practice, public actions issued by any jurisdiction, felonies and crimes of moral turpitude, malpractice settlements/judgments, etc. To update a Healthcare Professions Profile, or for more information on the Healthcare Professions Profile Program (HPPP) and its requirements, visit www.dora.colorado.gov/professions/hppp or call 303-894-5942.

If your status is Inactive you are not required to maintain a Healthcare Professions Profile, click next to proceed.

You may NOT change your status through online renewal. For information regarding a status change, please contact the renewal desk at 303-894-7800 or dora_dpo_renewalline@state.co.us.

Click next to proceed.

Review

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Renewal - DR.0038983

Name	Andrew Jordan Ross
Credential	DR.0038983

Fee Details

DR - Legal Defense Fund	\$2.00
DR - PDMP Fee	\$24.00
DR - Portal Fee	\$1.50
DR - Renewal Fee Active	\$238.50
DR- Peer Fee	\$162.00
	\$428.00

Affidavit of Eligibility - Screening Present**AFFIDAVIT OF ELIGIBILITY**

1. Do you currently reside in and are you physically present in the United States?

Yes

Affidavit of Eligibility - Screening Doc Change**AFFIDAVIT OF ELIGIBILITY**

2. Are you a United States Citizen and the State or Federally issued document, in which you proved your legal status in the United States is still valid **and** has not expired since you last completed an Affidavit of Eligibility? (This would have been either at your original licensure or your last renewal, whichever is more recent).

-OR-

Are you Not a United States Citizen, but are lawfully present in the United States **and** your legal status within the United States has not changed **and** the legal documents used to prove lawful presence have not changed since you last completed an Affidavit of Eligibility? (This would have been either at your original licensure or your last renewal, whichever is more recent).

If you need to update your lawful presence information, select no and you will be prompted to complete a new Affidavit of Eligibility. Otherwise, if your information has not changed, select yes to move forward.

Yes

DR Renewal Attestation

The below attestations apply to your license's CURRENT status. You may not change your status through online renewal. To change your status, please contact the licensing office at dora_registrations@state.co.us or 303-894-7800.

By renewing my license in INACTIVE status, I attest that:

I understand malpractice insurance is not required for Inactive license holders; however, I may not practice medicine, including but not limited to prescribing medications, in Colorado unless and until I comply with the insurance requirements and the Board issues me an Active license. I understand that should I desire to reactivate my Colorado medical license at some future time, I will be required to complete the reactivation application and pay an additional fee. I also understand that if I have not actively practiced medicine for two (2) years or more and then wish to reactivate my Colorado medical license, I will be required to demonstrate continued competence pursuant to Board rules and regulations.

By renewing my license in ACTIVE status, I attest that:

- In the past two years I have not abused or excessively used any habit forming drug including, alcohol or any controlled substance, and I have not been diagnosed with or treated for a condition that disturbs my cognition, behavior or motor function which has resulted in an adverse action, a professional disciplinary action, a criminal charge, or an allegation or finding of working impaired, diversion of controlled substances or habit-forming medications (including self-prescribing), sexual contact with a patient, substandard medical practice or patient harm.

OR

In the past two years I have abused or excessively used any habit forming drug including, alcohol or any controlled substance, or I have been diagnosed with or treated for a condition that disturbs my cognition, behavior or motor function

which has resulted in an adverse action, a professional disciplinary action, a criminal charge, or an allegation, or finding of working impaired, diversion of a controlled substance or habit-forming medication (including self-prescribing), sexual contact with a patient, substandard medical practice or patient harm AND I have reported, or will report this information within 30 days to the Colorado Medical Board.

- In the last 2 years, no adverse action has been taken against my license by another licensing agency, a peer review body, a health care institution, a residency or postgraduate training program, a professional or medical society or association, a governmental agency, a law enforcement agency, or a court for acts or conduct which, would constitute grounds for disciplinary or adverse actions pursuant to the Medical Practice Act or its attendant rules. For the purpose of this attestation, an adverse action by a law enforcement agency includes: 1) all felony charges; 2) all misdemeanor charges; or, 3) traffic charges/citations involving alcohol, controlled substances, or any other habit-forming drug.

