

Memorandum

To: File

From: Karen LaFond

Date: 7/10/19

Re: Licensing Committee Meeting 7/10/19

These applications have been considered by the licensing committee and have been recommended by the licensing committee for licensure/certification.

Ahmad, Sumera MD

Camp, Philip Jr. MD

Chandramouli, Varsha MD

Giffin, Kell PA-C

Hajar, Marilyn MD

Hemmer, Nathan MD

Himebaugh, Karen MD

Long, Ronald MD

Riddell, Jonathan MD

Selim, Bernardo MD

Todaro, Joseph MD

State of Vermont
Department of Health
Vermont Board of Medical Practice
108 Cherry St-PO BOX 70
Burlington, VT 05402-0070
HealthVermont.gov

[phone] 802-657-4220
[fax] 802-657-4227

Agency of Human Services

07/10/2019

Marilyn Hajar

Re: Vermont Medical Licensure - 042.0014482

Dear Dr. Hajar

Congratulations on receiving a license to practice medicine in Vermont. The Vermont Board of Medical Practice granted you a Vermont medical license on 07/10/2019

Enclosed please find your physician license and information relevant to practice in Vermont. Please verify the information on your practitioner profile at the following site: <https://apps.health.vermont.gov/cavu/>. Your login and password information is:

Username:

Password:

All medical licenses are renewed in November of every even year. You will receive a notification three months prior to the renewal date. Until that time, *licensees have a continuing obligation to promptly notify the Board of any change or new information including, but not limited to, change of address, disciplinary or other action limiting or conditioning their license or ability to practice in any jurisdiction. Failure to do so may subject the licensee to disciplinary action by the Board.*

If you have any questions or need additional information please do not hesitate to contact the Board.

Sincerely,



Kelly Lawler
Administrative Assistant A
Board of Medical Practice





*State of Vermont
Board of Medical Practice*

THIS IS TO CERTIFY

Marilyn Hajar, MD

*a graduate of
Albany Medical College, 1984*

*having successfully qualified as a practitioner of medicine before
this Board has been registered as provided by the Laws of the State.*

William K. Hoser MS, PA-C

Chair: William K. Hoser, PA-C

License Number 042.0014482



Pat Hunter

Vice-Chair: Patricia Hunter
Burlington
Date: 07/10/2019

Received and duly recorded.
Vermont Department of Health

Application Information Report

NAME OF APPLICANT: Marilyn Hajar

CITY / STATE OF RESIDENCE: [REDACTED]

DATE OF BIRTH: [REDACTED]

MEDICAL SCHOOL: Yale University - 11/01/1974
Albany Medical College - 05/24/1984

SPECIALTY: Anatomic & Clinical Pathology - 06/04/1992

BOARD CERTIFIED?: Yes

PRACTICE LOCATION: Planned Parenthood Northern New England

PRIMARY SUPERVISOR:

POST GRADUATE SCHOOL: Albany Medical Center Hospitals - 06/30/1985
Albany Medical Center Hospitals - 06/30/1990

REFERENCES: Alice Mark (Consult Physician, Planned Parenthood
League of Massachusetts)
✓ Josh Jaffe (Medical Director, Planned Parenthood Mid-
Hudson Valley) *no go back*
Danielle Roncari (Medical Director, Planned Parenthood
League of Massachusetts)

OTHER STATE LICENSES: CT (Full), MA (Full), NY (Full)

LAST 4 DIGITS OF SSN: [REDACTED]

EXAMS:

UA

UNIFORM APPLICATION
FOR PHYSICIAN
STATE LICENSURE

Affidavit and Authorization for Release of Information

This form should be sent to the state board you are applying to, NOT to FSMB.

Applicant:

Securely tape or glue
a recent (less than 6
month old) front-
view 2" x 2"
passport-type color
photo of yourself in
the square below.

Sign this form with
attached photo in
the presence of a
notary public.

Send the notarized
form to the board
you are applying to
for licensure.

DO NOT SEND THIS
FORM TO FSMB.

Doing so will cause a
delay with your state
board application.

I, the undersigned, being duly sworn, hereby certify under oath that I am the person named in this application, that all statements I have made or shall make with respect thereto are true, that I am the original and lawful possessor of and person named in the various forms and credentials furnished or to be furnished with respect to my application, and that all documents, forms, or copies thereof furnished or to be furnished with respect to my application are strictly true in every aspect.

I acknowledge that I have read and understand the Uniform Application for Physician State Licensure and have answered all questions contained in the application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to my being prosecuted under appropriate federal and state laws.

I authorize and request every person, hospital, clinic, government agency (local, state, federal, or foreign), court, association, institution, or law enforcement agency having custody or control of any documents, records, and other information pertaining to me to furnish to the Board any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit the Board or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application.

I hereby release, discharge, and exonerate the Board, its agents or representatives, and any person, hospital, clinic, government agency (local, state, federal, or foreign), court, association, institution, or law enforcement agency having custody or control of any documents, records, and other information pertaining to me of any and all liability of every nature and kind arising out of investigation made by the Board.

I will immediately notify the Board in writing of any changes to the answers to any of the questions contained in this application if such a change occurs at any time prior to a license to practice medicine being granted to me by the Board.

I understand my failure to answer questions contained in this application truthfully and completely may lead to denial, revocation, or other disciplinary sanction of my license or permit to practice medicine.



Marilyn Hasaor
Applicant's signature (must be signed in the presence of a notary)

HASAOR
Applicant's printed last name

MARILYN A
Applicant's printed first name, middle initial, and suffix (e.g., Jr.)

