

Application - Physician

Name	Marilyn Hajar
Credential	Physician

Fee Details

Application Fee-Initial	\$650.00
	\$650.00

Introduction

To Our Physician Applicants:

The Board of Medical Practice is pleased that you have chosen to apply for a Vermont medical license. Please take a moment to read all instructions before completing the application. We also recommend that you review the Board Rules to ensure you meet the eligibility requirements. They are available at: .

The Board and its staff work hard to make the process go as smoothly and as quickly as possible, consistent with the weighty responsibility to ensure that applicants meet all requirements of the law and regulations. You can help speed your application through the process by: providing complete and accurate information; submitting the correct fee as required; promptly arranging for all required direct-source verifications; and being mindful of the need for supporting documents to be legible, including reference forms. We recommend that you check your work. Even innocent omissions and errors can lead to delays. On a more serious note, intentional omissions, inaccuracies, or falsification of documents could lead to denial of an application, or disciplinary action if discovered after licensure.

Instructions for completing the Application for Licensure to Practice Medicine in Vermont

Please read these instructions carefully. Note that the time it can take to arrange for direct submission of documentation to the Board is the most frequent cause for delay in the licensing process. The Board also wants you to understand that your application will be subject to disclosure as a public record, with the exception of certain personal information. Those parts of the application that are firmly established as confidential, and not subject to public disclosure, are noted as such. If you have questions about the inclusion of private information, ask before you submit your application.

Application Fee: \$650.00 The fee is not refundable, regardless of whether after having paid you are denied licensure, fail to fully complete your application, or withdraw your application.

- To complete this application you must download the forms located [here](#) and send them to the Board.

NOTE – Once again, we ask that you read the following instructions regarding documentation carefully, even if you are using the Federal Credentials Verification Service (FCVS). Some of the following are NOT collected and forwarded as part of the FCVS process. The Board will not take action on an incomplete application.

Examination Transcript – Request that a transcript of your exam scores be sent directly to the Vermont Board of Medical Practice from the appropriate examining entity. If you are using FCVS, they will obtain exam score transcripts based on the information you provide in the FCVS application. For applicants who have taken any component of the NBME in conjunction with another exam (USMLE or FLEX), you must request the transcripts from each entity.

- USMLE/FLEX/SPEX – Request transcripts online at www.fsmb.org or call (817) 868-4000.
- NBME – Download the request form at www.nbme.org/Cert-tran/certification.html or call (215) 590-9500.
- State exam – Contact the licensing board for the state in which you took the exam. FSMB maintains a state board directory at: http://www.fsmb.org/directory_smb.html .
- LMCC – Information about requesting documents from the Medical Council of Canada is online at http://www.mcc.ca/en/mcc_docs/index.shtml or you may call (613) 521-6012.

Educational Commission for Foreign Medical Graduates (ECFMG) – If applicable to you, you must submit a request to ECFMG to send a Confirmation Report of ECFMG Certification directly to the Vermont Board of Medical Practice. (If you are using FCVS, you must complete the ECFMG release form that is provided by FCVS and submit it to FCVS.)

- Address for ECFMG: <http://www.ecfm.org/cvs/index.html> or call (215) 386-5900

American Medical Association Profile – You must request an AMA profile, regardless of whether or not you are an AMA member. To submit your profile request, you must visit the AMA website at: <https://profiles.ama-assn.org/amaprofiles>. If you have questions, call the AMA at (800) 665-2882. Ensure that you request the profile to be sent directly to the Board from the AMA.

National Practitioner Data Bank Self-Query - The NPDB is a federally-mandated and operated data bank of licensing board disciplinary actions, certain peer review actions, and malpractice payments. You must submit a request for the NPDB self-query report using their online process. NPDB will offer you the option of an electronic or paper copy of the report. We will accept either, but you must forward the self-query report to the Vermont Board of Medical Practice as part of your application for a Vermont medical license. To apply for the self-query report you must follow this link: <https://www.npdb-hipdb.hrsa.gov> Carefully follow the instructions. **Be sure that when you select the type of query, you select the “individual” option.** NPDB will send the self-query only to the individual. When you receive it, **you must forward the original, unaltered document** to the Vermont Board of Medical Practice.

Certified Birth Certificate – You must submit your certified birth certificate. Note that only the issuing authority can provide a certified birth

certificate; a notarized copy is not a certified birth certificate. The certified birth certificate will not be returned to you. Also note that passports are not accepted as a substitute for a certified birth certificate (regardless of what you might see on the Uniform Application checklist). If you are using FCVS and have notified them that you are applying for a Vermont license, your birth certificate should be collected by FCVS, but they do not always remember to do so. If you are using FCVS and they do not ask you to provide your certified birth certificate, be sure to do so in order to avoid risk of delay.

American Specialty Board Certificate – If you are Specialty Board Certified, you must submit a copy of the certificate to the Vermont Board of Medical Practice with your application.

Curriculum vitae – You must submit a copy of your c.v. or résumé.

