



TARGET SHEET

Board: Medicine

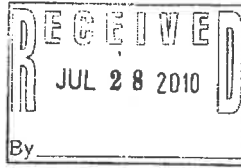
Licensee Full Name:
STEFANIE BOYD GORDON

License No:
MA054525

2827986_LIC_1_08/30/2010

49-105 (3/08)

Regular Mailing Address
STATE BOARD OF MEDICINE
P.O. BOX 2849
HARRISBURG, PA 17105-2649
717-783-1400/717-787-2381
Email: st-medicine@state.pa.us



Courier Delivery Address
STATE BOARD OF MEDICINE
2601 NORTH THIRD STREET
HARRISBURG, PA 17110

APPLICATION FOR LICENSURE AS A PHYSICIAN ASSISTANT

FEE - \$30.00 Check/money orders should be made payable to the Commonwealth of PA. **Note: A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason of non-payment.**

NAME Gordon Stefanie Boyd
LAST FIRST MIDDLE
ADDRESS [REDACTED]
STREET
Ardmore PA 19003
CITY STATE ZIP CODE
EMAIL ADDRESS [REDACTED]@gmail.com TELEPHONE NUMBER [REDACTED]
SOCIAL SECURITY NUMBER [REDACTED] DATE OF BIRTH [REDACTED]

If supporting documents are listed under another name or names, list below:

Stefanie Ann Boyd

*If you know the name of your supervisor, please provide the name and license number below. The supervisor is required to submit a separate physician assistant supervisor application. In order for you to begin practicing, this application must also be approved. If you do not have a supervisor at this time, write "None."

Name of Physician Assistant Supervisor _____

License Number of Physician Assistant Supervisor MD- _____

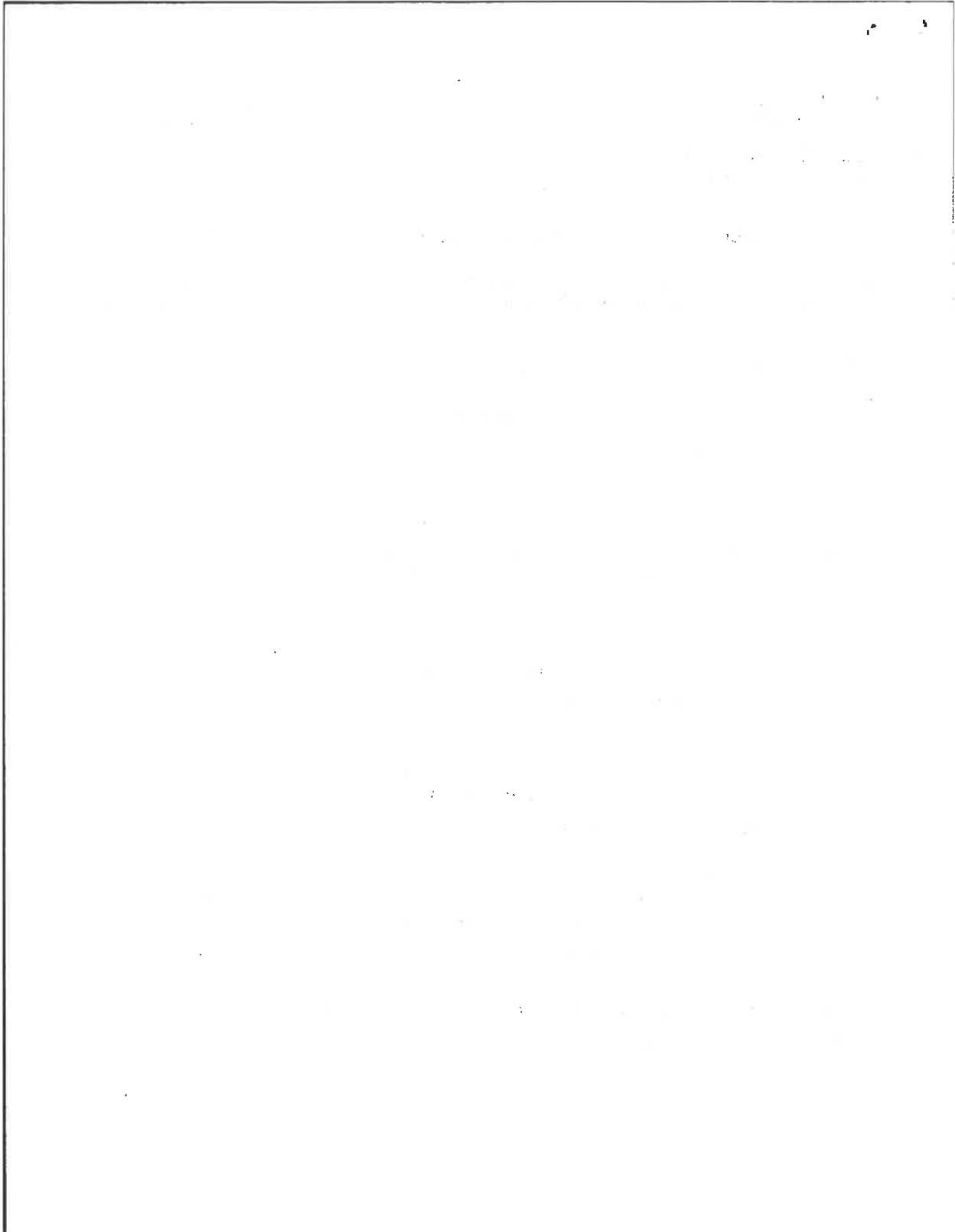
EDUCATION

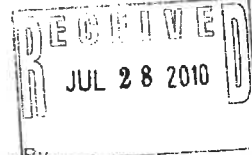
Philadelphia University 08/16/10
4201 Henry Ave Philadelphia PA 19144

Did you receive at least a Baccalaureate Degree from the physician assistant program?

YES NO If you answered no, complete the following information for the program which issued the Baccalaureate Degree:

_____ _____
Name and Address of School Issuing the Baccalaureate Degree Date of Graduation





If you answer "YES" to questions 2-6, you must provide complete details on a separate 8-1/2 x 11 sheet as well as certified copies of relevant documents.

	YES	NO
1. Do you hold licensure or certification (active or inactive, current or expired) to practice in any other jurisdiction? <u>If yes, list the jurisdiction(s) below.</u>		✓
2. Has any disciplinary action been taken against your license or certificate in another state, territory or country?		✓
3. Have you ever withdrawn an application for a license, had an application denied or refused, or agreed not to reapply for a license in another state, territory or country? A license includes a registration or certification.		✓
4. Have you been convicted, found guilty, or pleaded guilty or nolo contendere, or received probation without verdict as to any felony or misdemeanor, including any drug law violation, in any state or federal court?		✓
5. Have you had practice privileges denied, revoked or restricted in a hospital or other health care facility?		✓
6. Are you, or have you ever been, addicted to the imtemperate use of alcohol or to the habitual use of narcotics or other habit-forming drugs? <u>Note: You may answer "NO" if you are currently a participant in or have successfully completed the requirements of the Board's Impaired Professional Program.</u>		

*****IMPORTANT EDUCATIONAL CHANGES EFFECTIVE JANUARY 1, 2004*****

Act 160 of 2002 requires that candidates for initial licensure after January 1, 2004 obtain a baccalaureate or higher degree from a college or university and must complete not less than 60 clock hours of didactic instruction in pharmacology or other related courses.

VERIFICATION

Note that disclosing your social security number on this application is mandatory in order for the State Board of Medicine to comply with the requirements of the federal Social Security Act pertaining to child support enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa. C.S. 4304.1(a). In order to enforce domestic child support orders, the Commonwealth's licensing boards must provide to the Department of Public Welfare information prescribed by DPW about the licensee, including the social security number. Additionally, disclosing the number is mandatory in order for this board to comply with the reporting requirements of the federal National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank. Reports to the NPDB/HIPDB must include the licensee's social security number.

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of the certificate.

 SIGNATURE OF APPLICANT

07/02/10

 DATE

dm 8/17/10

Regular Mailing Address
STATE BOARD OF MEDICINE
P.O. BOX 2849
HARRISBURG, PA 17105-2849

RECEIVED DIRECT

Courier Delivery Address
STATE BOARD OF MEDICINE
2601 NORTH THIRD STREET
HARRISBURG, PA 17110

VERIFICATION OF GRADUATION FROM A PHYSICIAN ASSISTANT PROGRAM

PART 1 - APPLICANT - Complete top portion and send to the Director of the Physician Assistant Program for completion of Part 2.

NAME Gordon Stefanie Boyd Boyd
LAST FIRST MIDDLE MAIDEN

ADDRESS [REDACTED]
STREET

Arden PA 19003
CITY STATE ZIP CODE

DATE OF BIRTH [REDACTED] SOCIAL SECURITY NUMBER [REDACTED]

DATES OF ATTENDANCE July 2008 FROM August 2010 TO

PART 2 - DIRECTOR - Complete bottom portion and return in an official school envelope directly to the State Board. This form may not be completed and submitted prior to graduation.

I HEREBY CERTIFY THAT THE ABOVE-NAMED INDIVIDUAL HAS SUCCESSFULLY COMPLETED THE PHYSICIAN ASSISTANT PROGRAM, WHICH INCLUDED AT LEAST 60 CLOCK HOURS OF DIDACTIC INSTRUCTION IN PHARMACOLOGY OR OTHER RELATED COURSES. THE SCHOLASTIC STANDING AND PRACTICAL PERFORMANCE WERE SATISFACTORY DURING THE COURSE OF STUDY COMPLETED.

8/16/2010
DATE OF GRADUATION

M. S. Decker
DEGREE AWARDED

Philadelphia University
NAME OF INSTITUTION

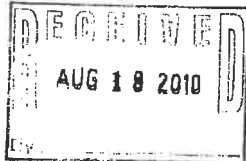
School House Lane & Henry Ave
STREET ADDRESS

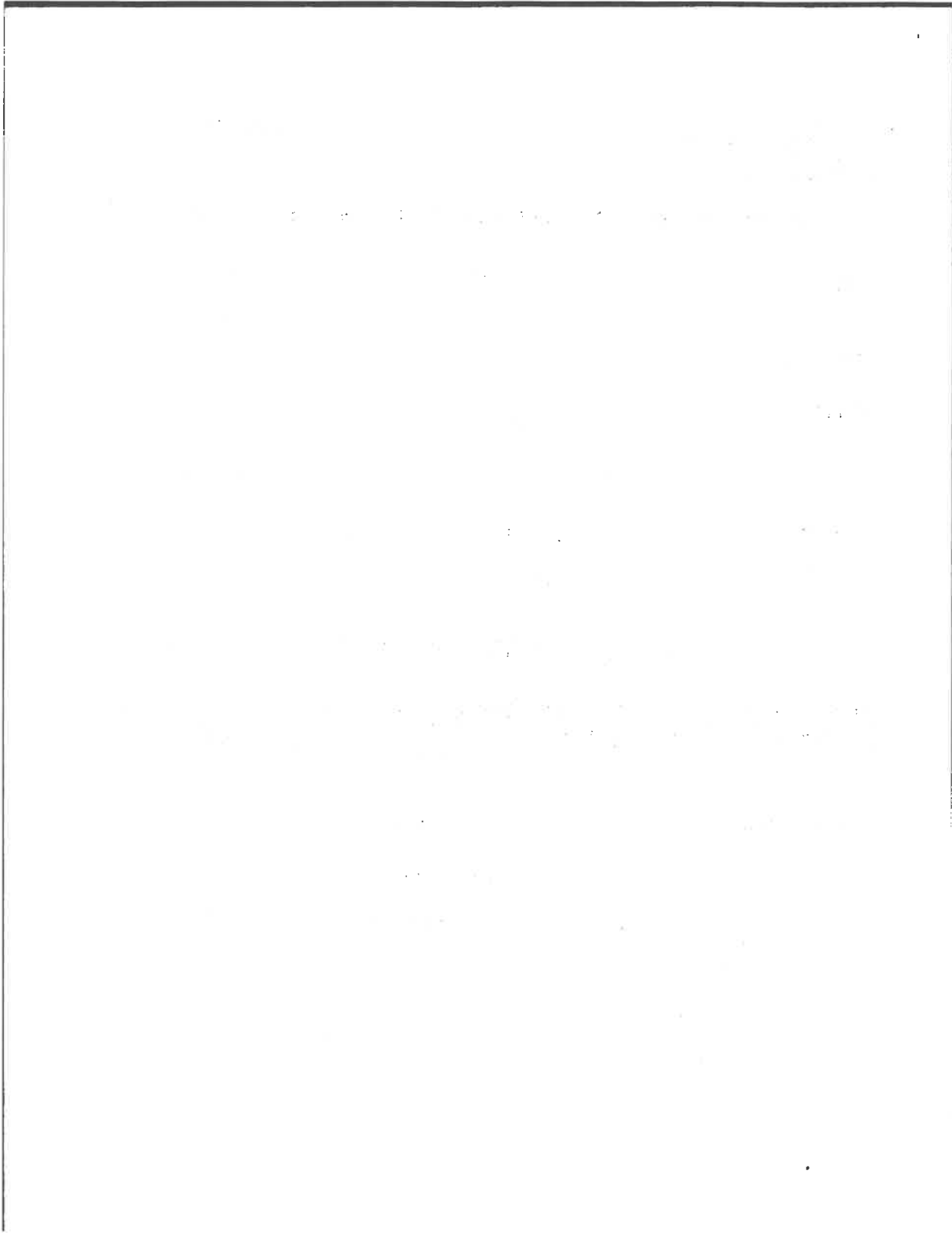
Phila PA 19144
CITY STATE ZIP CODE

Michael A. Patton, CAC, MPA
SIGNATURE OF DIRECTOR OF PROGRAM

8/16/10
DATE

AFFIX SCHOOL SEAL HERE





NR JMA 052319
April

NCCPA
National Commission on Certification
of Physician Assistants

RECEIVED DIRECT

AUG 27 2010

August 26, 2010

Pennsylvania State Board of Medicine
PO Box 2649
Harrisburg, PA 17105-2649

To Whom It May Concern:

The following score report for Stefanie Boyd Gordon is provided for your information.