OR

I have reported, or will report within 30 days, any adverse action to the Board in accordance with the requirements of the Medical Practice Act.

- In the last two years, I have not been diagnosed with or treated for an illness, condition or behavior, that disturbs my cognition, behavior, or motor function that has resulted in conduct which may impair my ability to practice as a physician, safely and competently, such as substance misuse or abuse, bipolar disorder, severe major depression, schizophrenia or other major psychotic disorder, a neurological illness, or sleep disorder.

OR

In the last two years, I have been diagnosed with or treated for an illness, condition or behavior that significantly disturbs my cognition, behavior, or motor function that has resulted in conduct which may impair my ability to practice as a physician, safely and competently, such as substance misuse or abuse, bipolar disorder, severe major depression, schizophrenia or other major psychotic disorder, a neurological illness, or sleep disorder AND:

1) The illness or condition is already known to the Colorado Physician Health Program ("CPHP") and I have made, or will make known within 30 days, any requisite disclosure to the Board pursuant to section 12-36-118.5 and any attendant regulations; OR

2) I have entered into a Confidential Agreement with the Board. For the purpose of this attestation, "Known to CPHP" means that I have informed CPHP of my condition or use of such substances and I am complying with all of CPHP's requirements for evaluation, treatment and/or monitoring; OR

3) I have reported, or will report within 30 days, the illness or condition to the Medical Board.

- In the last 2 years, I have not been denied medical liability insurance and no liability insurance coverage has been limited, restricted, or terminated by action of the insurance carrier in this or any other state.

OR

I have reported, or will report within 30 days, any denial or limitation of medical liability coverage to the Board.

- I have established and will continuously maintain professional liability insurance as required by §13-64-301, C.R.S.

Click Next to proceed.

HPPP - DR Introduction

Healthcare Professions Profile

Please be aware that this profile is only for your Physician license. Do not provide information for other license types you hold on this profile. You will be required to complete a profile for every license you hold that is included in the profiling requirement.

All information provided in this profile must be updated within 30 days of any change of information unless your profession's statute says otherwise, or unless the question specifies otherwise.

HPPP GLOBAL - Location of Practice

Location of Practice

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

Yes

HPPP GLOBAL - Location of Practice If Yes

Location of Practice

50. Practice Locations:

Address	City	State	Zip Code	Phone Number
	DENVER	Colorado	80209	

HPPP - MEDICAL Education and Training

Education and Training

51. School or Education Level:

Albert Einstein College of Medicine of Yeshiva Uni

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

1996

HPPP GLOBAL - Other Licenses

Other Licenses

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

Yes

HPPP GLOBAL - Other Licenses if Yes

Other Licenses

54. Other Licenses:

State	License Status	Year Originally Issued
Pennsylvania	Expired	1996

HPPP GLOBAL - Board Certifications

Board Certifications

55. Do you hold any current Board Certifications?

Yes

HPPP - MEDICAL Board Certifications if Yes

Board Certifications

56. Board Certifications:

Certification
Obstetrics and Gynecology

HPPP GLOBAL - Practice Specialties

Practice Specialties

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

HPPP - MEDICAL Practice Specialties if Yes

Practice Specialties

58. Practice Specialties:

Specialty
Obstetrics and Gynecology

HPPP GLOBAL - CO Hospital Affiliations

Colorado Hospital Affiliations

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

HPPP GLOBAL - CO Hospital Affiliations if Yes

Colorado Hospital Affiliations

60. Colorado Hospital Affiliations:

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

61. Do you have a current affiliation with any healthcare facility or a non-Colorado hospital?
No

HPPP GLOBAL - Business Ownership

Business Ownership

63. Do you have a current business ownership interest in any healthcare-related business?
No

HPPP GLOBAL - Employer

Employer

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

HPPP GLOBAL - Employer if Yes

Employer

66. Employer:

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

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

HPPP GLOBAL - Employment Contracts if Yes

Employment Contracts

68. Employment Contracts:

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

HPPP GLOBAL - Disciplinary Actions

Disciplinary Actions

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

HPPP GLOBAL - Disciplinary Actions if Yes

Disciplinary Actions

70. Disciplinary Actions:

Discipline Year	State
2015	Colorado

HPPP GLOBAL - Restrictions and Suspensions

Restrictions and Suspensions

71. 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?