Malpractice Claim Documentation – If you have reportable malpractice history, you must download Form A, carefully complete a form for each case, and submit it along with the required documentation. For your application, reportable malpractice includes:

- Pending claims that have not been resolved.
- Cases that resulted in a payment by you or on your behalf, whether as a settlement, arbitration award, or court verdict.
- Note that you need not report cases that were resolved in your favor with no payment by you or on your behalf. This includes cases that were withdrawn without payment, dismissed without payment, or resolved by a verdict in your favor.

Reference Forms – All required copies of Addendum 4A, the reference form, must be submitted directly to the Vermont Board of Medical Practice by the person providing the reference. Give a copy of the form to each person you list as a reference and ask them to submit it directly to the Board. Note that the requirement in law is for a total of three references from the “chief of service and two other active physician (MD) staff members at the hospital where the person was last affiliated.” 26 V.S.A. § 1391(a). If you have not been affiliated with a hospital in recent years, or are otherwise unable to provide references from physicians in the three positions indicated above, contact us to get more information about appropriate references.

Other State, Territory, or Province License Verifications – If you have ever been licensed or certified to practice medicine (at any level, whether a permanent, temporary, or training license) in another United States state or territory, or Canadian province or territory, then you must arrange for those licensing authorities to send verification directly to the Vermont Board of Medical Practice. More detailed directions are found at Question 25.

Affidavit, Authorization for Release of Information, and Photograph – You must print, complete, and submit this form. The link to the form and directions are found after Question 27.

Additional Documentation – Note that some applicants may be required to submit additional documentation, as indicated with the directions for specific questions. For instance, if you have changed your name, you must submit legal documentation (marriage certificate, divorce decree, or court order) of the change (Questions 1-4, 7).

Uniform Application for Physician Licensure (UA) Vermont was one of the first states to incorporate the Uniform Application for Physician Licensure (UA) into its Medical Licensing Application. We hope that physicians who apply to multiple states find the use of a common set of core questions to be a convenience. If you have previously used the UA, you may find it helpful to consult your prior answers, but please remember that you are still responsible for your answers being complete, accurate, and current even if you rely on UA answers that you prepared in the past.

Federation Credentials Verification Service (FCVS) FCVS is a service offered by the Federation of State Medical Boards. Its function is to create a permanent, verified repository of documents physicians need for licensing and credentialing. The Board accepts, but does not require, the use of FCVS for primary source credentials verification. Completion of the FCVS process can take longer than the Vermont licensing process, so plan accordingly and focus first on FCVS if you intend to use that service to submit documents in support of your Vermont application. FCVS is accepted by most states and territories. It covers: identity; medical education; postgraduate training; examination history; Board action/discipline history; ECFMG Certification (if applicable); and, ABMS Board Certification. Note: use of FCVS does not eliminate the need to complete this application for a Vermont medical license. FCVS only facilitates submission of verified documentation in support of the application.

There is a fee for the initial FCVS process, then a smaller charge for having your verified file forwarded to additional licensing or credentialing authorities. Information about FCVS is found online at: http://www.fsmb.org/fcvs_overview.html. You can also call 888-ASK-FCVS (or, outside the U.S. 817-868-5000) for additional information.

Name & Address

Name:

Indicate your full legal name (use no initials). If your name has changed at any time during your life and you are not using FCVS, you must submit a copy of the legal document (marriage certificate, divorce decree, etc.) supporting your name change.

1. Last Name:

Hajar

2. First Name:

Marilyn

3. Middle Name:

4. Suffix:

5. M.D. or D.O.?

M.D.

6. All other names used:

Previous Name	From Month	From Year	To Month	To Year	Reason for Change
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7. If your name has changed at any time during your life and you are not using FCVS, you must submit a copy of the legal document (marriage certificate, divorce decree, etc.) supporting your name change.

Address/Phone:

Please complete all sections. Each state's law determines whether each address or phone number is a public record in the state in which you are applying. You may wish to contact the licensing authority for that state for further information. Many boards publish the "Public Access" address on their website; therefore, you should consider what your preferred address is for these purposes.

8. Enter your MAILING ADDRESS information:

Attention
Address 1 [REDACTED]
Address 2
City [REDACTED] **State** [REDACTED] **Zip** [REDACTED]
Country United States
Email Address
Telephone Number **Alternate Phone Number**

9. Enter your PUBLIC ACCESS address information:

Attention
Street 3550 Main Street
City Springfield **State** MA **Zip** 01107
Country United States

Identification

If you have not provided one to FCVS you must submit a certified birth certificate. Notarized copies and passports are not accepted.

10. Date of Birth:

[REDACTED]

11. Birth City:

[REDACTED]

12. Birth State/Province:

[REDACTED]

13. Birth Country:

United States

14. Gender:

Female

15. Social Security Number:

[REDACTED]

The disclosure of your social security number is mandatory, it is solicited by the authority granted by 42 U.S.C. § 405 (c)(2)(C), and will be used by the Department of Taxes and the Department of Employment and Training in the administration of Vermont tax laws, to identify individuals affected by such laws, and by the Office of Child Support.

16. NPI Number:

[REDACTED]

The National Provider Identifier (NPI) is a Health Insurance Portability and Accountability (HIPAA) Administrative Simplification Standard. For more information on the NPI, please go to www.cms.gov.