Exam: Physician Assistant National Certifying Examination (PANCE)
Exam Date: August 20, 2010
Score: 501
Minimum Passing Score: 350
Pass/Fail Status: Pass

Stefanie Boyd Gordon is currently certified by NCCPA and holds NCCPA identification number 1092064.

NCCPA identification number 1092064 will remain valid until December 31, 2012. This PA was initially certified on August 26, 2010. However, this PA may or may not have been continuously certified during this time frame.

If you have any questions regarding the information provided in this report, please contact us at the number below. To receive information about NCCPA's certification requirements and policies, visit our Web site at www.nccpa.net or call 678.417.8100 to speak with one of our Information Service Representatives.

Sincerely,

Marcy Chiofolo
CME and Credentialing Specialist

P.S. You can verify the certification status of a PA by visiting our Web site at www.nccpa.net.

*The original version of this document includes
NCCPA's raised seal, affixed above.*

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
STATE BOARD OF MEDICINE
P. O. Box 2649
Harrisburg, PA 17105-2649
www.dos.state.pa.us

August 20, 2010

STEFANIE BOYD GORDON



ARDMORE PA 19003

TEMPORARY PRACTICE PERMIT

CLASSIFICATION: Temporary Physician Asst
TEMPORARY LICENSE #: TMA052319
DATE OF APPROVAL: 08/20/2010
EXPIRATION DATE: 08/20/2011

THIS TEMPORARY PRACTICE PERMIT AUTHORIZES THE ABOVE REFERENCED PERSON TO PROVIDE SERVICES WHILE UNDER THE DIRECT ON-PREMISES SUPERVISION OF THE REGISTERED SUPERVISING PHYSICIAN. THIS PERMIT DOES NOT ALLOW THE PHYSICIAN ASSISTANT TO PRESCRIBE OR DISPENSE MEDICATIONS.

THE HOLDER OF THIS PERMIT MUST BE SCHEDULED FOR THE NEXT AVAILABLE ADMINISTRATION OF THE NCCPA EXAMINATION.

THIS TEMPORARY PRACTICE PERMIT EXPIRES 12 MONTHS FROM THE ISSUE DATE OR UPON NOTICE OF FAILURE ON THE CERTIFICATION EXAMINATION, WHICH EVER OCCURS FIRST.

Signature – Temporary Practice Holder

Commissioner
Bureau of Professional and Occupational Affairs

SEAL



COMMONWEALTH OF PENNSYLVANIA
STATE BOARD OF MEDICINE
P. O. BOX 2649
HARRISBURG, PENNSYLVANIA 17105
st-medicine@state.pa.us
www.dcs.state.pa.us/med
August 4, 2010

Telephone: 717-783-1400/787-2381
Fax: 717-787-7769

STEFANIE BOYD GORDON 9849
[REDACTED]
ARDMORE PA 19003

EVALUATOR: KRISTA

RE: DISCREPANCY NOTICE – Temporary Physician Assistant – Medical Board

Dear Applicant:

The Board has received your application for a Temporary Physician Assistant license. The items listed below are needed to complete your application. A license cannot be issued until all items are received, approved and the application is complete. **You may not practice in the Commonwealth of Pennsylvania as a Physician Assistant until the evaluation of your application has been completed and the Board has approved the Physician Assistant Supervisor.**

- Verification of Graduation **must be received DIRECTLY from the school in an official, sealed school envelope.**

**APPLICATIONS NOT COMPLETED WITHIN SIX MONTHS
WILL REQUIRE UPDATES OF CERTAIN DOCUMENTS.**

You may check the status of your application online at www.mylicense.state.pa.us. Click on the link duplicate licenses/address changes/application status. First time users will be required to register and create a user-ID and password. Your registration code to register is: JQ7rbzQn

Person Info

Name: STEFANIE BOYD GORDON

Address Info

Street Address: [REDACTED] Email: [REDACTED]@email.com
 Phone [REDACTED]
 Fax [REDACTED]
 City: Havertown
 State: PA
 Zipcode: 19083
 Country: 82
 County: Delaware

Survey Response Summary

Survey Response Summary

Are you submitting a name change with this renewal?	N
Do you hold a current, valid certification with the National Commission on Certification of Physician Assistants?	Y
Do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice any health-related profession in any state or jurisdiction?	N
If you answered yes to the above question, please provide the profession and state or jurisdiction.	
Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?	N
Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?	N
Since your initial application or last renewal, whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?	N
Since your initial application or last renewal, whichever is later, have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.	N
Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?	N
Since your initial application or last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted?	N
Since your initial application or your last renewal, whichever is later, have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?	N
Since your initial application or your last renewal, whichever is later, have you ever had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?	N
Since your initial application or your last renewal, whichever is later, have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?	N
Since your initial application or last renewal, whichever is later, have you engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?	[REDACTED]
Since your initial application or your last renewal, whichever is later, have you been the subject of a civil malpractice lawsuit?	N
If yes, please submit a copy of the entire Civil Complaint, which must include the filing date and the date you were served. PLEASE NOTE: If you previously reported the complaint to the Board you will only need to provide the docket number here:	
Have you completed 2 hours of Board-approved continuing education in child abuse recognition and reporting?	Y
Do you maintain current medical professional liability insurance in the Commonwealth of Pennsylvania?	Y
If you answer "No", please provide an explanation or reason for an exemption request.	
Please provide the zip code of your primary employer/practice location. This data is being collected for the purpose of identifying healthcare professionals during state emergencies and may be provided to the Pennsylvania Emergency Management Agency for official use only.	19104

Date Submitted: Thursday, October 20, 2016

Education Info

No education records

Employment Information

No employment records

Person Info

Name: STEFANIE BOYD GORDON

Address Info

Street Address [REDACTED] Email [REDACTED]@gmail.com
 Phone [REDACTED]
 Fax [REDACTED]
 City Havertown
 State PA
 Zipcode 19083
 Country 82
 County Delaware

Survey Response Summary

Question Response Summary

Are you submitting a name change with this renewal?	N
Have you completed 2 hours of Board-approved continuing education in child abuse recognition and reporting?	N
Do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction?	N
If you answered yes to the above questions, please provide the profession and state or jurisdiction.	
Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?	N
Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?	N
Since your initial application or last renewal, whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?	N
Since your initial application or last renewal, whichever is later, have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.	N
Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?	N
Since your initial application or last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted?	N
Since your initial application or your last renewal, whichever is later, have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?	N
Since your initial application or your last renewal, whichever is later, have you ever had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?	N
Since your initial application or your last renewal, whichever is later, have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?	N
Since your initial application or last renewal, whichever is later, have you engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?	[REDACTED]
If yes, are you currently participating in the Pennsylvania Professional Health Monitoring Program?	[REDACTED]
Since your initial application or your last renewal, whichever is later, have you been the subject of a civil malpractice lawsuit?	N
If yes, please submit a copy of the entire Civil Complaint, which must include the filing date and the date you were served. Submit a statement which includes complete details of the complaints that have been filed against you. PLEASE NOTE: If you previously reported the complaint to the Board you will only need to provide the docket number here:	
Do you maintain current medical professional liability insurance in the Commonwealth of Pennsylvania?	Y
If you answer "No", please provide an explanation or reason for an exemption request.	
Do you hold a current, valid certification with the National Commission on Certification of Physician Assistants?	Y

Date Submitted: Thursday, November 06, 2014

Education Info

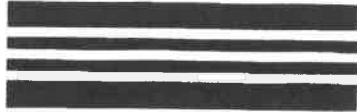
No education records

Employment Information

No employment records

Person Info Name: STEFANIE BOYD GORDON Address Info Street Address: ██████████ Email: ██████████@gmail.com Phone: ██████████ Fax: ██████████ City: Havertown State: PA Zipcode: 19083 Country: 82 County: Delaware	
Survey Response Summary Question Response Summary	
Are you submitting a name change with this renewal?	N
Do you hold a license/certificate (active, inactive or expired) to practice in any other state or jurisdiction?	N
Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against your license, certificate or registration issued to you in any profession in any other state or jurisdiction?	N
Since your initial application or last renewal, whichever is later, have you been convicted, found guilty or pleaded nolo contendere, or received probation without verdict, or accelerated rehabilitative disposition(ARD) as to any felony or misdemeanor, including any drug law violations, or do you have any criminal charges pending and unresolved in any state or jurisdiction? You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.	N
Since your initial application or last renewal, whichever is later, have you withdrawn an application for a license, certificate or registration, had an application denied or refused, or for disciplinary reasons agreed not to reapply for a license, certificate or registration in any profession in any other state or jurisdiction?	N
Since your initial application or last renewal, whichever is later, have you had practice privileges denied, revoked or restricted in a hospital or health care facility?	N
Since your initial application or last renewal, whichever is later, have your provider privileges been denied, revoked or restricted by any medical assistance agency for cause?	N
Do you hold a current, valid certification with the National Commission on Certification of Physician Assistants?	Y
Education Information	
Edit Profession: Medicine School:	

From:	To:	PHILADELPHIA UNIVERSITY 8/16/2010	Credit Hours:	Education Type:
Employment Information				
No employment records				
remarks Remarks:				
Continuing Education Information				
No CE Course records				



TARGET SHEET

Board: Medicine

Licensee Full Name:
MARK ALOYSIUS MORGAN

License No:
MX016543

3193046_LIC_1_01/30/2014

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
STATE BOARD OF MEDICINE
P. O. Box 2649
Harrisburg, PA 17105-2649
www.dos.state.pa.us/med

January 30, 2014

MARK ALOYSIUS MORGAN

5478

PHILADELPHIA PA 19104

RE: STEFANIE BOYD GORDON

Dear Doctor:

Your application to supervise a physician assistant has been processed. Enclosed are your FINAL approval letters. You are reminded of the following:

The Board's regulations at 49 Pa. Code §18.151 define the role of a physician assistant. A copy of the regulations is available on our web site at www.dos.state.pa.us/med. The regulations authorize the physician assistant under appropriate direction and supervision by a physician assistant supervisor, to augment the physician's data gathering abilities in order to assist the physician in reaching decisions and instituting care plans for the physician's patients.

If you desire your physician assistant to provide services beyond those included in the regulations you must adhere to the statutory provisions which address delegation of medical services. Sections 17 and 21 of the Medical Practice Act, 63 P.S. §§422.17 and 422.21, address the use of non-physician in the performance of medical services.

The Board is unable to pre-approve procedures which are not contained in the regulation. As a government agency the Board's activities are limited to that authorized by the Medical Practice Act of 1985, 63 P.S. §§422.1 - 422.45. This information is available on our web site, also. The act does not confer authority on the Board to issue advisory opinions or pre-approve specific conduct. This issue has been addressed by the Pennsylvania Commonwealth Court, which is the Court having review authority over decisions of the Board. That Court has held that where the legislature has not provided authority for a licensing board to pre-approve conduct of its licensees, such pre-approval decisions are in the nature of an advisory opinion and thus a nullity. See Avis Rent A Car Systems v. Commonwealth Department of State, 548 A.2d 402 (Pa. Cmwlth. Ct. 1988).