No

HPPP GLOBAL - Healthcare Facility Actions

Healthcare Facility Actions

73. 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.

No

HPPP GLOBAL - Termination of Employment

Termination of Employment

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

No

HPPP GLOBAL - DEA Registration

DEA Registration Surrender

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

No

HPPP GLOBAL - Convictions

Convictions

80. 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?

No

HPPP GLOBAL - Malpractice Claims

Malpractice Claims

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

Yes

HPPP GLOBAL - Malpractice Claims if Yes

Malpractice Claims

83. Malpractice Claims:

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**Malpractice Carrier Refusal**

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

No

HPPP GLOBAL - Optional Narrative**Optional Narrative**

86. Optional Narrative:

HPPP GLOBAL - Attestation**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.

87. Submission Date:

04/24/2017

Review

Please make sure to [PRINT THIS SCREEN](#) for your records. To do so, you can click the button in the upper right hand corner of this screen labeled "Print Review". You will not be able to print after you leave this review screen.



Lookup Detail View

Licensee Information

This serves as primary source verification* of the license.

*Primary source verification: License information provided by the Colorado Division of Professions and Occupations, established by 24-34-102 C.R.S.

Name	Public Address
Andrew Jordan Ross	DENVER, CO 80209

Credential Information

License Number	License Method	License Type	License Status	Original Issue Date	Effective Date	Expiration Date
DR.0038983	Original	Physician	Active	08/11/2000	05/01/2017	04/30/2019

Board/Program Actions

Case Number	Public Action	Resolution	Effective Date	Completed Date
2013-2400	CLS Combined w/other case for action	Combined w/other case for action	11/02/2015	06/16/2016
2013-2499	CLS Stipulation	Stipulation	11/02/2015	06/16/2016

Online Documents

To view specific documents related to a licensee, use the "External Document" link below. If you would like to search all available online documents use our DPO Public Documents System

(http://www.dora.state.co.us/pls/real/DDMS_Search_GUI.DPO_Search_Form). Once there you may enter the licensee name or license number to complete the search. All public documents related to the licensee will be visible upon completion of the search.

If you have any questions or further issues, please contact us at dora_dpo_onlinelicenses@state.co.us.

Link	Unique ID Number	DocType	DocSource
External Document (http://apps.colorado.gov/dora/licensing/Lookup/LicenseLookup.aspx?docExternal=371115&docGuid=125AF2E6-77D4-41CA-8CBB-1A0B45A81508)	371115	HPPP-CO PUBLIC DISCIPLINARY ACTION	IMAGE

BEFORE THE COLORADO MEDICAL BOARD
STATE OF COLORADO

CASE NOS. 2013-2400-B; 2013-2499-B

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE
LICENSE TO PRACTICE MEDICINE IN THE STATE OF COLORADO OF ANDREW J.
ROSS, M.D., LICENSE NUMBER DR-38983,

Respondent.

IT IS HEREBY STIPULATED and agreed by and between Inquiry Panel B (“Panel”) of the Colorado Medical Board (“Board”) and Andrew J. Ross, M.D. (“Respondent”) (collectively, the “Parties”) as follows:

JURISDICTION AND CASE HISTORY

1. Respondent was licensed to practice medicine in the state of Colorado on August 11, 2000 and was issued license number DR-38983, which Respondent has held continuously since that date (“License”).

2. The Panel and the Board have jurisdiction over Respondent and over the subject matter of this proceeding.

3. On September 18, 2014, the Panel reviewed case numbers 2013-2400-B and 2013-2499-B, and determined that further proceedings by formal complaint were warranted pursuant to Section 12-36-118(4)(c)(IV), C.R.S. The Panel thereupon referred these matters to the Attorney General pursuant to Section 12-36-118(4)(c)(IV), C.R.S.

4. It is the intent of the Parties and the purpose of this Stipulation and Final Agency Order (“Order”) to provide for a settlement of all matters set forth in case numbers 2013-2400-B and 2013-2499-B, without the necessity of conducting a formal disciplinary hearing. This Order constitutes the entire agreement between the Parties, and there are no other agreements or promises, written or oral, which modify, interpret, construe or affect this Order.