17. Are you a U.S. Citizen?

Yes

Medical School

To ensure the eligibility of your school, please refer to the California Medical Board approved school list (available [here](#).)

18. Medical Schools:

List all medical schools you have attended, even those from which you did not graduate, in chronological order. If you are not using FCVS, you must complete the "Medical Education Verification" form and send it to all medical schools you have attended. You must include a copy of your diploma to which the medical school must attach their seal prior to forwarding it to this Board. Additionally, the medical school must forward all documentation directly to this Board.

School	Graduation Date
School Name: Albany Medical College State: New York Country: United States School Type: Medical School Degree: MD	05/24/1984

19. Fifth Pathway (if applicable):

If you attended a Fifth Pathway program and are not using FCVS, you must complete the attached "Fifth Pathway Verification" form and send it to your medical school and to the institution where you completed your rotations. You must include a copy of your diploma. The medical school and institution must forward all documentation directly to this Board.

School	Graduation Date
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Postgraduate Training

Postgraduate Training: List all postgraduate programs you have attended, even those you did not complete. If you are not using FCVS, you must complete the "Postgraduate Training Verification" form and send it to all postgraduate training programs you have attended. You must upload a copy of your certificate of program completion to this Board. Additionally, the postgraduate program must provide this Board with the Program Director's recommendation letter. The postgraduate program must forward all documentation directly to this Board.

20. Postgraduate Training (do not use abbreviations):

Site Name	End Date	Specialty
Albany Medical Center Hospitals	06/30/1985	Obstetrics and Gynecology
Albany Medical Center Hospitals	06/30/1990	Anatomic & Clinical Pathology

Examination History**Examination History:**

If you are not using FCVS, you are responsible for contacting the appropriate examination entity and having a certified transcript of your scores sent directly to this Board.

21. List each licensure examination, U.S. or international, you have taken.

Examination	State	Most Recent Date Taken	Pass?	Score	Number of Attempts
NBME Part I	New York	06/01/1981	Yes	425	1
NBME Part II	New York	09/01/1983	Yes	515	1
NBME Part III	New York	03/06/1985	Yes	505	1

ECFMG

ECFMG: If ECFMG is applicable and you are not using FCVS, you are responsible for contacting ECFMG and having a certified "Status Report" forwarded directly to this Board. There is a separate fee for this report. Reports can be obtained through the ECFMG website at www.ecfm.org.

ECFMG (if applicable):

22. Certificate Number:

23. Issue Date:

24. Valid Through Date:

State/Province Professional Licensure

State/Province Professional Licensure whether temporary or permanent: List all states and Canadian provinces where you currently hold or have ever held any type of medical/osteopathic license or certification. You must also complete the "Licensure Verification" for (Form #1) and forward it to all states or provinces in which you have held any health care license or certification. The verifying entity must forward all documentation directly to this Board. Some state boards charge a fee for this information. Contact the state board where you hold or held a license to determine their requirements.

25. State Licensure

State	Profession	License Number	Issue Date	Expiration Date	Status
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Connecticut	MD	050689	03/08/2012	11/30/2016	Not Renewed
Massachusetts	MD	151889	06/26/1996	11/02/2019	Active
New York	MD	163110-1	07/08/1985	10/31/2017	Not Renewed

Chronology of Activities

Chronology of Activities: List ALL activities (medical, non-medical, and postgraduate training) in chronological order beginning with medical school graduation and continuing to the present date, using MONTH and YEAR where asked for dates. For periods in excess of 30 consecutive days when you were not working, you must state the nature of your activity such as "vacation" or "seeking employment." For such periods, use your residence address at the time. If you worked for a physician-staffing group, or as a *locum tenens* provider, you must treat each facility where you worked as a different activity. For each period you report, be sure to indicate the percentage of duties that were clinical and the percentage that were administrative, or indicate "N/A" for periods when you were not working. The résumé or c.v. submitted with your application is not a substitute for completion of this Question.

26. Chronology of Activities

Practice/Employment Name	Street Address	City	State	Zip Code	Position and Department	Experience Type	Start Date	End Date	% Clinical / % Administrative
Albany Medical Center, Dept. OB/GYN	47 New Scotland Av	Albany	New York	12208	PGY 1 OB/GYN	Internship	07/01/1984	06/30/1985	100% Clinical
Skidmore College Health Service	815 North Broadway	Saratoga Springs	New York	12866	Physician, Health Services	Employment	09/01/1985	05/20/1986	100% Clinical
Albany Medical Center Hospitals	47 New Scotland Av	Albany	New York	12208	PGY2 - 5, Dept Pathology	Residency	07/01/1986	06/30/1990	100% Clinical
Upper Hudson Planned Parenthood	855 Central Av	Albany	New York	12206	Consult Physician	Employment	11/05/1990	12/31/2000	100% Clinical
Planned Parenthood Mid-Hudson Valley	178 Church St	Poughkeepsie	New York	12601	Consult Physician	Employment	11/15/1994	06/10/2016	100% Clinical until 2002 80% Clinical, 20% Administrative 2002 - 2007 100% Clinical 2007 -2017
Planned Parenthood Mohawk Hudson	1040 State St	Schenectady	New York	12307	Consult Physician/ Associate Medical Director	Employment	09/15/1994	11/01/2009	100% Clinical from 1994 to 2008 50% Clinical/50% Administrative 2008 to 2009
Family Planning Council of Western Massachusetts	Maple St	Springfield	Massachusetts	01105	Consult Physician	Employment	07/05/1996	03/15/1997	100% Clinical
Planned Parenthood Northern New York	66 Brinkerhoff St.	Plattsburgh	New York	12901	Consult Physician	Employment	10/15/1998	08/30/2001	100% Clinical
Planned Parenthood League of Massachusetts	3550 Main St	Springfield	Massachusetts	01107	Consult Physician; Laboratory Director	Employment	07/03/2004		100% Clinical to 2008; 70% Administrative/30% Clinical to 2016; now 90% Administrative/10% Clinical