The Court has also held specific to the State Board of Medicine that the Medical Practice Act does not confer pre-approval authority to the Board. Such actions by the Board are outside the scope of power granted by the legislature. The Board's authority to decide issues concerning accepted ethical and quality standards of conduct arises in the context of promulgating regulations or in the context of a disciplinary action. See Morrison v. State Board of Medicine, 618 A.2d 1098 (Pa. Cmwlth. Ct. 1992). Outside the context of its regulations the Board lacks authority to provide you the pre-approval you seek.

Page 2

In assessing whether the particular service is one which is appropriate for delegation under those regulations, the physician must comply with the Board's delegation regulations contained at 49 PA Code; Section 18.401 – 18.402 which is also available on our web site. The physician retains responsibility for the medical service performed, whether performed personally or delegated to another person. Determine the level of skill and knowledge necessary to the safe performance of the procedure. Research the medical community's accepted practices, review the medical literature, and review the practice with experts in the field. Assess the competency of the individual who will provide the service. Ascertain whether performing the procedure on the particular patient creates any special risk. Provide supervision and monitoring appropriate to the difficulty of the procedure, the skill of the delegatee, and the risk to the particular patient.

We trust this information will assist you in exercising professional judgment regarding the appropriate utilization of your physician assistant.

Sincerely,

State Board of Medicine

Enclosures

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
STATE BOARD OF MEDICINE
P. O. Box 2649
Harrisburg, PA 17105-2649
www.dos.state.pa.us/med

January 30, 2014

MARK ALOYSIUS MORGAN
[REDACTED]
PHILADELPHIA PA 19104



**PRIMARY SUPERVISING PHYSICIAN REGISTRATION –
FINAL APPROVAL / AUTHORIZATION TO PRACTICE**

Having fully met the requirements of the State Board of Medicine, the following physician assistant has been approved and is authorized to practice in accordance with, and subject to, the provisions of the Medical Practice Act of 1985, and the rules and regulations promulgated by the Board.

PRIMARY SUPERVISING PHYSICIAN: MARK ALOYSIUS MORGAN
LICENSE TYPE: , Written Agreement
REGISTRATION NUMBER: MX016543
EFFECTIVE DATE: 01/30/2014
PHYSICIAN ASSISTANT: STEFANIE BOYD GORDON

Seal

Acting Commissioner
Bureau of Professional and Occupational Affairs

**State Board of Medicine
Special Notice
November 12, 2013 (Update)**

**Board Approves Temporary Authorization for Physician Assistants to Practice Pending Board Approval of the
"Application for Registration as a Supervising Physician"**

At its meeting on March 21, 2013, the State Board of Medicine approved a temporary authorization for Physician Assistants to practice pending formal approval of the "Application for Registration as a Supervising Physician."

Upon submission of the application, Board staff will review the application ONLY for completeness and issue a letter to the supervising physician providing the temporary authorization for the physician assistant to begin practice.

If the application is not "complete" (i.e., required signatures are not provided, information is missing, fee is not included, etc.), a temporary authorization for the physician assistant to begin practicing WILL NOT be issued.

The temporary authorization, when issued, will provide a period of 120 days during which the physician assistant may practice, under the terms set forth in the written agreement as submitted to the Board. Within 120 days, the Board will notify the supervising physician of the final approval or disapproval of the application. If approved, a final approval of the written agreement will be issued to the Supervising Physician. If there are discrepancies that have not been corrected within the 120 day period, the temporary authorization to practice will expire.

**Board Approves Reduction in Paperwork and Reporting Requirements
for Substitute Supervising Physicians of the Physician Assistants**

The Board also approved a reduction in paperwork and reporting requirements for substitute supervising physicians. Effective immediately, the "Written Agreement Change Form" for Adding/Deleting a Substitute Supervisor will no longer be required to be filed with the Board office.

However, the "Written Agreement Change Form" is required and must be submitted to:

- Delete a Physician Assistant;
- Dissolve a Written Agreement;
- Make Changes in Protocol, including: changing the job duties of the Physician Assistant;
- Changing the Physician Assistant's prescribing or dispensing privileges;
- Changing the practice address (only if changing a hospital practice location)

**Additional Amendments to Requirements for the
Supervision of Physician Assistants**

The Board will issue a Statement of Policy to make additional amendments to the "Application for Registration as a Supervising Physician" which will reduce the paperwork and reporting requirements. When the Statement of Policy has been published in the Pennsylvania Bulletin, additional amendments will be made to the application form(s).

PLEASE NOTE: The primary supervisor's responsibilities include:

- Providing a copy of the final, Board approved written agreement to all substitute supervisors.
- Maintaining a current list of all locations where the physician assistant will perform duties.
- Maintaining a current list of all substitute supervisors under which the physician assistant will work.
- Notifying the Board of changes to the primary practice location utilizing a written agreement change form.
- Ensuring that the physician assistant will not practice without supervision by either the primary supervisor or an authorized substitute supervisor.

(11/2013)

Regular Mailing Address STATE BOARD OF MEDICINE P.O. BOX 2649 HARRISBURG, PA 17105-2649 717-783-1400/717-787-2381 Email: st-medicine@pa.gov	Courier Delivery Address STATE BOARD OF MEDICINE 2601 NORTH THIRD STREET HARRISBURG, PA 17110
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APPLICATION FOR REGISTRATION AS A SUPERVISING PHYSICIAN

THIS APPLICATION IS FOR USE ONLY BY A PRIMARY SUPERVISING PHYSICIAN LICENSED BY THE PENNSYLVANIA STATE BOARD OF MEDICINE.

PLEASE PRINT OR TYPE ALL INFORMATION. If the written agreement is identical for all supervisors, submit one application for each physician assistant. Attach the fee and written agreement.

FEE. Submit the \$35.00 fee. Make check or money order payable to the "Commonwealth of Pennsylvania." **FEEES ARE NOT REFUNDABLE.** The fee cannot be transferred to another application. **Note:** A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment. Your cancelled check is your receipt of payment.

PLEASE NOTE: If this application is not completed within six months, updates of certain sections and/or supporting documents will be required. If the application has not been completed within one year from the date it was received, applicants will be required to submit a new application (another application processing fee) and supporting documents, as necessary.

PLEASE NOTE: Upon receipt of a complete application, the Board will issue a letter authorizing the physician assistant to temporarily commence practice in accordance with the pending written agreement submitted with this application. The temporary authorization to practice is valid for **120 days ONLY** while the written agreement is being evaluated for final Board approval.

PLEASE ALLOW AT LEAST 120 DAYS FOR PROCESSING OF THE WRITTEN AGREEMENT FINAL APPROVAL.

PLEASE NOTE: A PHYSICIAN ASSISTANT CANNOT PRACTICE PRIOR TO THE BOARD ISSUING A TEMPORARY AUTHORITY TO PRACTICE

JAN 21 2014

PRIMARY SUPERVISING PHYSICIAN NAME:	Last Morgan	First Mark	Middle Aloysius
PRIMARY SUPERVISING PHYSICIAN LICENSE NUMBER:	MD030645E	PRACTICE TELEPHONE NUMBER:	215 662 3318
PRACTICE ADDRESS:	Street 3400 Spruce Street		
City Philadelphia	State PA	ZIP 19104	
SUBSTITUTE SUPERVISOR NAME:	Last See Attached List	First	Middle
SUBSTITUTE SUPERVISOR'S LICENSE NUMBER:			
PHYSICIAN ASSISTANT NAME:	Last Gordon	First Stefanie	Middle Boyd
PHYSICIAN ASSISTANT LICENSE NUMBER:	MA054525		

PENNSYLVANIA STATE BOARD OF MEDICINE

PRIMARY SUPERVISING PHYSICIAN MUST COMPLETE THIS SECTION

LIST YOUR SPECIALTIES:	Obstetrics and Gynecology	Gynecological Oncology
DO YOU HOLD HOSPITAL STAFF PRIVILEGES?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
IF YES, LIST HOSPITAL(S):	Hospital of the University of Pennsylvania	

VERIFICATION

- I will direct and exercise supervision over the named physician assistant in accordance with the rules and regulations of the State Board of Medicine.
- I verify that I have reviewed the Medical Practice Act and Regulations of the State Board of Medicine.
- I recognize that I am obligated to comply with all provisions of the Act and Regulations including those provisions that require me to notify the Board of the termination of my agreement to supervise the physician assistant.
- I recognize that I retain full professional and legal responsibility for the performance of the physician assistant and the care and treatment of the physician assistant's patients.
- I verify that the statements in this application and written agreement are true and correct to the best of my knowledge, information and belief.
- I understand that false statements are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my registration.
- I will provide all substitute supervising physicians with a copy of the approved supervising written agreement.
- The physician assistant identified in this application will only work with the primary supervising physician and his/her substitute physician assistant supervisor(s).
- The physician assistant will only provide medical services to the patients under the care of the primary and substitute supervisor(s) and WILL NOT practice if the supervising physician or an authorized substitute supervisor is not available.

PRIMARY SUPERVISING PHYSICIAN (Printed Name):	Mark Aloysius Morgan	Date
PRIMARY SUPERVISING PHYSICIAN SIGNATURE:	[Redacted]	1/10/14
PHYSICIAN ASSISTANT (Printed Name):	Stefanie Boyd Gordon	Date
PHYSICIAN ASSISTANT SIGNATURE:	[Redacted]	1/10/14

PLEASE NOTE: The primary supervisor's responsibilities include:

- Providing a copy of the final, Board approved written agreement to all substitute supervisors.
- Maintaining a current list of all locations where the physician assistant will perform duties.
- Maintaining a current list of all substitute supervisors under which the physician assistant will work.
- Notifying the Board of changes to the primary practice location utilizing a written agreement change form.
- Ensuring that the physician assistant will not practice without supervision by either the primary supervisor or an authorized substitute supervisor.

JAN 21 2014

IF NECESSARY, ATTACH ADDITIONAL 8 1/2" X 11" SHEETS OF PAPER.

PENNSYLVANIA STATE BOARD OF MEDICINE

WRITTEN AGREEMENT

NAME - PRIMARY SUPERVISING PHYSICIAN:	Last Morgan	First Mark	Middle Aloysius
NAME - SUBSTITUTE SUPERVISING PHYSICIAN:	Last See Attached List	First	Middle
NAME - PHYSICIAN ASSISTANT:	Last Gordon	First Stefanie	Middle Boyd

INSTRUCTIONS: Please provide the following information (typed) for question 1 on 8.5" x 11" sheets of paper and attach to this form. The information on this agreement must be agreed to by all supervisors (primary and substitute).

- Describe the functions/tasks to be delegated to the physician assistant. **See Attached**
- On-site supervision and direction will be provided to the physician assistant Daily (daily, every other day, once per week, etc.).
- Patient charts will be reviewed and co-signed Daily (daily, every other day, once per week, etc.) **but never more than every 10 days as required by regulation.**
- If the physician assistant will practice in a hospital, provide the name and address of each hospital below. If more than three hospitals, please provide this information on a separate sheet of paper.

Name of Hospital Hospital of the University of Pennsylvania	Address 3400 Spruce St. Philadelphia, PA 19104
Name of Hospital	Address
Name of Hospital	Address

5. Will the physician assistant prescribe and dispense drugs/therapeutic devices? Yes No

If yes, please identify which categories of controlled substances may be prescribed and dispensed?

- None Schedule II Schedule III Schedule IV Schedule V

List below any specific drugs that the physician assistant **WILL NOT** be permitted to prescribe/dispense.

JAN 21 2014

WRITTEN AGREEMENT

RE: Stefanie Boyd Gordon, PA-C

1. Description of functions and tasks to be delegated by the physician assistant.

The candidate will preserve confidentiality, privacy, and dignity of patients and visitors according to the policy within the Hospital of the University of Pennsylvania. The candidate will instruct the patients and their families prior to procedures (medications, dye, test preparation, etc) in a developmentally appropriate manner. She will act as a consultant to the patient and family along with the multidisciplinary staff. The candidate will participate in the monitoring of patient's satisfaction within the department. She will provide courteous, accurate, and clear directions to individuals unfamiliar with the facilities. .