5. Respondent understands that:
- a. Respondent has the right to be represented by an attorney of the Respondent's choice, and Respondent is represented by counsel in this matter;
 - b. Respondent has the right to a formal complaint and disciplinary hearing pursuant to Sections 12-36-118(4)(c)(IV) and 12-36-118(5), C.R.S.;
 - c. By entering into this Order, Respondent is knowingly and voluntarily giving up the right to a formal complaint and disciplinary hearing, admits the facts contained in this Order, and relieves the Panel of its burden of proving such facts;
 - d. Respondent is knowingly and voluntarily giving up the right to present a defense by oral and documentary evidence and to cross-examine witnesses who would testify on behalf of the Panel; and
 - e. Respondent is knowingly and voluntarily waiving the right to seek judicial review of this Order.

FACTUAL BASIS

6. Respondent specifically admits and the Panel finds that:
- a. Respondent's medical specialty is obstetrics and gynecology.
- Patient A**
- b. Patient A presented to Respondent with a medical history that included abnormal pap smears and mild dysplasia which had been treated previously with a loop electrosurgical excision procedure (LEEP).
 - c. On May 7, 2012, Respondent performed a total laparoscopic hysterectomy, bilateral salpingectomy, right oophorectomy and lysis of adhesions on Patient A using the da Vinci robotic surgical system.
 - d. During the course of the surgical procedure, Respondent inadvertently placed sutures in Patient A's bladder. These sutured the dome (top) of the bladder to the bottom of the bladder and to the vaginal cuff.
 - e. Due to the significant amount of scar tissue, the bladder was difficult to visualize.
 - f. During the surgery that Respondent performed, Patient A also suffered a thermal injury to her left ureter.
 - g. Respondent may not have recognized how close he was to Patient A's ureter while performing cautery during the operation.

- h. On May 20, 2012, Patient A was seen in a hospital emergency department due to leaking of urine from her bladder.
- i. Due to the surgical complications, Patient A subsequently underwent corrective surgery by another surgeon to repair her bladder and left ureter.

Patient B

- j. Patient B presented to Respondent with pelvic pain, dyspareunia and a right ovarian cyst.
- k. On September 27, 2012, Respondent performed a diagnostic laparoscopy to look for causes of pelvic pain including, but not limited to, ruling out endometriosis. Respondent also performed a right ovarian cystectomy, and peritoneal biopsy on Patient B.
- l. Respondent dissected Patient B's posterior cul-de-sac, instead of performing a simple 2-4 mm biopsy as intended.
- m. Patient B suffered "full thickness" lacerations in two areas of her bowel.
- n. Respondent's technical performance of the dissection of the posterior cul-de-sac resulted in a bowel injury for Patient B.
- o. Due to the surgical complications, another surgeon was called for an intra-operative consultation and then performed a laparotomy, a low anterior resection of a portion of Patient B's rectum and a loop colostomy.

7. Respondent admits and the Panel finds that the acts and/or omissions described in the factual basis above constitute unprofessional conduct pursuant to Section 12-36-117(1)(p), C.R.S., which states:

(1) "Unprofessional conduct" as used in this article means:

(p) Any act or omission which fails to meet generally accepted standards of medical practice.

8. Based upon the above, the parties stipulate that the terms of this Order are authorized by Section 12-36-118(5)(g)(III), C.R.S.

LETTER OF ADMONITION

9. This provision shall constitute a Letter of Admonition as set forth in sections 12-36-118(4)(c)(III)(A) and 12-36-118(5)(g)(III), C.R.S. Respondent is hereby admonished for the acts and omissions described in the factual basis above.

10. By entering this Order, Respondent agrees to waive the rights provided by Section 12-36-118(4)(c)(III)(B), C.R.S., to contest this Letter of Admonition.

PROBATIONARY TERMS

11. Respondent's license to practice medicine is hereby placed on probation, commencing on the effective date of this Order. All terms of probation shall be effective throughout the probationary period and shall constitute terms of this Order. The Panel and Respondent acknowledge that the CPEP requirements are contingent and will only be commenced if required by the terms of paragraphs 23-33.