Medical Malpractice Claims Information

27.

Malpractice Liability Claims Information

For this question, and this question only, your answer should take into consideration those claims that have been resolved entirely in your favor, as well as claims that have not yet been resolved and those that resulted in a verdict, judgment, settlement, or award against you. As noted in the directions at the beginning of this application, you need not submit the form or documentation for cases that have been resolved in your favor.

Have you ever been involved in a Malpractice Liability Claim?



Affidavit & Authorization for Release of Information

Affidavit and Authorization for Release of Information:

To complete this application you must download the [Affidavit and Authorization for Release of Information](#) form and attach a recent (less than 6 months old) passport quality, color photograph of yourself. Take the form to a notary public and sign the form in the presence of the notary public. The notarized form then must be sent directly to the Board.

Appendix 4

28. Were you in active clinical practice in the past 12 months?

Yes

29. **Years of Practice**

What year did you start practicing as a medical professional?

1985

30. Do you have, or have you ever had, a Drug Enforcement Agency (DEA) Registration Number that allows you to prescribe controlled substances?

Yes

31. Enter each active DEA Registration Number:

BH8895128

32. **Premedical Education**

Please provide the names of premedical schools you attended and the dates of attendance.

School	Graduation Date
School Name: Yale University State: Connecticut Country: United States School Type: Post Secondary Degree: Bachelors	11/01/1974

33. Specialty Board Certifications

Specialty	Certification Board	Certification Date	Specialty Expiration Date
Anatomic & Clinical Pathology	American Board of Pathology	06/04/1992	

34. **Practice**

Do you have hospital privileges?

No

35. **Has your driver's license ever been suspended or conditioned as a result of either (a) a refusal to provide a sample of breath or blood upon request by a law enforcement office; or (b) a civil (non-criminal) process for driving under the influence of drugs or alcohol? If you answer yes, please email an explanation and documents regarding the action.**

No

36. List all hospitals where you have, or previously have had, staff privileges.

Facility Name	State	Start Date	End Date
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Statutory Profile Questions

In accordance with Vermont law, the Board of Medical Practice collects certain information from licensed or certified health care professionals and maintains it in a data repository that is made available to the public. 26 V.S.A. § 1368. The publicly-available data base is commonly referred to as the online profile. When licenses are issued to applicants, instructions are provided as to how to review and update the information provided for the online profile. Answering these questions is mandatory, except for certain optional questions. Those that are optional are clearly identified. Information collected for the statutory profiles may be considered by the Board in its review of the license application. Statutory profile information is displayed to the public for only ten years, but the questions are not time-limited and you must respond regarding your full history.

Applicants with other events or actions that must be reported (e.g., a criminal conviction) must provide documentation of each event. It is very important for the Board to receive copies of court papers, licensing authority decisions, or similar documentation, as noted below. The Board will not act on an application that lacks required documentation. **If any reportable event involves alcohol or drugs in any way, you must contact the Vermont Practitioner Health Program to arrange for an evaluation. The Board will not act on an application that is missing a required evaluation.** You may contact VPHP at (802) 223-0400. Information about VPHP is online at: <http://www.vtmd.org/health-professional-wellness-and-recovery-programs>.

37. **Criminal Convictions** [See 26 VSA § 1368(a)(1)] Have you been convicted of any crime? This includes both misdemeanors and felonies; it includes crimes such as driving under the influence (DUI), but not non-criminal traffic offenses such as speeding or parking tickets. For purposes of this question, "convicted" means that you pleaded guilty or were adjudged guilty by a court of competent jurisdiction.

No

38. **Criminal Convictions** [See 26 VSA § 1368(a)(1)] Please provide a description of all crimes (felonies and misdemeanors; this includes DUI but not speeding or parking tickets) of which you have been convicted. For purposes of this question, "convicted" means that you pleaded guilty or that you were found adjudged guilty by a court of competent jurisdiction. **Please provide copies of papers fully documenting the convictions.**

Date of Conviction	Court of Conviction	City	State	Description
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39. **Nolo Contendere/Matters** [See 26 VSA § 1368(a)(2)]

Have you ever had a criminal involvement that resulted in a case resolved by a plea of "nolo contendere," or where after finding facts that would establish guilt the matter was continued by the court in lieu of a conviction?