The candidate will perform acts of medical diagnosis or prescription of medical therapeutic corrective measures in collaboration with and under the supervision of Mark Aloysius Morgan, MD as licensed in the Commonwealth of Pennsylvania. She will participate in daily rounds with the Gynecology-Oncology attending physician staff to delineate the patient problems and constructive plan of care. She will work primarily on the 7th floor of the Silverstein Building but also in all areas of the hospital as needed including outpatient facilities, emergency room, and inpatient units. She will perform daily physical assessment (vital signs, weight, test results, medications) and maintain accurate record of the patient's progress. She will implement approved therapies and order diagnostic test and review results with the physician. The candidate will conduct history and physical examination in accordance with the accepted standards of care and assign to the patient in the Gynecology-Oncology service. She will complete patient assessments and document as per our standards for medical record documentation and complete discharge summarization. She will maintain records for clinical database. She will check physician's orders and medications on a daily basis for accuracy in writing and delivery to the patients. She will communicate with physician the need for specific consults or interventions.

The candidate will perform vena puncture, dressing changes, and insertion of central lines. Insertion and removal of invasive catheters and hardware under supervision of medical staff, if trained and approved to perform such procedures by a hospital credential committee.

The candidate will proactively share information and trends. She will demonstrate fairness and appropriate due process in her actions and decisions. She will recognize risk taking and promoted in others. She will exhibit an openness to change and promoted within others. She will communicate with sensitivity to possible hearing difficulties and memory and information processing difficulties. She will provide assistance as appropriate for ambulation of the older adult recognizing that the older adult may need more time to complete activities. She will consult with the family when appropriate to obtain historical data and/or coordinate future studies as necessary.

JAN 21 2014

Written Agreement
RE: Stefanie Boyd Gordon
Page Two

2. Describe the time, place, and manner of supervision and direction.

Personal contact of the physician assistant with the supervising physician(s) will be conducted daily at the Hospital of the University of Pennsylvania, which will be the sole location that the physician assistant will practice in. Supervision will be both direct and indirect, however, contact by phone will always be available and at least one of the supervising physicians will be in-house and also available for consultation. The hours that the physician assistant will work will approximately be from 0700-1930, Monday-Friday.

The supervision for Stefanie Boyd Gordon, PA-C from Mark Aloysius Morgan, MD and the secondary physicians in Gynecology- Oncology at Hospital of the University of Pennsylvania will include:

1. Active and continuing overview of the physician assistant's activities to determine that the physician's directions are being implemented.
2. Immediate availability of the supervising physician to the physician assistant for necessary consultations.
3. Personal and regular review within 10 days by the supervising physician of the patient records upon which entries are made by the physician assistant.

3. Identify the location and practice setting.

The physician assistant will be employed primarily in a quaternary care facility (i.e. the Hospital of University of Pennsylvania).

JAN 21 2014

RE: Stefanie Boyd Gordon

Substitute Supervising Physician List

George Coukos	MD060556L
Catherine Rose Salva	MD430200
Robert A. Burger	MD044623L
Fiona Simpkins	MD449952
Janos Laszlo Tanyi	MD433649

JAN 21 2014

PHYSICIAN ASSISTANT GORDON, Stefanie #MA 0514505

PRIMARY PHYSICIAN Morgan, Mark # MD 030645E

	<u>APPROVED</u>	<u>PENDING</u>
FEE	<u>#35</u>	<u> </u>
APPLICATION	<u> / </u>	<u> </u>
ONE SUB/ NO WORK STMT	<u> / </u>	<u> </u>
WRITTEN AGREEMENT	<u> / </u>	<u> </u>
DISSOLVE TMX FROM PA	<u> / </u>	<u> </u>
DISSOLVE TMX FROM MD	<u> / </u>	<u> </u>

PRACTICE LOCATION IS HOSPITAL Y OR N

PRESCRIPTION PRIV Y OR N

RESTRICTIONS LISTED Y OR N

APPROVED FOR SCHED: 2, 3, 4, 5. Y OR N

WA TEMPORARY APPROVAL NUMBER TMX

WA FINAL APPROVAL NUMBER MX 016543



TARGET SHEET

Board: Medicine

Licensee Full Name:
JANET LEE WILSON

License No:
MX016539

3193056_LIC_1_02/04/2014

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
STATE BOARD OF MEDICINE
P. O. Box 2649
Harrisburg, PA 17105-2649
www.dos.state.pa.us/med

February 4, 2014

JANET LEE WILSON



PHILADELPHIA PA 19107

RE: STEFANIE BOYD GORDON

Dear Doctor:

Your application to supervise a physician assistant has been processed. Enclosed are your **FINAL** approval letters. You are reminded of the following:

The Board's regulations at 49 Pa. Code §18.151 define the role of a physician assistant. A copy of the regulations is available on our web site at www.dos.state.pa.us/med. The regulations authorize the physician assistant under appropriate direction and supervision by a physician assistant supervisor, to augment the physician's data gathering abilities in order to assist the physician in reaching decisions and instituting care plans for the physician's patients.

If you desire your physician assistant to provide services beyond those included in the regulations you must adhere to the statutory provisions which address delegation of medical services. Sections 17 and 21 of the Medical Practice Act, 63 P.S. §§422.17 and 422.21, address the use of non-physician in the performance of medical services.

The Board is unable to pre-approve procedures which are not contained in the regulation. As a government agency the Board's activities are limited to that authorized by the Medical Practice Act of 1985, 63 P.S. §§422.1 - 422.45. This information is available on our web site, also. The act does not confer authority on the Board to issue advisory opinions or pre-approve specific conduct. This issue has been addressed by the Pennsylvania Commonwealth Court, which is the Court having review authority over decisions of the Board. That Court has held that where the legislature has not provided authority for a licensing board to pre-approve conduct of its licensees, such pre-approval decisions are in the nature of an advisory opinion and thus a nullity. See Avis Rent A Car Systems v. Commonwealth Department of State, 548 A.2d 402 (Pa. Cmwlth. Ct. 1988).

The Court has also held specific to the State Board of Medicine that the Medical Practice Act does not confer pre-approval authority to the Board. Such actions by the Board are outside the scope of power granted by the legislature. The Board's authority to decide issues concerning accepted ethical and quality standards of conduct arises in the context of promulgating regulations or in the context of a disciplinary action. See Morrison v. State Board of Medicine, 618 A.2d 1098 (Pa. Cmwlth. Ct. 1992). Outside the context of its regulations the Board lacks authority to provide you the pre-approval you seek.

Page 2

In assessing whether the particular service is one which is appropriate for delegation under those regulations, the physician must comply with the Board's delegation regulations contained at 49 PA Code; Section 18.401 – 18.402 which is also available on our web site. The physician retains responsibility for the medical service performed, whether performed personally or delegated to another person. Determine the level of skill and knowledge necessary to the safe performance of the procedure. Research the medical community's accepted practices, review the medical literature, and review the practice with experts in the field. Assess the competency of the individual who will provide the service. Ascertain whether performing the procedure on the particular patient creates any special risk. Provide supervision and monitoring appropriate to the difficulty of the procedure, the skill of the delegatee, and the risk to the particular patient.

We trust this information will assist you in exercising professional judgment regarding the appropriate utilization of your physician assistant.

Sincerely,

State Board of Medicine

Enclosures

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
STATE BOARD OF MEDICINE
P. O. Box 2649
Harrisburg, PA 17105-2649
www.dos.state.pa.us/med

February 4, 2014

JANET LEE WILSON

9849

PHILADELPHIA PA 19107

PRIMARY SUPERVISING PHYSICIAN REGISTRATION

Having fully met the requirements of the State Board of Medicine, the following physician assistant has been approved and is authorized to practice in accordance with, and subject to, the provisions of the Medical Practice Act of 1985, and the rules and regulations promulgated by the Board.

PRIMARY SUPERVISING PHYSICIAN: JANET LEE WILSON
LICENSE TYPE: Written Agreement
REGISTRATION NUMBER: MX016539
EFFECTIVE DATE: 01/30/2014
PHYSICIAN ASSISTANT: STEFANIE BOYD GORDON

Seal



Acting Commissioner
Bureau of Professional and Occupational Affairs

**State Board of Medicine
Special Notice
November 12, 2013 (Update)**

**Board Approves Temporary Authorization for Physician Assistants to Practice Pending Board Approval of the
"Application for Registration as a Supervising Physician"**

At its meeting on March 21, 2013, the State Board of Medicine approved a temporary authorization for Physician Assistants to practice pending formal approval of the "Application for Registration as a Supervising Physician."

Upon submission of the application, Board staff will review the application ONLY for completeness and issue a letter to the supervising physician providing the temporary authorization for the physician assistant to begin practice.

If the application is not "complete" (i.e., required signatures are not provided, information is missing, fee is not included, etc.), a temporary authorization for the physician assistant to begin practicing WILL NOT be issued.

The temporary authorization, when issued, will provide a period of 120 days during which the physician assistant may practice, under the terms of set forth in the written agreement as submitted to the Board. Within 120 days, the Board will notify the supervising physician of the final approval or disapproval of the application. If approved, a final approval of the written agreement will be issued to the Supervising Physician. If there are discrepancies that have not been corrected within the 120 day period, the temporary authorization to practice will expire.

**Board Approves Reduction in Paperwork and Reporting Requirements
for Substitute Supervising Physicians of the Physician Assistants**

The Board also approved a reduction in paperwork and reporting requirements for substitute supervising physicians. Effective immediately, the "Written Agreement Change Form" for Adding/Deleting a Substitute Supervisor will no longer be required to be filed with the Board office.

However, the "Written Agreement Change Form" is required and must be submitted to:

- Delete a Physician Assistant;
- Dissolve a Written Agreement;
- Make Changes in Protocol, including: changing the job duties of the Physician Assistant;
- Changing the Physician Assistant's prescribing or dispensing privileges;
- Changing the practice address (only if changing a hospital practice location)

**Additional Amendments to Requirements for the
Supervision of Physician Assistants**

The Board will issue a Statement of Policy to make additional amendments to the "Application for Registration as a Supervising Physician" which will reduce the paperwork and reporting requirements. When the Statement of Policy has been published in the Pennsylvania Bulletin, additional amendments will be made to the application form(s).

PLEASE NOTE: The primary supervisor's responsibilities include:

- Providing a copy of the final, Board approved written agreement to all substitute supervisors.
- Maintaining a current list of all locations where the physician assistant will perform duties.
- Maintaining a current list of all substitute supervisors under which the physician assistant will work.
- Notifying the Board of changes to the primary practice location utilizing a written agreement change form.
- Ensuring that the physician assistant will not practice without supervision by either the primary supervisor or an authorized substitute supervisor.

Regular Mailing Address STATE BOARD OF MEDICINE P.O. BOX 2649 HARRISBURG, PA 17105-2649 717-783-1400/717-787-2361 Email: st-medicine@pa.gov	Courier Delivery Address STATE BOARD OF MEDICINE 2601 NORTH THIRD STREET HARRISBURG, PA 17110
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APPLICATION FOR REGISTRATION AS A SUPERVISING PHYSICIAN

THIS APPLICATION IS FOR USE ONLY BY A PRIMARY SUPERVISING PHYSICIAN LICENSED BY THE PENNSYLVANIA STATE BOARD OF MEDICINE.

PLEASE PRINT OR TYPE ALL INFORMATION. If the written agreement is identical for all supervisors, submit one application for each physician assistant. Attach the fee and written agreement.

FEE. Submit the \$35.00 fee. Make check or money order payable to the "Commonwealth of Pennsylvania." **FEES ARE NOT REFUNDABLE.** The fee cannot be transferred to another application. **Note:** A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment. Your cancelled check is your receipt of payment.

PLEASE NOTE: If this application is not completed within six months, updates of certain sections and/or supporting documents will be required. If the application has not been completed within one year from the date it was received, applicants will be required to submit a new application (another application processing fee) and supporting documents, as necessary.

PLEASE NOTE: Upon receipt of a complete application, the Board will issue a letter authorizing the physician assistant to temporarily commence practice in accordance with the pending written agreement submitted with this application. The temporary authorization to practice is valid for 120 days ONLY while the written agreement is being evaluated for final Board approval.

PLEASE ALLOW AT LEAST 120 DAYS FOR PROCESSING OF THE WRITTEN AGREEMENT FINAL APPROVAL.