12. During the probationary period, Respondent agrees to be bound by the terms and conditions set forth below.

FUNDAMENTALS OF LAPAROSCOPIC SURGERY PROGRAM

13. As of the effective date of this Order, Respondent has submitted written proof of his successful completion of the Fundamentals of Laparoscopic Surgery ("FLS") program provided through the Society of American Gastrointestinal and Endoscopic Surgeons. Thus, Respondent has completed this term of the Order.

SURGICAL MONITORING

14. Within 30 days of the effective date of this Order, Respondent shall nominate, in writing, a proposed surgical monitor for the Panel's approval. The nominee shall be a physician licensed by the Board and currently practicing medicine in Colorado. The nominee shall have no financial interest in Respondent's practice of medicine. The nominee must be knowledgeable in Respondent's area of practice and experienced in the surgical procedures Respondent performs, including use of the da Vinci Surgical System and general laparoscopic techniques. If Respondent is board certified in an area of practice, it is preferred, but not required, that the nominee be board certified by that same board. If the Respondent has privileges at hospitals, it is preferred, but not required, that the nominee have privileges at as many of those same hospitals as possible. The Board shall not have disciplined the nominee.

15. Respondent's nomination for a proposed surgical monitor shall set forth how the nominee meets the above criteria. With the written nomination, Respondent shall submit a letter signed by the nominee, as well as a current *curriculum vitae* of the nominee. The letter from the nominee shall contain a statement from the nominee indicating that the nominee has read this Order and understands and agrees to perform the obligations set forth

herein. The nominee must also state that the nominee can be fair and impartial in the review of Respondent's surgical practice.

16. For the purpose of this Stipulation and Final Agency Order, "surgical procedure" includes any surgical procedure commonly performed by an OB/GYN through use of general laparoscopic techniques or the use of the da Vinci Surgical System, whether that procedure is performed in a hospital, in an ambulatory surgical center or in any other setting.

17. Upon approval by the Panel, the surgical monitor shall personally observe and monitor ten (10) surgical procedures performed by Respondent in the State of Colorado or under the authority of his Colorado medical license. Five (5) of these surgical procedures shall be performed using the da Vinci Surgical System and five (5) of these surgical procedures shall be performed using general laparoscopic techniques. The surgical monitor shall directly observe and monitor each entire and complete surgical procedure.

18. Respondent must document the presence of the surgical monitor in the patient's medical record for each surgical procedure observed and monitored by the surgical monitor. Prior to and following the surgical procedure, the surgical monitor shall review Respondent's medical records for the patient undergoing the surgical procedure. The surgical monitor is authorized to review, and Respondent shall make available, any other records maintained by Respondent deemed appropriate by the surgical monitor.

19. The surgical monitor shall submit monthly written reports to the Panel which shall include the following:

- a. a description of each procedure personally observed and/or medical records reviewed;
- b. as to each procedure personally observed, a statement regarding whether the procedure was performed in accordance with the generally accepted standards of medical practice.

20. If at any time the Surgical Monitor believes Respondent is not in compliance with this Order, is unable to practice with skill and with safety to patients or has otherwise committed unprofessional conduct as defined in § 12-36-117(1), C.R.S., the Surgical Monitor shall immediately inform the Program Director of the Colorado Medical Board. Specifically, the Surgical Monitor shall immediately notify the Program Director of the Colorado Medical Board if the Surgical Monitor observes that Respondent's performance during any of the ten (10) surgical procedures observed includes an act or omission which fails to meet generally accepted standards of medical practice.

21. It is the responsibility of the Respondent to ensure that the surgical monitor's reports are timely and complete. Failure of the surgical monitor to perform the duties set forth above may result in a notice from Board staff requiring the nomination of a new surgical

monitor. Upon such notification, Respondent shall nominate a new surgical monitor according to the procedure set forth above. Respondent shall nominate the new surgical monitor within 30 days of such notice. Failure to nominate a new surgical monitor within 30 days of such notification shall constitute a violation of this Order.