No

40. **Nolo Contendere/Matters Continued** [See 26 VSA § 1368(a)(2)]

Provide information regarding each criminal involvement resolved by a plea of "nolo contendere," or where after finding facts that would establish guilt the

matter was continued by the court in lieu of a conviction.

Date of Charges	Court	City	State	Description of Charges
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41. Vermont Board of Medical Practice Matters [See 26 VSA § 1368(a)(3)]

Have you ever been served charges by, or been the subject of an order by the Vermont Board of Medical Practice or other Vermont professional licensing authority? (This includes stipulations, consent orders, or other voluntary resolutions that you accepted after being notified of an investigation, even if no charges were served.)

No

42. Vermont Board of Medical Practice Matters continued [See 26 VSA § 1368(a)(3)]

Provide information regarding each instance in which you were charged by, or were the subject of an order by the Vermont Board of Medical Practice or other Vermont professional licensing authority, including the findings, conclusions, orders, and final disposition of the matter by the courts, if applicable.

Date	Final Disposition Summary
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43. Licensing Authority Matters in Other States [See 26 VSA § 1368(a)(4)]

Have you ever been charged by, or been the subject of an order by a professional licensing or certification authority in any other US state or territory, or Canadian territory or province? (This includes stipulations, consent orders, or other voluntary resolutions that you accepted after being notified of an investigation, even if no charges were served.)

No

44. Licensing Authority Matters in Other States [See 26 VSA § 1368(a)(4)]

Provide information regarding each incident in which you have been charged by or been the subject of an order by a professional licensing or certification authority in any other state, territory, or province. Provide documentation that shows the charges, findings, conclusions, and orders, plus final disposition by any court or appeal authority, if appealed.

Date of Disposition	Licensing Authority	City	State	Description of Disposition
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Restriction of Hospital Privileges [See 26 VSA § 1368(a)(5)]

45. Have you ever had hospital privileges revoked or involuntarily restricted for reasons related to competence or character?

No

46.

A. Revocation or Restriction of Hospital Privileges Information

Provide information about each instance in which hospital privileges were revoked or involuntarily restricted for reasons related to competence or character. Provide documentation that shows the date, basis for the action, the authority who took the action, and the action taken.

Date of Restriction	Hospital Name	State	Nature of Restriction	Reason for Restriction
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47. Have you ever, after having been notified of an investigation or peer review that was not yet resolved, or in lieu of or in settlement of a pending disciplinary case related to competence or character, done any of the following:

resigned medical staff membership or privileges;

not renewed medical staff membership or privileges; or, -

consented to a restriction of hospital privileges?

No

48. B. Resignation or Nonrenewal of Medical Staff Membership, or Restriction of Privileges Information

Provide information about each instance in which you resigned or did not renew medical staff membership, or you had hospital privileges restricted, after having been notified of an investigation or peer review that was not yet resolved, or in lieu of or in settlement of a pending disciplinary case related to competence or character? Provide documentation that shows the date, the hospital, the basis for and nature of the case, and the terms of settlement, if any.

Date	Hospital Name	State	Action	Nature of Action	In Lieu or In Settlement
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Appointments/Teaching [See 26 VSA § 1368(a)(12)]

Note: answering the Appointments and Teaching questions is optional. By answering, you are granting permission to have this information posted on the web. (This form follows the statutory wording. Since most appointments are teaching appointments, these questions may overlap.)

49.

A. Appointments

Please provide information about your appointments to medical school or professional school facilities.

School	City	State	Nature of Position	Date Started	Date Ended
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50.

B. Teaching

Please provide information regarding your responsibility for teaching graduate medical education within the past 10 years.

School / Institution	City	State	Nature of Teaching	Date Started	Date Ended
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51. Publications [See 26 VSA § 1368(a)(13)]

Note: Answering this question is optional. By answering, you are granting permission to have this information posted on the web. Please provide information regarding your publication in peer-reviewed medical literature within the past 10 years.

Title	Publication	Publication Date
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52. **Activities** [See 26 VSA § 1368(a)(14)]

Note: Answering this question is optional. By answering, you are granting permission to have this information posted on the web. Please provide information regarding your professional or community service activities and awards.

Activity or Award

Practice Plans and Residence<

53. When are you scheduled to begin work in Vermont?

July, 2019

54. Provide information about each current and planned practice location, wherever located. Indicate which is planned to be your primary Vermont practice location.

Practice Name	City	State	Primary Practice	Languages	Accepts Medicaid?	Accepts New Medicaid Patients?
Planned Parenthood Northern New England	Barre	Vermont	Yes		Yes	Yes

55. Brief description of your anticipated practice in Vermont:

Laboratory Director, Planned Parenthood Northern New England

56. Provide information about each of your physical residences for the past ten years.

City	State	From	To
Longmeadow	Massachusetts	07/11/2014	04/17/2019
Castleton	New York	07/01/1991	07/11/2014

Addendum 2

57. Have you ever applied for and been denied a license or certificate to practice medicine or any other healing art in any jurisdiction? If yes, identify the US state or territory, or Canadian territory or province that denied the application and the year in which it was denied, and provide a summary of the circumstances and reason for denial, in the following questions. Upload documents related to the denial where indicated.