PLEASE NOTE: A PHYSICIAN ASSISTANT CANNOT PRACTICE PRIOR TO THE BOARD ISSUING A TEMPORARY AUTHORITY TO PRACTICE

X	PRIMARY SUPERVISING PHYSICIAN NAME:	Last WILSON	First JANET	Middle L.
	X	PRIMARY SUPERVISING PHYSICIAN LICENSE NUMBER:	M/D 021813E	PRACTICE TELEPHONE NUMBER: 215 351 5560
X	PRACTICE ADDRESS:	Street 1144 Locust St		
Y	City Philadelphia	State Pa	ZIP 19107	
	SUBSTITUTE SUPERVISOR NAME:	Last	First	Middle
	SUBSTITUTE SUPERVISOR'S LICENSE NUMBER:			
	PHYSICIAN ASSISTANT NAME:	Last Gordon	First Stefanie	Middle Boyd
	PHYSICIAN ASSISTANT LICENSE NUMBER:	MA054525		

JAN 21 2014

PENNSYLVANIA STATE BOARD OF MEDICINE		
PRIMARY SUPERVISING PHYSICIAN MUST COMPLETE THIS SECTION:		
x LIST YOUR SPECIALTIES:	Women's health	
x DO YOU HOLD HOSPITAL STAFF PRIVILEGES?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
x IF YES, LIST HOSPITAL(S):	Pa Hospital	
VERIFICATION		
<ul style="list-style-type: none"> I will direct and exercise supervision over the named physician assistant in accordance with the rules and regulations of the State Board of Medicine. I verify that I have reviewed the Medical Practice Act and Regulations of the State Board of Medicine. I recognize that I am obligated to comply with all provisions of the Act and Regulations including those provisions that require me to notify the Board of the termination of my agreement to supervise the physician assistant. I recognize that <u>I retain full professional and legal responsibility for the performance of the physician assistant and the care and treatment of the physician assistant's patients.</u> I verify that the statements in this application and written agreement are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my registration. <u>I will provide all substitute supervising physicians with a copy of the approved supervising written agreement.</u> The physician assistant identified in this application will only work with the primary supervising physician and his/her substitute physician assistant supervisor(s). The physician assistant will only provide medical services to the patients under the care of the primary and substitute supervisor(s) <u>and WILL NOT practice if the supervising physician or an authorized substitute supervisor is not available.</u> 		
x PRIMARY SUPERVISING PHYSICIAN (Printed Name):	Justin L. Wilson MD	
x PRIMARY SUPERVISING PHYSICIAN SIGNATURE:		Date 11/20/13
PHYSICIAN ASSISTANT (Printed Name):	Stefanie Boyd Gordon	
PHYSICIAN ASSISTANT SIGNATURE:		Date 11/18/13
PLEASE NOTE: The primary supervisor's responsibilities include:		
<ul style="list-style-type: none"> Providing a copy of the final, Board approved written agreement to all substitute supervisors. Maintaining current list of all locations where the physician assistant will perform duties. Notifying the Board of changes to the primary practice location utilizing a written agreement change form. Ensuring that the physician assistant <u>will not</u> practice without supervision by either the primary supervisor or an authorized substitute supervisor. 		
IF NECESSARY, ATTACH ADDITIONAL 8.5" X 11" SHEETS OF PAPER		

JAN 21 2014

PENNSYLVANIA STATE BOARD OF MEDICINE

WRITTEN AGREEMENT

NAME - PRIMARY SUPERVISING PHYSICIAN:	Last <i>Wilson</i>	First <i>Janet</i>	Middle <i>L</i>
NAME - SUBSTITUTE SUPERVISING PHYSICIAN:	Last	First	Middle
NAME - PHYSICIAN ASSISTANT:	Last <i>Gordon</i>	First <i>Stefanie</i>	Middle <i>Boyd</i>

INSTRUCTIONS: Please provide the following information (typed) for question 1 on 8.5" x 11" sheets of paper and attach to this form. The information on this agreement must be agreed to by all supervisors (primary and substitute).

- Describe the functions/tasks to be delegated to the physician assistant. *see attached*
- On-site supervision and direction will be provided to the physician assistant *as needed or once per week* (daily, every other day, once per week, etc.).
- Patient charts will be reviewed and co-signed *every 10 days* (daily, every other day, once per week, etc.) but never more than every 10 days as required by regulation.
- If the physician assistant will practice in a hospital, provide the name and address of each hospital below. If more than three hospitals, please provide this information on a separate sheet of paper.

Name of Hospital	Address
Name of Hospital	Address
Name of Hospital	Address

5. Will the physician assistant prescribe and dispense drugs/therapeutic devices? Yes No

If yes, please identify which categories of controlled substances may be prescribed and dispensed?

None Schedule II Schedules III Schedule IV Schedule V

List below any specific drugs that the physician assistant **WILL NOT** be permitted to prescribe/dispense.

JAN 21 2014

Written Agreement Question No. 1

Supervising Physician: Janet L. Wilson

Physician Assistant: Stefanie B. Gordon

Practice sites in which the Physician Assistant is authorized to perform patient care activities:

Planned Parenthood Southeastern Pennsylvania reproductive healthcare centers including Locust Street Health Center, Elizabeth Blackwell Health Center, Castor Avenue Health Center, Coatesville Health Center, West Chester Health Center, Media Health Center, St. David's Health Center, Upper Darby Health Center, Norristown Health Center, and Pottstown Health Center

Description of Supervising Physician's specialty and scope of practice: OB-GYN

Description of Physician Assistant's delegated duties and responsibilities in the practice, including assessment, diagnosis, treatment, delegated prescriptive authority, and ordering or performing diagnostic and therapeutic procedures:

Application of dressings and bandages
Cardiopulmonary resuscitation
Carryout aseptic techniques
Collect specimens and carry out commonly performed blood, urine/stool analyses, and cultures
Control of external hemorrhage
Electrocardiogram
Formulate an accurate assessment, diagnostic evaluation and treatment plan for initial and/or follow-up visits
Identify normal and abnormal findings on history, physical examination, and commonly performed laboratory studies
Initiate appropriate evaluation & management for emergencies
Initiate emergency life support
Initiate requests for commonly performed laboratory studies
Intradermal tests
Order appropriate medical/surgical consultations
Perform clinical procedures including: Cervical exam, Contraceptive counseling and management, Endocervical Curetting (ECC), Endometrial Biopsy, IUD insertion and removal, Local Anesthesia, Microscopy and slide preparations, Nexplanon insertion/removal and Vulvar Biopsy
Prepare patient summaries
Prescribe, order and dispense drugs and medical devices
Prescribe, order and execute diagnostic and therapeutic medical regimes
Provide counseling and instruction regarding common patient problems
Record pertinent patient data
Remove superficial foreign bodies
Review patient records to determine health status
Screen patients to determine need for medical attention
Suture and staple removal
Take a history and perform physical examination
Venipuncture

JAN 21 2014

PHYSICIAN ASSISTANT Gordon, Stephanie MA054525

PRIMARY PHYSICIAN Wilson, Janet MD021813E

	<u>APPROVED</u>	<u>PENDING</u>
FEE	<u>\$35⁰⁰</u>	<u> </u>
APPLICATION	<u>OK</u>	<u> </u>
ONE SUB/ NO WORK STMT	<u>↓</u>	<u> </u>
WRITTEN AGREEMENT	<u> </u>	<u> </u>
DISSOLVE TMX FROM PA	<u> </u>	<u> </u>
DISSOLVE TMX FROM MD	<u> </u>	<u> </u>

PRACTICE LOCATION IS HOSPITAL Y OR N

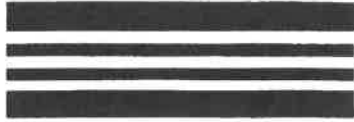
PRESCRIPTION PRIV Y OR N

RESTRICTIONS LISTED Y OR N

APPROVED FOR SCHED: 2, 3, 4, 5 Y OR N

WA TEMPORARY APPROVAL NUMBER TMX

WA FINAL APPROVAL NUMBER MX 016539



TARGET SHEET

Board: Medicine

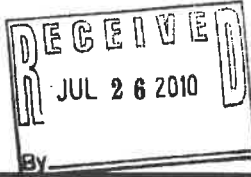
Licensee Full Name:
MICHAEL S WRIGLEY

License No:
MX010574

2820853_LIC_1_08/17/2010

49-106 (REV. 9/09)

Regular Mailing Address
STATE BOARD OF MEDICINE
P.O. BOX 2649
HARRISBURG, PA 17105-2649
717-783-1400/717-787-2381
st-medicine@state.pa.us



Courier Delivery Address
STATE BOARD OF MEDICINE
2601 NORTH THIRD STREET
HARRISBURG, PA 17110

APPLICATION FOR REGISTRATION AS A SUPERVISING PHYSICIAN

INSTRUCTIONS - Print or type all information. If the written agreement is identical for all supervisors, submit one application for each physician assistant. Attach the fee and written agreement.

FEES - \$35.00 for each application with one primary and one substitute physician assistant supervisor. An additional \$5.00 fee is due for each additional substitute supervisor. **NOTE:** A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your financial institution regardless of reason for non-payment. Make check payable to the "Commonwealth of Pennsylvania." The fee cannot be transferred to another application. **PLEASE NOTE:** If this application is not completed within six months, updates of certain sections will be required. If the application process has not been completed within one year from the date it was received, applicants will be also be required to submit an updated application and another application processing fee.

Upon approval of the application, the Board will issue an approval letter for the primary supervisor and provide a list of all substitute supervisors. These documents will be sent to the primary supervisor at the address provided on page one of the application.

REGARDLESS OF THE FILING DATE, A PHYSICIAN ASSISTANT CANNOT PRACTICE PRIOR TO THE BOARD'S APPROVAL OF THIS APPLICATION

PRIMARY SUPERVISING PHYSICIAN NAME/LICENSE NUMBER:

Wrigley Michael S MD-015 822E
LAST FIRST MIDDLE LIC NO.

PHYSICIAN ASSISTANT NAME/LICENSE NUMBER:

Burstein Felice MA-00371L
LAST FIRST MIDDLE LIC NO.

PRACTICE ADDRESS Riddle Hospital 1068 W. Billhartz Pike
Media PA 19063
CITY STATE ZIP CODE

PRACTICE TELEPHONE (610) 891-3267

PRIMARY SUPERVISING PHYSICIAN MUST COMPLETE THIS SECTION:

List your specialties Internal Medicine / Occupational Medicine

Do you hold a membership in any American Boards of Medical Specialties? YES NO

If yes, list Board(s) Am. Board of Internal Medicine

Do you hold hospital staff privileges? YES NO

If you have hospital staff privileges, indicate the hospital name(s).
Riddle Hospital, Media, PA 19063
Proli Hospital, Proli, PA 17321

VERIFICATION

I will direct and exercise supervision over the named physician assistant in accordance with the rules and regulations of the State Board of Medicine. I verify that I have reviewed the Medical Practice Act and Regulations of the State Board of Medicine. I recognize that I am obligated to comply with all the provisions of the Act and Regulations including those provisions that require me to notify the Board of the termination of my agreement to supervise the physician assistant. I recognize that I retain full professional and legal responsibility for the performance of the physician assistant and the care and treatment of the physician assistant's patients.

I verify that the statements in this application and written agreement are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my registration.

The physician assistant identified in this application will only work with the primary supervising physician and substitute physician assistant supervisor(s) listed in this application. This physician assistant will only provide medical services to the patients under the care of the primary and substitute supervisor(s) named in this application.

✓ Michael Wrigley MD _____ Date 6-21-10
Signature of Primary Supervising Physician

✓ _____ Date 6/22/10
Signature of Physician Assistant

Name of Substitute Physician Assistant Supervisor Frances Klein Litow
License # MD 43103

Signature _____ Date 6/22/10

Name of Substitute Physician Assistant Supervisor John A. Kutyc, MD
License # MD038667L

Signature ✓ _____ Date 6-23-10

Name of Substitute Physician Assistant Supervisor _____
License # _____

Signature _____ Date _____

Name of Substitute Physician Assistant Supervisor _____
License # _____

Signature _____ Date _____



(Attach 8 1/2 x 11 sheets with additional names if needed.)

WRITTEN AGREEMENT

Michael S. Wrigley, MD

NAME OF PRIMARY SUPERVISING PHYSICIAN

Felice Burstein

NAME OF PHYSICIAN ASSISTANT

INSTRUCTIONS: Please provide the following information for questions 1 and 2 on 8 1/2 x 11 sheets and attach to this form. Number each section on the attachment. The information on this agreement must be identical for all supervisors listed on page 2.

1. **Describe the functions/tasks to be delegated to the physician assistant.**
2. **Provide details regarding the time, place and manner of supervision and direction you will provide the physician assistant.**
3. **List the name, address, and practice setting (i.e. hospital, private practice, group practice, etc.) where the physician assistant will serve.**

See attached

4. **Will the physician assistant prescribe and dispense drugs/therapeutic devices?**

YES NO

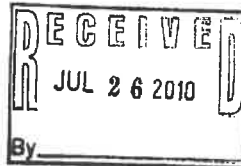
If yes, list below any categories that the physician assistant will NOT be permitted to prescribe/dispense.