22. Respondent agrees he is responsible to ensure the Surgical Monitor abides by the terms of this Order.

CONTINGENT TERM CPEP EDUCATION PROGRAM

23. If the Surgical Monitor determines that Respondent's performance of any of the ten (10) personally observed and monitored surgical procedures described in paragraphs 14-22 fails to meet generally accepted standards of medical practice, Respondent, within 30 days of this determination, shall contact the Center for Personalized Education for Physicians ("CPEP") to schedule a competence assessment ("CPEP Assessment") for minimally invasive pelvic surgery. Respondent shall complete and review the CPEP Assessment within 120 days of receiving notice that he is required to complete a CPEP assessment.

24. The CPEP Assessment will determine whether CPEP recommends that Respondent undergo any education intervention plan or other remedial education or training program. Hereinafter, the term "Education Program" shall refer to any education intervention plan or other remedial education or training program recommended by CPEP, including the "Post-Education Evaluation" component.

25. If the CPEP Assessment indicates Respondent should undergo an Education Program, Respondent shall enroll in the recommended Education Program within 180 days after receiving notice that he is required to complete a CPEP assessment. If the CPEP Assessment indicates that Respondent need not undergo any Education Program, Respondent shall be deemed to have satisfied fully the CPEP Education Program requirement of this Order.

26. Respondent shall timely commence and successfully complete any CPEP recommended Education Program including the Post-Education Evaluation component, within the time required by CPEP. However, the Respondent shall have no more than two years from the time he receives notice that he is required to complete a CPEP assessment to complete the entire CPEP Education Program unless the Panel determines, in its discretion, that more time is necessary. Any delay in Respondent's completion of the recommended Education Program, including the post-education evaluation, will delay the Respondent's successful completion of the probationary period.

27. Respondent understands and acknowledges that in order to complete the Education Program successfully, the Respondent must demonstrate to CPEP and the Panel's

satisfaction that the Respondent has satisfactorily accomplished all CPEP Education Program objectives and has integrated this learning into Respondent's medical practice.

28. Within 30 days of receiving notice that he is required to complete a CPEP assessment, Respondent shall sign any and all releases necessary to allow CPEP to communicate with the Panel. Within 60 days of receiving notice that he is required to complete a CPEP assessment, Respondent shall provide the Panel with a copy of such releases. Respondent shall not revoke such releases prior to successful completion of the probationary period as set forth in this Order. Any failure to execute such a release, failure to provide copies to the Panel, or any revocation of such a release shall constitute a violation of this Order.

29. Respondent shall provide or cause CPEP to provide a copy of the Assessment Report, Education Plan and any other reports regarding the Respondent's participation in the Education Program to the Panel within 30 days of the report's completion.

30. Respondent shall ensure that all reports from CPEP are complete and timely submitted to the Board. Respondent understands that the Board may accept a report, reject a report, refer the matter for additional disciplinary proceedings or take any further action authorized by law.

31. Respondent shall provide the Panel with written proof from CPEP upon successful completion of the recommended Education Program, including successful completion of the Post-Education Evaluation as defined above.

32. The Parties acknowledge that most CPEP Assessments include a computer-based cognitive function screening test. If CPEP determines that Respondent's results on the cognitive function screen suggest the need for further neuropsychological testing, the Respondent shall directly notify or ensure that CPEP notifies, the Panel of such a determination. The Panel may, in its discretion, order Respondent to undergo a comprehensive neuropsychological examination with its peer assistance, or other delegated provider, pursuant to an Order or other written instruction of the Panel. The Respondent understands and agrees to undergo neuropsychological examination as directed by the Panel.

33. All CPEP recommendations and instructions shall constitute terms of this Order. Respondent shall comply with all CPEP recommendations and instructions within the time periods set out by CPEP and the Panel. Respondent's failure to comply with CPEP recommendations and instructions shall constitute a violation of this Order.

TOLLING OF THE PROBATIONARY PERIOD

34. If at any time, Respondent ceases the active clinical practice of medicine, defined for the purposes of this Order as evaluating or treating a minimum of five patients per month, the probationary period shall be tolled for the time the Order is in effect and Respondent is not engaged in the active clinical practice of medicine.