No

58. State:

59. Year:

60. Circumstances under which you applied and were denied a certificate to practice medicine or any other healing art:

61. Denied certificate to practice medicine or any other healing art - Upload documents

62. Have you ever withdrawn an application for a license or certificate to practice medicine or any other healing art, in any jurisdiction? If yes, identify the US state or territory, or the Canadian territory or province in which you withdrew the application and the year in which it was withdrawn, and provide a summary of the circumstances and reason for the withdrawal, in the following questions. Upload documents related to the withdrawal where indicated.

No

63. State:

64. Year:

65. Circumstances under which the application for license or certificate was withdrawn, specifying your reason or reasons for withdrawal

66. Withdrawal of application for license or certificate - Upload documents:

67. Have you ever voluntarily surrendered a license or certificate to practice medicine or any other healing art, in any jurisdiction, after having been notified of an investigation that had not yet been resolved or in lieu of disciplinary action? "Surrendered a license" includes any form of voluntary abandonment of the right to practice in a jurisdiction, regardless of the terminology used, and includes allowing a license to lapse after learning of an investigation by a licensing authority. If yes, identify the state, territory, or province in which you surrendered a license or certificate and the year in which it was surrendered or you resigned, and provide a summary of the circumstances in the following questions. Upload documents related to the surrender of license where indicated. NOTE: If you let a license lapse because you no longer practiced in a state, and you had no knowledge of a pending investigation by the licensing authority, that would not constitute surrender of your license.

No

68. State:

69. Year:

70. Circumstances:

71. Voluntary surrendered license or certificate to practice medicine or any other healing art - Upload documents:

72. Are you currently the subject of any disciplinary charges by, or has disciplinary or employment action ever been taken by, any governmental authority, hospital, health care facility, or professional medical association, other than matters that have already been identified in response to preceding questions, or have you ever entered an "integrity agreement" with a governmental authority that related in any way to the practice of medicine? If yes, identify the entity bringing the charges or action, the date, the duration of any discipline or conditions, any action taken, and the circumstances in the following questions. Upload documents related to the charges or actions where indicated.

No

73. Name of entity involved:

74. Date:

75. Duration:

76. Action Taken (add all that apply):

77. Circumstances:

78. Disciplinary charges or actions - Upload documents:

79. Has any US or Canadian state, territorial, or provincial licensing board ever denied you the privilege of taking an examination to be licensed as a health care professional? If yes, identify the state, territory, or province that denied you the privilege and provide the circumstances of the denial in the following questions. Upload documents relating to the denial of the privilege of taking an examination where indicated.

No

80. State:

81. Circumstances surrounding denial of examination privileges and reason therefore provided by the board that denied you the privilege of taking an exam:

82. Denial of examination privileges - Upload documents:

83. Have you ever discontinued your education, training, or medical practice for a period of more than three (3) months, NOT including periods occurring solely during premedical education?

Yes

84. If yes, please explain, including the dates during which your education, training, or practice was discontinued.

85. Discontinued Education, Training, or Clinical Practice - Upload documents:

86. Have you ever been dismissed or suspended from, or asked to leave a training program before completion?

No

87. Training Program(s)

88. Location of Program(s)

89. Year:

90. Circumstances surrounding dismissal, suspension, or request for you to leave the training program(s) before completion?

91. Are you currently the subject of an investigation or peer review by any licensing authority, hospital, medical staff group, health care facility, professional association, or other body that has authority to take actions regarding: your right to practice medicine or any other healing art; your

employment practicing medicine or any other healing art; or your professional qualifications (e.g., specialty board certification)? If yes, provide the name of the entity conducting the investigation, its location, the date you learned about the investigation, and the circumstances that triggered the investigation in the following questions and upload any relevant documentation you have such as a letter notifying you of the investigation where indicated.

92. Entity Investigating:

93. Location of entity investigating:

94. Date (month and year) your learned of the investigation?

95. Describe the event under investigation and the circumstances triggering the investigation:

96. Open investigation by licensing authority, hospital, medical staff group, health care facility, professional association, or professional certifying organization – upload documents.

97. Has your privilege to possess, dispense, administer, or prescribe controlled substances or other prescription medications or devices ever been suspended, revoked, denied, restricted, or surrendered as the result of an investigation or action by any governmental entity at any time? If yes, provide the entity that acted on your privilege to prescribe, the nature of the limitation or action, the date of the action, and a description of the circumstances underlying the action in the following questions, and upload any relevant documentation you have regarding the action where indicated.

No

98. Entity that took action on prescribing privileges:

99. Action taken:

100. Date of action taken regarding prescribing privileges:

101. Circumstances underlying action on prescribing rights:

102. Action taken on prescribing privileges – upload documents.

103. Are you presently a defendant in a criminal proceeding?

No

104. Court:

105. City and state:

106. Charge:

107. Description:

108. Status:

109. Date:

110. Defendant in criminal proceeding - Upload Documents:

111. Do you currently prescribe, or have you ever prescribed, prescription medication or devices solely in response to communication by computer or other electronic means? This does not include: initial admission orders for newly hospitalized patients; prescribing for patients of a physician for whom you have taken call; prescribing for a patient examined by a licensed advanced practice registered nurse or physician assistant, or other practitioner with whom you have a supervisory or collaborative relationship; continuing medication on a short-term basis for a new patient prior to the new patient's first appointment; or emergency situations in which the life or health of the patient is in imminent danger. Nor would this include the use of an electronic medical record or other system for entering and transmitting prescriptions.