Schedule I drugs		

If yes, will Schedule II, III, IV and/or V controlled substances be prescribed and dispensed?

YES NO

prescribes but not dispensed.



1. Describe the functions/tasks to be delegated to the physician assistant.

General responsibilities include performance of technical, diagnostic and specific therapeutic procedures. The physician assistant (PA) will obtain and review patient medical history and screen patients to determine the need for medical attention. The PA will perform physical exams and identify normal and abnormal findings on history, exam and laboratory tests. Additionally, the PA will initiate requests for common laboratory studies; make decisions regarding the need for medical treatment, diagnostic studies and follow-up care; prescribe medications within the limitations dictated by law; initiate appropriate evaluation and management in the event of a medical emergency; document patient evaluation, responses to medical care and follow-up; provide patient education and counseling for common health problems; and perform venipuncture, suturing, ECG, casting/splinting, medication administration, visual and hearing screening, intradermal tests, applications of dressing, foreign body extraction, and other specific procedures as delegated by the supervising physician.

2. Provide details regarding the time, place and manner of supervision and direction you will provide the physician assistant.

The physician assistant shall be considered the agent of the supervising physician in the performance of all practice-related activities including the ordering of diagnostic, therapeutic and other medical services. The physician assistant will work with the supervising physician in the Main Line Health Occupational and Travel Health clinic in the Paoli, Riddle, and Lankenau outpatient centers. The PA and the supervising physician will be together at various times. When they are working in different clinics, each will be available by telephone. The PA will consult with the supervising physician as needed. The supervising physician will see patients seen by the PA, review charts, review the medical care, and supervise the overall performance of the PA according to the regulations.

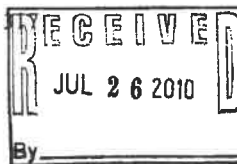
3. List the name, address, and practice setting (i.e. hospital, private practice, group practice, etc.) where the physician assistant will serve.

Main Line HealthCare Occupational and Travel Health at:
(all locations part of Main Line Health, an integrated delivery system)

Paoli Pointe Medical Building, Suite 103
11 Industrial Blvd.
Paoli, PA 19301

Lankenau Hospital Medical Office Building South, Suite
100 Lancaster Ave.
Wynnewood, PA 19096

Riddle Health Center II, Suite 2300
1068 West Baltimore Pike



Media, PA 19063

4. Will the physician assistant prescribe and dispense drugs/therapeutic devices?

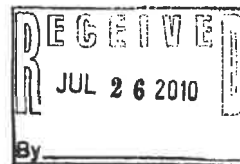
Yes

- a. If yes, list below any categories that the physician assistant will NOT be permitted to prescribe/dispense.**

Schedule I drugs.

- b. If yes, will Schedule II, III, IV and/or V controlled substances be prescribed and dispensed?**

Schedule II, III, IV and V controlled substances will be prescribed but not dispensed.



1. Describe the functions/tasks to be delegated to the physician assistant.

The physician assistant (PA) will obtain and review patient medical history and screen patients to determine the need for medical attention. The PA will perform physical exams and identify normal and abnormal findings on history, exam and laboratory tests. Additionally, the PA will initiate requests for common laboratory studies; make decisions regarding the need for medical treatment, diagnostic studies and follow-up care; prescribe medications within the limitations dictated by law; initiate appropriate evaluation and management in the event of a medical emergency; document patient evaluation, responses to medical care and follow-up; provide patient education and counseling for common health problems; and perform venipuncture, suturing, ECG, casting/splinting, medication administration, visual and hearing screening, intradermal tests, applications of dressing and foreign body extraction.

2. Provide details regarding the time, place and manner of supervision and direction you will provide the physician assistant.

The physician assistant shall be considered the agent of the supervising physician in the performance of all practice-related activities including the ordering of diagnostic, therapeutic and other medical services. The physician assistant will work with the supervising physician in the Main Line Health Occupational and Travel Health clinic in the Paoli, Riddle, and Lankenau outpatient centers. The PA and the supervising physician will be together at various times. When they are working in different clinics, each will be available by telephone. The PA will consult with the supervising physician as needed. The supervising physician will see patients seen by the PA, review charts, review the medical care, and supervise the overall performance of the PA according to the regulations.

3. List the name, address, and practice setting (i.e. hospital, private practice, group practice, etc.) where the physician assistant will serve.

Main Line HealthCare Occupational and Travel Health at:
(all locations part of Main Line Health, an integrated delivery system)

Paoli Pointe Medical Building, Suite 103
11 Industrial Blvd.
Paoli, PA 19301

Lankenau Hospital Medical Office Building South, Suite 317
100 Lancaster Ave.
Wynnewood, PA 19096

Riddle Health Center II, Suite 2300
1068 West Baltimore Pike
Media, PA 19063

AUG 16 2010



COMMONWEALTH OF PENNSYLVANIA
STATE BOARD OF MEDICINE
P. O. BOX 2649
HARRISBURG, PENNSYLVANIA 17105
st-medicine@state.pa.us
www.dcs.state.pa.us/med
August 5, 2010

MICHAEL S WRIGLEY 9849
RIDDLE HOSPITAL
1068 WEST BALTIMORE PIKE
MEDIA PA 19063

Telephone: 717-783-1400/ 717-787-2381
Fax: 717-787-7769

EVALUATOR: KRISTA

RE: FELICE BURSTEIN, PA-C

Dear Doctor:

The Board has received your application for registration as a supervising physician. The items listed below are needed to complete your application.

- A physician assistant can only perform those duties, treatments and procedures as specifically listed in the job description. Submit a job description listing all of the specific duties that will be performed. Remove the ambiguous statements "General responsibilities include performance of technical, diagnostic and specific therapeutic procedures" and "other specific procedures as delegated by the supervising physician".

**APPLICATIONS NOT COMPLETED WITHIN SIX MONTHS
WILL REQUIRE UPDATES OF CERTAIN DOCUMENTS.**

When submitting the above information, please return a copy of this letter. A physician assistant may not practice prior to the Board's approval of the application.

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
STATE BOARD OF MEDICINE
P. O. Box 2649
Harrisburg, PA 17105-2649
www.dos.state.pa.us

August 17, 2010

MICHAEL S WRIGLEY
RIDDLE HOSPITAL
1068 WEST BALTIMORE PIKE
MEDIA PA 19063

RE: FELICE BURSTEIN

Dear Doctor:

Your application to supervise a physician assistant has been processed. Enclosed are your approval letters. You are reminded of the following:

The Board's regulations at 49 Pa. Code §18.151 define the role of a physician assistant. A copy of the regulations is available on our web site at www.dos.state.pa.us/med. The regulations authorize the physician assistant under appropriate direction and supervision by a physician assistant supervisor, to augment the physician's data gathering abilities in order to assist the physician in reaching decisions and instituting care plans for the physician's patients.

If you desire your physician assistant to provide services beyond those included in the regulations you must adhere to the statutory provisions which address delegation of medical services. Sections 17 and 21 of the Medical Practice Act, 63 P.S. §§422.17 and 422.21, address the use of non-physician in the performance of medical services.

The Board is unable to pre-approve procedures which are not contained in the regulation. As a government agency the Board's activities are limited to that authorized by the Medical Practice Act of 1985, 63 P.S. §§422.1 - 422.45. This information is available on our web site, also. The act does not confer authority on the Board to issue advisory opinions or pre-approve specific conduct. This issue has been addressed by the Pennsylvania Commonwealth Court, which is the Court having review authority over decisions of the Board. That Court has held that where the legislature has not provided authority for a licensing board to pre-approve conduct of its licensees, such pre-approval decisions are in the nature of an advisory opinion and thus a nullity. See Avis Rent A Car Systems v. Commonwealth Department of State, 548 A.2d 402 (Pa. Cmwlth. Ct. 1988).

The Court has also held specific to the State Board of Medicine that the Medical Practice Act does not confer pre-approval authority to the Board. Such actions by the Board are outside the scope of power granted by the legislature. The Board's authority to decide issues concerning accepted ethical and quality standards of conduct arises in the context of promulgating regulations or in the context of a disciplinary action. See Morrison v. State Board of Medicine, 618 A.2d 1098 (Pa. Cmwlth. Ct. 1992). Outside the context of its regulations the Board lacks authority to provide you the pre-approval you seek.

Page 2

In assessing whether the particular service is one which is appropriate for delegation under those regulations, the physician must comply with the Board's delegation regulations contained at 49 PA Code; Section 18.401 – 18.402 which is also available on our web site. The physician retains responsibility for the medical service performed, whether performed personally or delegated to another person. Determine the level of skill and knowledge necessary to the safe performance of the procedure. Research the medical community's accepted practices, review the medical literature, and review the practice with experts in the field. Assess the competency of the individual who will provide the service. Ascertain whether performing the procedure on the particular patient creates any special risk. Provide supervision and monitoring appropriate to the difficulty of the procedure, the skill of the delegatee, and the risk to the particular patient.

We trust this information will assist you in exercising professional judgment regarding the appropriate utilization of your physician assistant.

Sincerely,

State Board of Medicine

Enclosures

✓ PHYSICIAN ASSISTANT FELICE BURSTEIN MA00137HL

✓ PRIMARY PHYSICIAN MICHAEL WRIGLEY MD015822E

SUBS 2

APPROVED

PENDING

FEE

8/05

APPLICATION

8/05

WRITTEN AGREEMENT

REMOVE VAGUE STATEMENTS, LIST ALL D/T/P

PRACTICE LOCATION IS HOSPITAL

Y OR N

PRESCRIPTION PRIV

Y OR N

RESTRICTIONS LISTED

Y OR N

APPROVED FOR SCHED 2,3,4 5

Y OR N

WA NUMBER: MX 010574



TARGET SHEET

Board: Medicine

Licensee Full Name:
MICHAEL S WRIGLEY

License No:
MX010574

2820853_LIC_1_10/11/2011

WRITTEN AGREEMENT CHANGE FORM

TO BE COMPLETED WHEN REPORTING A CHANGE IN STATUS - DUPLICATE AS NEEDED

PRIMARY SUPERVISOR NAME, ADDRESS, AND LICENSE NUMBER: MICHAEL S. WYKLEY COLLEGEVILLE PA 19426 MA 015822E
NAME AND LICENSE NUMBER OF THE PHYSICIAN ASSISTANT WORKING UNDER YOUR AGREEMENT: • If applying under the Medical Board, a new supervisor application must be submitted. FELICE BURSTEIN PA 021 PA 19301 MA 001371L
NAME AND LICENSE NUMBER OF THE PHYSICIAN ASSISTANT YOU ARE DELETING: FELICE BURSTEIN MA 001371L
LIST ANY SUBSTITUTE PHYSICIANS YOU ARE DELETING: NA
LIST ANY SUBSTITUTE PHYSICIANS YOU ARE ADDING: • If the primary supervisor is an MD, \$5.00 is required for each additional substitute. NA

THE FOLLOWING MUST BE CHECKED:

WILL THERE BE ANY CHANGE IN PROTOCOL? NA

YES NO

WILL THERE BE ANY CHANGE TO DRUG LIST (MEDICAL ONLY) NA

YES NO

IF "YES" WAS ANSWERED - THE FOLLOWING MUST BE ATTACHED:

- A CURRENT WRITTEN AGREEMENT
- LIST OF JOB DUTIES
- DRUG LIST (PRIMARY SUPERVISOR IS AN MD)

SIGNATURE OF SUPERVISOR

MP

DATE: 7-29-11

SIGNATURE OF PHYSICIAN ASSISTANT

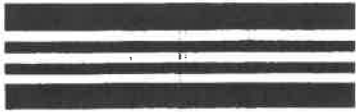
DATE: 7/29/11

SIGNATURE OF NEW SUBSTITUTE

DATE:

**NOTE: PHYSICIAN ASSISTANTS CANNOT HAVE MORE THAN 3 SUPERVISORS
SUPERVISING PHYSICIANS CANNOT HAVE MORE THAN 2 PA'S**

SEP 10 2011



TARGET SHEET

Board: Medicine

Licensee Full Name:
MICHAEL S WRIGLEY

License No:
MX010574

2820853_LIC_1_11/19/2010

NOV 18 2010

WRITTEN AGREEMENT CHANGE FORM

A. PRIMARY SUPERVISOR NAME, ADDRESS, WRITTEN AGREEMENT NUMBER (MX):
 Michael S. Wrigley MX 010574

B. NAME AND LICENSE NUMBER OF THE PHYSICIAN ASSISTANT (MA) CURRENTLY WORKING UNDER YOUR AGREEMENT:
 Felice Burstein

C. NAME AND LICENSE NUMBER OF THE PHYSICIAN ASSISTANT (MA) YOU ARE DELETING:

D. LIST THE NAME AND LICENSE NUMBER OF THE SUBSTITUTE PHYSICIAN (MD OR OS) YOU ARE ADDING:

E. LIST THE NAME AND LICENSE NUMBER OF THE SUBSTITUTE PHYSICIAN (MD OR OS) YOU ARE DELETING:
 Francesca Klein Litow MD 431063

*If you answer yes to any of the following questions, please follow all instructions outlined on the instruction page.