35. Respondent must comply with all other terms of the Order and all other terms of probation. Unless otherwise specified, all terms of the Order and all terms of probation shall remain in effect, regardless of whether the probationary period has been tolled, from the effective date of this Order until probation is terminated. The probationary period shall be tolled for any time that Respondent is not in compliance with any term of this Order.

OUT OF STATE PRACTICE

36. Respondent may wish to leave Colorado and practice in another state. At any time other than during a period of suspension imposed by this Order, and whether to practice out of state or for any other reason, Respondent may request, in writing, that the Board place Respondent's License on inactive status as set forth in Section 12-36-137, C.R.S. Respondent's request to place his License on inactive status must include written evidence that Respondent has reported this Order to all other jurisdictions in which Respondent is licensed, as required by the "Other Terms" section of this Order. Upon the approval of such request, Respondent may cease to comply with the terms of this Order. Failure to comply with the terms of this Order while inactive shall not constitute a violation of this Order. While inactive, Respondent shall not perform any act in the state of Colorado that constitutes the practice of medicine, nor shall Respondent perform any act in any other jurisdiction pursuant to the authority of a license to practice medicine granted by the state of Colorado. Unless Respondent's License is inactive, Respondent must comply with all terms of this Order, irrespective of Respondent's location. The probationary period will be tolled for any period of time Respondent's License is inactive.

37. Respondent may resume the active practice of medicine at any time pursuant to written request and as set forth in Section 12-36-137(5), C.R.S. With such written request, Respondent shall demonstrate engagement in CPEP activities as required by CPEP and shall nominate any necessary surgical monitor required by this Order or by CPEP as provided above. Respondent shall be permitted to resume the active practice of medicine only after approval of the required monitor(s).

TERMINATION OF PROBATION

38. If the Surgical Monitor determines that the Respondent's performance of the ten (10) personally observed and monitored surgical procedures described in paragraphs 14-22 meets generally accepted standards of medical practice, and if Respondent has completed all

other terms or requirements of probation, Respondent may petition the Panel, in writing, for termination of Probation. The parties agree that the Panel's decision regarding such a petition shall be made at the sole discretion of the Panel. Respondent is waiving the right to appeal the Panel decision on this issue.

39. If the Surgical Monitor determines that the Respondent's performance of any of the ten (10) personally observed and monitored surgical procedures described in paragraphs 14-22 fails to meet generally accepted standards of medical practice and after Respondent then successfully completes all requirements of the CPEP program, and if Respondent has completed all other terms or requirements of probation, Respondent may petition the Panel, in writing, for termination of Probation. The parties agree that the Panel's decision regarding such a petition shall be made at the sole discretion of the Panel. Respondent is waiving the right to appeal the Panel decision on this issue.

OTHER TERMS

40. The terms of this Order were mutually negotiated and determined.

41. Both Parties acknowledge that they understand the legal consequences of this Order; both Parties enter into this Order voluntarily; and both Parties agree that no term or condition of this Order is unconscionable.

42. All costs and expenses incurred by Respondent to comply with this Order shall be the sole responsibility of Respondent, and shall in no way be the obligation of the Board or Panel.

43. If Respondent is licensed by any other jurisdiction, Respondent shall report this Order to all other jurisdictions in which Respondent is licensed.

44. Respondent shall submit an update to his profile with the Healthcare Professions Profiling Program regarding this order within thirty (30) days of the effective date of this Order.

45. During the probationary period or any period in which a physician is subject to prescribing restrictions, no physician shall perform an assessment of a patient's medical history and current medical condition, including a personal physical examination, for the purpose of concluding that a patient may benefit from the use of medical marijuana, recommending the use of medical marijuana or certifying a debilitating medical condition for an applicant to the Colorado Medical Marijuana Program. Respondent hereby understands and agrees that he shall not certify to the state health agency that a patient has a debilitating medical condition or that the patient may benefit from the use of medical marijuana.