No

112. If you answered yes to the preceding question, provide a general description of any prescribing you do in response to electronic communications.

113. Medical Malpractice Court Judgments & Settlements Have you ever had a medical malpractice claim against you that is still pending or that resulted in any of the following:

- a court judgment against you; or
- an arbitration award or a settlement that you or another party paid on your behalf?

If you have any such cases, you must provide information as requested in the questions below. You must also complete a Medical Malpractice Case Information Form for each. The form is located [here](#) Download the form, fill it out completely, and upload it where indicated. A form must be completed and submitted for each case. You must also provide documentation for each case as explained on the form.

114. **A. Judgments**

Provide the information requested in the following table for each case in which there was a court judgment or arbitration award against you.

Date of Judgment	Number of Judgments
------------------	---------------------

115. **B. Settlements**

Provide the information requested in the following table for each case in which you were named as a defendant and in which a settlement was paid by you or on your behalf.

Date Of Settlement

116. **C. Pending Cases**

Provide the information requested in the following table for each case that is currently pending against you.

Date

Addendum 3

Addendum 3

This information is confidential and is exempt from public disclosure.

117. To your knowledge, are you currently the subject of a criminal investigation that has not yet resulted in charges against you? If yes, provide the jurisdiction, a description of the matter under investigation, and the date you became aware of the investigation in the following questions.

118. Jurisdiction:

119. Description of matter under Investigation:

120. Date you became aware of Investigation:

121. Upload any documents you may have relating to the matter under investigation:

122. To your knowledge, are you the subject of an investigation by any other licensing or certification board that has not yet resulted in charges as of the date of this application? If yes, provide the board involved, the date you became aware of the investigation, and a description of the matter under investigation in the following questions and upload relevant documents where indicated.

123. Licensing or certification board conducting investigation:

124. Date of event(s) under investigation:

125. Nature of event(s) under investigation:

126. Pending licensing board investigation – upload documents.

127. **Investigation by other licensing or certification board - proceeding - Upload documents**

MEDICAL QUESTIONS

Please answer "Yes" or "No" to the questions below. Definitions are provided to assist you in answering. Please explain any "Yes" answers in Form A.

DEFINITIONS

In answering the following questions, please use these definitions:

"Ability to practice medicine" - This term includes:

1. The cognitive capacity to make and exercise reasoned medical judgments, and to learn and keep abreast of medical developments; and
2. The ability to communicate those judgments and medical information to patients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and
3. The physical capability to perform medical tasks and procedures, with or without the use of aids or devices, such as corrective lenses or hearing aids.

"Medical condition" - Includes physiological, mental or psychological conditions or disorders, such as, but not limited to, orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, hepatitis, HIV disease, tuberculosis, drug addiction, and alcoholism.

"Currently" - This term means recently enough to have a real or perceived impact on one's functioning as a medical professional.

"Chemical substances" - This term is to be construed to include alcohol, drugs, or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.

"Controlled substances" - This term means those drugs listed on Schedules I through V of Section 202 of the Controlled Substances Act (21 USC § 812).

"Illegal use of controlled substances" - This term means the use of drugs, the possession or distribution of which is unlawful under the Controlled Substances Act, as periodically updated by the Food and Drug Administration. This term does not include the use of a drug taken under the supervision of a licensed health care professional or other uses authorized by the Controlled Substances Act or other provisions of federal law.

Medical condition, treatment, use of chemical or illegal substances:

128. Do you have a medical condition that in any way impairs your ability to practice medicine in your field of practice with reasonable skill and safety?

■

129. If you answered yes to the preceding question please identify the impairment and explain how you address it in practice

130. Please upload any documents you have that are relevant to this matter.

131. Are you currently engaged in the use of alcohol or other chemical substances that in any way impairs your ability to practice medicine in your field of practice with reasonable skill and safety?

■

132. If you answered yes to the preceding question please explain how you address it in order to practice with reasonable skill and safety.

133. Please upload any documents you have that are relevant to this matter.

134. Are you currently engaged in the illegal use of controlled substances?

■

135. In explaining a "Yes" answer to the previous question, please provide reasonable assurances that such use is not a real and ongoing problem in your practice of medicine.

136. Please upload any documents you have that are relevant to this matter.

137. Treating organization:

138. Address:

139. Telephone:

140. Type of diagnosis, condition or treatment - field of practice - use of chemical substances:

141. Dates of illness or dependency (from, to):

142. Dates of treatment (from, to):

143. Name of rehabilitation/professional assistance or monitoring program:

144. Address:

145. Telephone:

146. Contact person at Program:

Addendum 4

147.