F. WILL THERE BE ANY CHANGE IN JOB DUTIES? YES NO

WILL THERE BE ANY CHANGE TO THE PRESCRIBING/DISPENSING PRIVILEGES? YES NO

IF CHANGING THE PRESCRIBING/DISPENSING PRIVILEGES, CHECK THE CONTROLLED SUBSTANCE THAT WILL BE PRESCRIBED AND DISPENSED.


NOTE: Physician Assistants are not permitted to prescribe/dispense Schedule I controlled substances.

SCHEDULE II _____
 SCHEDULE III _____
 SCHEDULE IV _____
 SCHEDULE V _____

IS THE ADDRESS OF THE PRACTICE LOCATION CHANGING? YES NO

ARE YOU ADDING PRACTICE LOCATIONS? YES NO

ARE YOU DELETING PRACTICE LOCATIONS? YES NO

SIGNATURE OF PRIMARY SUPERVISOR  DATE 11-11-10

SIGNATURE OF PHYSICIAN ASSISTANT Michael S. Wrigley MA DATE 11/10/10

SIGNATURE OF NEW SUBSTITUTE Felice Burstein DATE _____



TARGET SHEET

Board: Medicine

Licensee Full Name:
CHRISTINA SHUWAI CHU

License No:
MX010754

2838002_LIC_1_02/28/2013

Regular Mailing Address
STATE BOARD OF MEDICINE
P.O. BOX 2649
HARRISBURG, PA 17105-2649
Email: st-medicine@state.pa.us

Courier Delivery Address
STATE BOARD OF MEDICINE
2601 NORTH THIRD STREET
HARRISBURG, PA 17110
717-783-1400/717-787-2381

WRITTEN AGREEMENT CHANGE FORM

A. PRIMARY SUPERVISOR NAME AND WRITTEN AGREEMENT NUMBER (MX):

Chu , Christina S. MD MX010754

B. NAME & LICENSE NUMBER OF THE PHYSICIAN ASSISTANT (MA) CURRENTLY WORKING UNDER YOUR AGREEMENT:

Gordon , Stefanie Boyd PA-C MA054525

C. NAME & LICENSE NUMBER OF THE PHYSICIAN ASSISTANT (MA) YOU ARE DELETING:

D. LIST THE NAME & LICENSE NUMBER OF THE SUBSTITUTE PHYSICIAN (MD or OS) YOU ARE ADDING:

E. LIST THE NAME & LICENSE NUMBER OF THE SUBSTITUTE PHYSICIAN (MD or OS) YOU ARE DELETING:

If you answer Yes to any of the following questions, please follow all instructions outlined on the instruction page.

F. WILL THERE BE ANY CHANGE IN JOB DUTIES:

WILL THERE BE ANY CHANGE TO THE PRESCRIBING/DISPENSING PRIVILEGES:

IF CHANGING THE PRESCRIBING/DISPENSING PRIVILEGES, CHECK THE CONTROLLED SUBSTANCE THAT WILL BE PRESCRIBED AND DISPENSED.

NOTE: Physician Assistants are not permitted to prescribe/dispense Schedule 1 controlled substances.

- SCHEDULE II
- SCHEDULE III
- SCHEDULE IV
- SCHEDULE V

IS THE ADDRESS OF THE PRACTICE LOCATION CHANGING?

ARE YOU ADDING PRACTICE LOCATIONS?

ARE YOU DELETING PRACTICE LOCATIONS?

Yes <i>X</i>	No <i>X</i>
Yes <i>X</i>	No
Yes	No <i>X</i>
Yes	No <i>X</i>
Yes	No <i>X</i>

SIGNATURE OF PRIMARY SUPERVISOR:

[Redacted Signature]

Date
2/5/13

SIGNATURE OF PHYSICIAN ASSISTANT:

[Redacted Signature], PA-C

Date
2/5/13

SIGNATURE OF NEW SUBSTITUTE:

[Redacted Signature]

Date





Penn Medicine

Department of Advance Practice Providers

Hospital of the University of Pennsylvania

February 6, 2013

From:
Samantha Garrett
Credentials Specialist
Department of Advanced Practitioners
215.662.2277

To:
State Board of Medicine
2601 North Third Street
Harrisburg, PA 17110

RE: Enclosed please find two (2) Written Agreements. Please see below for description.

Quantity	Description	Total Pages
1	Prescribing/Dispensing Privileges Change for <i>Stefanie Boyd Gordon PA-C MA054525</i>	1
1	New Written Agreement for <i>Keia C. Kennedy-MA051988 and Howard C. Herrmann- MD038173E</i> including 4 pages of substitute physician list.	9

Remarks: UPS Tracking - 1Z58901V0397379704

Please do not hesitate to contact our office if you have any questions or if something is missing.

Thank you,

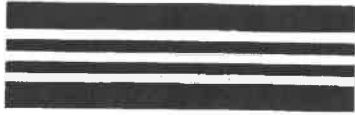
Samantha N. Garrett
Credentialing Specialist
Department of Advanced Practitioners

Assistant to **Barbara A. Todd, DNP, CRNP, FAANP**
Director, Advanced Practice Providers
Corinna Sicoutris, CRNP, FCCM
Associate Director, Advanced Practice Providers

1st Floor Silverstein, Administration Suite 110
Tel: 215-662-2277 | Fax: 215-614-0953
Email: sgarrett@uphs.upenn.edu



FEB 08 2013



TARGET SHEET

Board: Medicine

Licensee Full Name:
CHRISTINA SHUWAI CHU



License No:
MX010754

2838002_LIC_1_03/25/2014

Regular Mailing Address
STATE BOARD OF MEDICINE
P.O. BOX 2649
HARRISBURG, PA 17105-2649
Email: st-medicine@state.pa.us

Courier Delivery Address
STATE BOARD OF MEDICINE
2801 NORTH THIRD STREET
HARRISBURG, PA 17110
717-783-1400/717-787-2381

WRITTEN AGREEMENT CHANGE FORM

A. PRIMARY SUPERVISOR'S NAME	Last <i>Chu</i>	First <i>Christina</i>	Middle <i>S.</i>
WRITTEN AGREEMENT (MX) NUMBER TO BE CHANGED	<i>MX010754</i>		
B. NAME OF PHYSICIAN ASSISTANT CURRENTLY WORKING UNDER THIS AGREEMENT	Last	First	Middle
LICENSE NUMBER OF PHYSICIAN ASSISTANT (MA) CURRENTLY WORKING UNDER THIS AGREEMENT			
C. NAME OF PHYSICIAN ASSISTANT WHO WILL BE DELETED FROM THIS AGREEMENT	Last <i>Gordon</i>	First <i>Stefanie</i>	Middle <i>B.</i>
LICENSE NUMBER OF PHYSICIAN ASSISTANT (MA) WHO WILL BE DELETED FROM THIS AGREEMENT	<i>MA054525</i>		
If you answer Yes to any of the following questions, please follow all directions outlined on the instruction page.			
D. WILL THERE BE ANY CHANGE IN JOB DUTIES: WILL THERE BE ANY CHANGE TO THE PRESCRIBING/DISPENSING PRIVILEGES: WILL THERE BE A CHANGE IN SUPERVISION: IF CHANGING THE PRESCRIBING/DISPENSING PRIVILEGES, CHECK THE CONTROLLED SUBSTANCE THAT WILL BE PRESCRIBED AND DISPENSED. NOTE: Physician Assistants are not permitted to prescribe/dispense Schedule 1 controlled substances. <input type="checkbox"/> NONE <input type="checkbox"/> SCHEDULE II <input type="checkbox"/> SCHEDULE III <input type="checkbox"/> SCHEDULE IV <input type="checkbox"/> SCHEDULE V IS THE ADDRESS OF THE PRIMARY PRACTICE LOCATION CHANGING? ARE YOU ADDING A HOSPITAL PRACTICE LOCATIONS? ARE YOU REQUESTING APPROVAL TO DEVIATE FROM COUNTERSIGNING 100% OF THE PHYSICIAN ASSISTANT'S PATIENT RECORDS WITHIN THE REQUIRED 10 DAYS?	Yes	No	
	Yes	No	
	Yes	No	
	Yes	No	
	Yes	No	
	Yes	No	
SIGNATURE OF PRIMARY SUPERVISOR:			Date <i>1-18-14</i>
SIGNATURE OF PHYSICIAN ASSISTANT:			Date



TARGET SHEET

Board: Medicine

Licensee Full Name:
CHRISTINA SHUWAI CHU

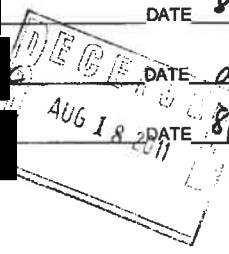
License No:
MX010754

2838002_LIC_1_09/23/2011

WRITTEN AGREEMENT CHANGE FORM

A. PRIMARY SUPERVISOR NAME, ADDRESS, WRITTEN AGREEMENT NUMBER (MX): Christina Chu, MD [Redacted] Pwla, PA MX010754			
B. NAME AND LICENSE NUMBER OF THE PHYSICIAN ASSISTANT (MA) CURRENTLY WORKING UNDER YOUR AGREEMENT: Stefanie Boyd Gordon MA 054525			
C. NAME AND LICENSE NUMBER OF THE PHYSICIAN ASSISTANT (MA) YOU ARE DELETING: _____			
D. LIST THE NAME AND LICENSE NUMBER OF THE SUBSTITUTE PHYSICIAN (MD OR OS) YOU ARE ADDING: Janos Laszlo Tanyi, MD MD 433649			
E. LIST THE NAME AND LICENSE NUMBER OF THE SUBSTITUTE PHYSICIAN (MD OR OS) YOU ARE DELETING: _____			
*If you answer yes to any of the following questions, please follow all instructions outlined on the instruction page.			
F. WILL THERE BE ANY CHANGE IN JOB DUTIES? <table style="float: right; margin-left: 20px;"> <tr> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO <input checked="" type="checkbox"/></td> </tr> </table>	YES	NO <input checked="" type="checkbox"/>	
YES	NO <input checked="" type="checkbox"/>		
WILL THERE BE ANY CHANGE TO THE PRESCRIBING/DISPENSING PRIVILEGES? <table style="float: right; margin-left: 20px;"> <tr> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO <input checked="" type="checkbox"/></td> </tr> </table>	YES	NO <input checked="" type="checkbox"/>	
YES	NO <input checked="" type="checkbox"/>		
IF CHANGING THE PRESCRIBING/DISPENSING PRIVILEGES, CHECK THE CONTROLLED SUBSTANCE THAT WILL BE PRESCRIBED AND DISPENSED.			
NOTE: Physician Assistants are not permitted to prescribe/dispense Schedule I controlled substances.			
SCHEDULE II _____			
SCHEDULE III _____			
SCHEDULE IV _____			
SCHEDULE V _____			
IS THE ADDRESS OF THE PRACTICE LOCATION CHANGING?	<table> <tr> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO <input checked="" type="checkbox"/></td> </tr> </table>	YES	NO <input checked="" type="checkbox"/>
YES	NO <input checked="" type="checkbox"/>		
ARE YOU ADDING PRACTICE LOCATIONS?	<table> <tr> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO <input checked="" type="checkbox"/></td> </tr> </table>	YES	NO <input checked="" type="checkbox"/>
YES	NO <input checked="" type="checkbox"/>		
ARE YOU DELETING PRACTICE LOCATIONS?	<table> <tr> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO <input checked="" type="checkbox"/></td> </tr> </table>	YES	NO <input checked="" type="checkbox"/>
YES	NO <input checked="" type="checkbox"/>		

SIGNATURE OF PRIMARY SUPERVISOR _____ DATE 8/17/11
 SIGNATURE OF PHYSICIAN ASSISTANT _____ DATE 08/16/11
 SIGNATURE OF NEW SUBSTITUTE _____ DATE 8/17/11





TARGET SHEET

Board: Medicine

Licensee Full Name:
CHRISTINA SHUWAI CHU

License No:
MX010754

2838002_LIC_1_09/30/2010

Original

49-106 (REV. 9/09)
Regular Mailing Address
STATE BOARD OF MEDICINE
P.O. BOX 2649
HARRISBURG, PA 17105-2649
717-783-1400/717-787-2381
st-medicine@state.pa.us

Courier Delivery Address
STATE BOARD OF MEDICINE
2601 NORTH THIRD STREET
HARRISBURG, PA 17110

APPLICATION FOR REGISTRATION AS A SUPERVISING PHYSICIAN

INSTRUCTIONS - Print or type all information. If the written agreement is identical for all supervisors, submit one application for each physician assistant. Attach the fee and written agreement.