46. Respondent shall obey all state and federal laws while the terms of this Order are in effect.

47. So that the Board may notify hospitals of this agreement pursuant to section 12-36-118(13), C.R.S., Respondent presently holds privileges at or is employed by the following hospitals and facilities:

SWEDISH MEDICAL CENTER ENGLAND

48. This Order and all its terms shall have the same force and effect as an order entered after a formal disciplinary hearing pursuant to section 12-36-118(5)(g)(III), C.R.S., except that it may not be appealed. Failure to comply with the terms of this Order may be sanctioned by the Inquiry Panel as set forth in section 12-36-118(5)(g)(IV), C.R.S. This Order and all its terms also constitute a valid board order for purposes of section 12-36-117(1)(u), C.R.S.

49. This Order shall be admissible as evidence at any proceeding or future hearing before the Board.

50. Invalidation of any portion of this Order by judgment or court order shall in no way affect any other provision, which shall remain in full force and effect.

51. During the pendency of any action arising out of this Order, the terms of this Order shall be deemed to be in full force and effect and shall not be tolled.

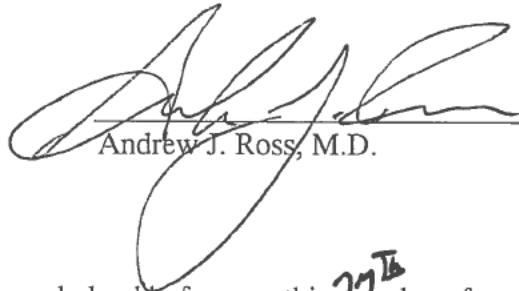
52. Respondent acknowledges that the Panel may choose not to accept the terms of this Agreement and that if the Agreement is not approved by the Panel and signed by a Panel member or other authorized person, it is void.

53. This Order shall be effective upon (a) mailing by first-class mail to Respondent at Respondent's address of record with the Board, or (b) service by electronic means on Respondent at Respondent's electronic address of record with the Board. Respondent hereby consents to service by electronic means if Respondent has an electronic address on file with the Board.

54. Upon becoming effective, this Order shall be open to public inspection and shall be publicized pursuant to the Board's standard policies and procedures. This Order

constitutes discipline against Respondent's license. Additionally, this Order shall be reported to the Federation of State Medical Boards, the National Practitioner Data Bank and as otherwise required by law.


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Andrew J. Ross, M.D.

THE FOREGOING was acknowledged before me this 27th day of
OCTOBER, 2015 by Andrew J. Ross, M.D., in the County of ARA PANOE,
State of COLORADO.

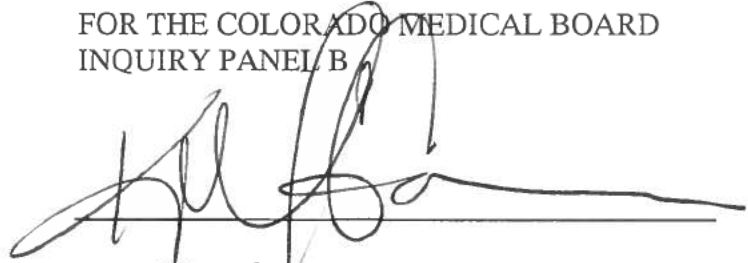
ELIZABETH CORRINE KENT
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 20144001712
My Commission Expires January 13, 2018



NOTARY PUBLIC
1/13/2018
My commission expires

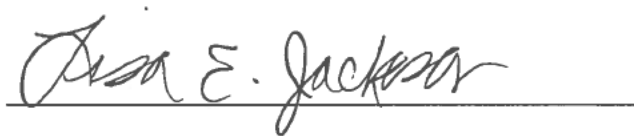
THE FOREGOING Stipulation and Final Agency Order is approved this 2 day of November, 2015.

FOR THE COLORADO MEDICAL BOARD
INQUIRY PANEL B



Karen M. McGovern
Program Director
Delegated Authority to Sign by Inquiry Panel

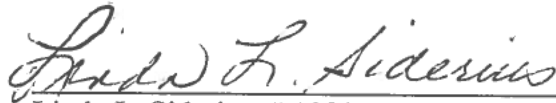
THE FOREGOING Stipulation and Final Agency Order is effective upon service to Respondent, on November 2, 2015.



APPROVED AS TO FORM

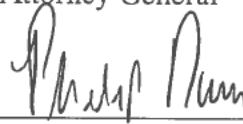
FOR RESPONDENT

FOR THE COLORADO MEDICAL
BOARD



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