Addendum 4**List of Three (3) References**

Provide information about three physicians/Podiatrists who will provide references as to your moral character and professional competence. The individuals providing references must hold a full, unrestricted license to practice medicine/podiatry. Note that the requirement in law is for a total of three references from the "chief of service and two other active physician/podiatric staff members at the hospital where the person was last affiliated." 26 V.S.A. § 1391(a). If you have not been affiliated with a hospital in recent years, or are otherwise unable to provide references from the three individuals indicated above, contact us to get more information about appropriate references. References must be from MD/DPM only. We cannot accept references from Osteopathic physicians. Your references must return the form directly to the Board.

If you are applying while still in a residency program or within a year of completing such a program, you should submit a letter from the program director in lieu of a letter from the chief of service.

Reference First Name	Reference Last Name	Address Line 1	Address Line 2	City	State	Zip Code	Phone Number	Email Address	Years Known	Organization/Title (ie. Program Director, Chief of Staff, Other Professional)
Danielle	Roncari	1055 Commonwealth AV		Boston	Massachusetts	02215	(617) 616-1600	droncari@pplm.org	10	Medical Director, Planned Parenthood League of Massachusetts
Josh	Jaffe	178 Church St		Poughkeepsie	New York	12601	(845) 344-5784	josh.jaffe@ppmhv.org	10	Medical Director, Planned Parenthood Mid-Hudson Valley
Alice	Mark	5 Perrin Road		Brookline	Massachusetts	02445	(617) 216-0722 6	amark@prochoice.org	2	Consult Physician, Planned Parenthood League of Massachusetts

148. Provide an explanation as to having never held hospital privileges:

Hospital privileges were not necessary for the type of work that I did.

Addendum 5**Vermont Department of Health - Board of Medical Practice****APPLICANT'S STATEMENT REGARDING CHILD SUPPORT AND TAXES**You must answer these questions.

Regarding Child Support

Title 15 § 795 requires that: A professional license or other authority to conduct a trade or business may not be issued or renewed unless the person certifies that he or she is in good standing with respect to or in full compliance with a plan to pay any and all child support payable under a support order as of the date the application is filed. "Good standing" means that less than one-twelfth of the annual support obligation is overdue; or liability for any support payable is being contested in a judicial or quasi-judicial proceeding; or he or she is in compliance with a repayment plan approved by the office of child support or agreed to by the parties; or the licensing authority determines that immediate payment of support would impose an unreasonable hardship. (15 V.S.A. § 795)

149. You must select one of the two statements below regarding child support regardless whether or not you have children:

I hereby certify that, as of the date of this application: (a) I am not subject to any support order or (b) I am subject to a support order and I am in good standing with respect to it, or (c) I am subject to a support order and I am in full compliance with a plan to pay any and all child support due under that order.

Regarding Taxes

Title 32 § 3113 requires that: A professional license or other authority to conduct a trade or business shall not be issued or renewed unless the person certifies that he or she is in good standing with the Department of Taxes. "Good standing" means that no taxes are due and payable and all returns have been filed, the tax liability is on appeal, the taxpayer is in compliance with a payment plan approved by the Commissioner of Taxes, or the licensing authority determines that immediate payment of taxes would impose an unreasonable hardship. (32 V.S.A. § 3113)

150. You must select one of the two statements below regarding taxes:

I hereby certify, under the pains and penalties or perjury, that I am in good standing with respect to or in full compliance with a plan to pay any and all taxes due to the State of Vermont as of the date of this application. (The maximum penalty for perjury is fifteen years in prison, a \$10,000.00 fine or both.)

The disclosure of your social security number is mandatory, it is solicited by the authority granted by 42 U.S.C. § 405 (c)(2)(C), and will be used by the Department of Taxes and the Department of Employment and Training in the administration of Vermont tax laws, to identify individuals affected by such laws, and by the Office of Child Support.

151. Social Security Number:

██████████

152. Date of Birth:

██████████

153. I certify that the information stated by me in this application is true and accurate to the best of my knowledge and that I understand providing false information or omission of information is unlawful and may jeopardize my license/certification/registration status.

Yes

154. Date:

05/08/2019

Addendum 6

155.

**State of Vermont
Department of Health
Board of Medical Practice**

Statement of Good Standing

Regarding Any Unpaid Judgment Issued by the Judicial Bureau or District Court for Fines or Penalties for a Violation or Criminal Offense

I hereby state that either:

A. This does not apply to me because I don't have any unpaid judgment issued by the judicial bureau or district court for fines or penalties for a violation or criminal offense, or

B. I am in good standing with respect to any unpaid judgment issued by the judicial bureau or district court for fines or penalties for a violation or criminal offense.

I understand that a license may not be issued or renewed without such a statement.

I further understand that, for the purposes of this section, a person is in good standing with respect to any unpaid judgment issued by the judicial bureau or district court for fines or penalties for a violation or criminal offense if:

1. 60 days or fewer have elapsed since the date a judgment was issued; or
2. the person is in compliance with a repayment plan approved by the judiciary.

Yes

156. Date:

05/08/2019

Application Payment

157. You must choose one of the following payment options to complete your application. Note: Your application will NOT be processed by the Medical Board until payment is received. If you are a commissioned officer on active duty in the armed forces, you must submit a copy of your current active duty orders.

Credit Card

Review