FEE - \$35.00 for each application with one primary and one substitute physician assistant supervisor. An additional \$5.00 fee is due for each additional substitute supervisor. **NOTE:** A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your financial institution regardless of reason for non-payment. Make check payable to the "Commonwealth of Pennsylvania." **The fee cannot be transferred to another application. PLEASE NOTE:** If this application is not completed within six months, updates of certain sections will be required. If the application process has not been completed within one year from the date it was received, applicants will be also be required to submit an updated application and **another application processing fee.**

Upon approval of the application, the Board will issue an approval letter for the primary supervisor and provide a list of all substitute supervisors. These documents will be sent to the primary supervisor at the address provided on page one of the application.

REGARDLESS OF THE FILING DATE, A PHYSICIAN ASSISTANT CANNOT PRACTICE PRIOR TO THE BOARD'S APPROVAL OF THIS APPLICATION

PRIMARY SUPERVISING PHYSICIAN NAME/LICENSE NUMBER:

Chu Christina MD-064753L
LAST FIRST MIDDLE LIC NO.

PHYSICIAN ASSISTANT NAME/LICENSE NUMBER:

Gordon Stefanie MA-054525
LAST FIRST MIDDLE LIC NO.

PRACTICE ADDRESS Hospital of the University of PA, 3400 Spruce St., 7 Silverstein
Philadelphia PA 19104
CITY STATE ZIP CODE

PRACTICE TELEPHONE (215)

PRIMARY SUPERVISING PHYSICIAN MUST COMPLETE THIS SECTION:

List your specialties OB Gyn, Gyn Oncology

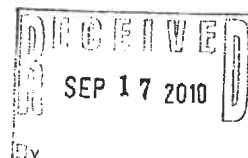
Do you hold a membership in any American Boards of Medical Specialties? YES NO

If yes, list Board(s) ABOG

Do you hold hospital staff privileges? YES NO

If you have hospital staff privileges, indicate the hospital name(s).

Hospital of the University of Penn
Pennsylvania Hospital



VERIFICATION

I will direct and exercise supervision over the named physician assistant in accordance with the rules and regulations of the State Board of Medicine. I verify that I have reviewed the Medical Practice Act and Regulations of the State Board of Medicine. I recognize that I am obligated to comply with all the provisions of the Act and Regulations including those provisions that require me to notify the Board of the termination of my agreement to supervise the physician assistant. I recognize that I retain full professional and legal responsibility for the performance of the physician assistant and the care and treatment of the physician assistant's patients.

I verify that the statements in this application and written agreement are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my registration.

The physician assistant identified in this application will only work with the primary supervising physician and substitute physician assistant supervisor(s) listed in this application. This physician assistant will only provide medical services to the patients under the care of the primary and substitute supervisor(s) named in this application.

Signature of Primary Supervising Physician _____ Date 9/10/10
 Signature of Physician Assistant _____ Date 09/02/10

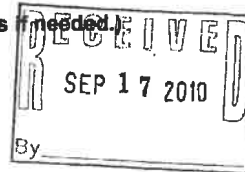
Name of Substitute Physician Assistant Supervisor Catherine Salva, MD
 License # MD430200
 Signature _____ Date 9/11/10

Name of Substitute Physician Assistant Supervisor George Conkos, MD
 License # MD01605561
 Signature _____ Date _____

Name of Substitute Physician Assistant Supervisor Stephen Rubin, MD
 License # MD030259E
 Signature _____ Date 9/8/10

Name of Substitute Physician Assistant Supervisor _____
 License # _____
 Signature _____ Date _____

(Attach 8 1/2 x 11 sheets with additional names if needed.)



WRITTEN AGREEMENT

Christina Chu
NAME OF PRIMARY SUPERVISING PHYSICIAN

Stefanie Boyd Gordon
NAME OF PHYSICIAN ASSISTANT

INSTRUCTIONS: Please provide the following information for questions 1 and 2 on 8 1/2 x 11 sheets and attach to this form. Number each section on the attachment. The information on this agreement must be identical for all supervisors listed on page 2.

1. **Describe the functions/tasks to be delegated to the physician assistant.**

See attached

2. **Provide details regarding the time, place and manner of supervision and direction you will provide the physician assistant.**

see attached

3. **List the name, address, and practice setting (i.e. hospital, private practice, group practice, etc.) where the physician assistant will serve.**

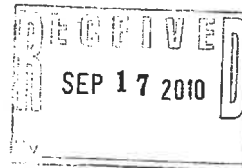
4. **Will the physician assistant prescribe and dispense drugs/therapeutic devices?**

YES NO

If yes, list below any categories that the physician assistant will NOT be permitted to prescribe/dispense.

If yes, will Schedule II, III, IV and/or V controlled substances be prescribed and dispensed?

YES NO



WRITTEN AGREEMENT

RE: Stephanie Boyd-Gordon, PA-C

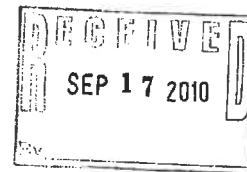
1. Description of functions and tasks to be delegated by the physician assistant.

The candidate will preserve confidentiality, privacy, and dignity of patients and visitors according to the policy within the Hospital of the University of Pennsylvania. The candidate will instruct the patients and their families prior to procedures (medications, dye, test preparation, etc) in a developmentally appropriate manner. She will act as a consultant to the patient and family along with the multidisciplinary staff. The candidate will participate in the monitoring of patient's satisfaction within the department. She will provide courteous, accurate, and clear directions to individuals unfamiliar with the facilities.

The candidate will perform acts of medical diagnosis or prescription of medical therapeutic corrective measures in collaboration with and under the supervision of Christina Chu, M.D. as licensed in the Commonwealth of Pennsylvania. She will participate in daily rounds with the Gynecology-Oncology attending physician staff to delineate the patient problems and constructive plan of care. She will work primarily on the 7th floor of the Silverstein Building, but also in all areas of the hospital as needed including outpatient facilities, emergency room, and inpatient units. She will perform daily physical assessment (vital signs, weight, test results, medications) and maintain accurate record of the patient's progress. She will implement approved therapies and order diagnostic test and review results with the physician. The candidate will conduct history and physical examination in accordance with the accepted standards of care and assign to the patient in the Gynecology Oncology service. She will assess patients and document on the medical record and complete discharge summarization for all patients on the service for which she had direct patient care responsibilities. She will maintain records for the clinical database. She will check physician's orders and medications on a daily basis for accuracy in writing and delivery to the patients. She will communicate with physician the need for specific consults or interventions.

The candidate will perform vena puncture, dressing changes, and insertion of central lines. Insertion and removal of invasive catheters and hardware under supervision of medical staff if trained and approved to perform such procedures by a hospital credential committee.

The candidate will proactively share information and trends. She will demonstrate fairness and appropriate due process in her actions and decisions. She will recognize risk taking and promoted in others. She will exhibit an openness to change and promoted within others. He will communicate with sensitivity to possible hearing difficulties and memory and information processing difficulties. She will provide assistance as appropriate for ambulation of the older adult recognizing that the older adult may need more time to complete activities. She will consult with the family when appropriate to obtain historical data and/or coordinate future studies as necessary.



Written Agreement

RE: Stephanie Boyd-Gordon, PA-C

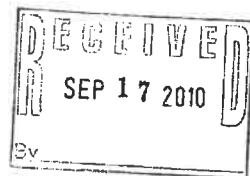
Page Two

2. Describe the time, place, and manner of supervision and direction.

Personal contact of the physician assistant with the supervising physician(s) will be conducted daily at the Hospital of the University of Pennsylvania, which will be the sole location that the physician assistant will practice in. Supervision will be both direct and indirect, however, contact by phone will always be available and at least one of the supervising physicians will be in-house and also available for consultation. The hours that the physician assistant will work will approximately be from 0700-1930, Monday-Friday.

3. Identify the location and practice setting.

The physician assistant will be employed primarily in a quaternary care facility (i.e. the Hospital of University of Pennsylvania).



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
STATE BOARD OF MEDICINE
P. O. Box 2649
Harrisburg, PA 17105-2649
www.dos.state.pa.us

September 30, 2010

CHRISTINA SHUWAI CHU
HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA
3400 SPRUCE STREET
7 SILVERSTEIN
PHILADELPHIA PA 19104

RE: STEFANIE BOYD GORDON

Dear Doctor:

Your application to supervise a physician assistant has been processed. Enclosed are your approval letters. You are reminded of the following:

The Board's regulations at 49 Pa. Code §18.151 define the role of a physician assistant. A copy of the regulations is available on our web site at www.dos.state.pa.us/med. The regulations authorize the physician assistant under appropriate direction and supervision by a physician assistant supervisor, to augment the physician's data gathering abilities in order to assist the physician in reaching decisions and instituting care plans for the physician's patients.

If you desire your physician assistant to provide services beyond those included in the regulations you must adhere to the statutory provisions which address delegation of medical services. Sections 17 and 21 of the Medical Practice Act, 63 P.S. §§422.17 and 422.21, address the use of non-physician in the performance of medical services.

The Board is unable to pre-approve procedures which are not contained in the regulation. As a government agency the Board's activities are limited to that authorized by the Medical Practice Act of 1985, 63 P.S. §§422.1 - 422.45. This information is available on our web site, also. The act does not confer authority on the Board to issue advisory opinions or pre-approve specific conduct. This issue has been addressed by the Pennsylvania Commonwealth Court, which is the Court having review authority over decisions of the Board. That Court has held that where the legislature has not provided authority for a licensing board to pre-approve conduct of its licensees, such pre-approval decisions are in the nature of an advisory opinion and thus a nullity. See Avis Rent A Car Systems v. Commonwealth Department of State, 548 A.2d 402 (Pa. Crwth. Ct. 1988).

The Court has also held specific to the State Board of Medicine that the Medical Practice Act does not confer pre-approval authority to the Board. Such actions by the Board are outside the scope of power granted by the legislature. The Board's authority to decide issues concerning accepted ethical and quality standards of conduct arises in the context of promulgating regulations or in the context of a disciplinary action. See Morrison v. State Board of Medicine, 618 A.2d 1098 (Pa. Crwth. Ct. 1992). Outside the context of its regulations the Board lacks authority to provide you the pre-approval you seek.

Page 2

In assessing whether the particular service is one which is appropriate for delegation under those regulations, the physician must comply with the Board's delegation regulations contained at 49 PA Code; Section 18.401 – 18.402 which is also available on our web site. The physician retains responsibility for the medical service performed, whether performed personally or delegated to another person. Determine the level of skill and knowledge necessary to the safe performance of the procedure. Research the medical community's accepted practices, review the medical literature, and review the practice with experts in the field. Assess the competency of the individual who will provide the service. Ascertain whether performing the procedure on the particular patient creates any special risk. Provide supervision and monitoring appropriate to the difficulty of the procedure, the skill of the delegatee, and the risk to the particular patient.

We trust this information will assist you in exercising professional judgment regarding the appropriate utilization of your physician assistant.

Sincerely,

State Board of Medicine

Enclosures

✓ PHYSICIAN ASSISTANT STEFANIE GORDON MD054025

✓ PRIMARY PHYSICIAN CHRISTINA CHU MD064753L

SUBS 3

	APPROVED	PENDING
FEE	<u>9/30</u>	_____
APPLICATION	<u>9/30</u>	_____
WRITTEN AGREEMENT	<u>9/30</u>	_____
PRACTICE LOCATION IS HOSPITAL	<input checked="" type="radio"/> Y OR N	
PRESCRIPTION PRIV	<input checked="" type="radio"/> Y OR N	
RESTRICTIONS LISTED	Y OR <input checked="" type="radio"/> N	
APPROVED FOR SCHED 2,3,4 5	<input checked="" type="radio"/> Y OR N	

WA NUMBER: MX 010754