5/1/19
Date of signature (must correspond to date of notarization)

RECEIVED

MAY - 6 2019

VERMONT BOARD OF
MEDICAL PRACTICE

Notary

State of MASSACHUSETTS, County of Hampden

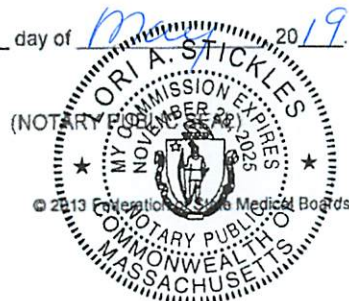
I certify that on the date set forth below, the individual named above did appear personally before me and that I did identify this applicant by: (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made in my presence on this form with the signature on his/her identifying document.

The statements on this document are subscribed and sworn to before me by the applicant on this 1 day of May, 2019.

Notary Public Signature:

My Notary Commission Expires

11/28/2025



MARILYN ANNE HAJAR
CURRICULUM VITAE

RECEIVED

MAY - 6 2019

VERMONT BOARD OF
MEDICAL PRACTICE

CERTIFICATION AND LICENSURE

- American Board of Pathology, Anatomic and Clinical Pathology, 1992.
- License, Registered Physician, Commonwealth of Massachusetts, Board of Registration in Medicine, June 1996.

EDUCATION

- Albany Medical College, Albany, New York. Doctor of Medicine.
- Yale University, New Haven, Connecticut. Bachelor of Arts, 1974.

POSTGRADUATE TRAINING

- PGY II – V: Department of Pathology, Albany Medical Center and Affiliated Hospitals, Albany, New York. 7/86 to 6/90.
- PGY I: Department of Obstetrics and Gynecology, Albany Medical Center and Affiliated Hospitals, Albany, New York. 7/84 to 6/85.

PRACTICE EXPERIENCE

- Planned Parenthood League of Massachusetts, Springfield, Massachusetts. 7/04 to present. Consult Physician. 1/08 to present. Laboratory Director.
- Planned Parenthood of the Mid-Hudson Valley, Inc., Poughkeepsie, New York. 11/94 to 6/16. Staff and Consult Physician.
- Planned Parenthood Mohawk Hudson, Schenectady, New York. 9/94 to 11/09. Consult Physician.
- Northern Adirondack Planned Parenthood, Inc., Plattsburgh, New York. 10/98 to 8/01. Consult Physician
- Upper Hudson Planned Parenthood, Albany, New York. 11/90 to 12/00. Staff and Consult Physician.
- Family Planning Council of Western Massachusetts, Springfield, Massachusetts. 7/96 to 3/97. Consult Physician
- College Health Service, Skidmore College, Saratoga Springs, New York. 9/85 to 5/86. Staff Physician

SCOPE OF PRACTICE

Administrative:

- Laboratory Director, Planned Parenthood League of Massachusetts, 2008 to present
 - Oversee one high complexity, two moderate complexity, and two waived labs. (Four waived labs until 12/14).
 - Start up and validation of Nucleic Acid Amplification Testing (NAAT) of *Chlamydia Trachomatis* and *Neisseria Gonorrhoeae* (high complexity).
 - Conversion to Hologic's automated Panther system
 - Added quantitative beta HCG to the test menu (moderate complexity).
 - Added BD Affirm testing for *Trichomonas*, *Gardnerella* and *candida* (moderate complexity)
 - Weekly review of results from high complexity lab.
 - Reorganized training and maintenance of competency of personnel for Rh testing (moderate complexity) to ensure continuous quality.

- Review quality control and proficiency testing data.
- Approve and/or develop Standard Operating Procedures.
- Review of laboratory workers' annual performance testing.
- Assure compliance with Massachusetts Department of Public Health and federal CLIA regulations

Associate Medical Director, Planned Parenthood Mohawk Hudson, 2008 to 2009:

- Director of Quality Improvement Committee.
 - Devised Quality Improvement Work Plan.
 - Presided over QI meetings.
- Advanced practice clinician chart review.
- Compiled abortion complication statistics.

Planned Parenthood of the Mid-Hudson Valley:

- Interim Director of Medication Abortion, 2007.
 - Instrumental in establishing Medication Abortion Program in 2002.
- Advanced practice clinician chart review, 2002 – 2006.
- Quality Improvement Committee, 2002 – 2004.

Medical:

- Preventive healthcare for reproductive-aged women.
- Counseling and education in family planning, sexually transmitted infections and cancer prevention.
- Diagnosis and treatment of reproductive tract infections.
- Evaluation of amenorrhea and anovulation.
- Prescription and management of family planning methods.
- Management of abnormal Pap smears.
- Midlife care.
- Diagnosis and management of early pregnancy loss.
- Medication abortion.

Procedures:

- Surgical termination of first and early second trimester pregnancy up to 16 weeks
- Colposcopy and cryotherapy
- Endometrial biopsy.
- IUD insertion and removal
- Nexplanon insertion and removal.
- Manual vacuum aspiration for early pregnancy termination.
- Ultrasound for dating of first and second trimester pregnancy including placental placement.

Software:

- NextGen EHR
- Athenahealth EHR
- Microsoft Office
- Harvest Laboratory Information System

PROFESSIONAL SOCIETY MEMBERSHIP

- American Association of Clinical Chemistry



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

May 21, 2019

VERMONT BOARD OF MEDICAL PRACTICE
10 CHERRY STREET
PO BOX 70
BURLINGTON, VT 05402

RECEIVED

MAY 24 2019

VERMONT BOARD OF
MEDICAL PRACTICE

LICENSURE VERIFICATION

This is to certify that the records of the Connecticut Department of Public Health indicate that:

MARILYN A. HAJAR

Was issued a Connecticut:	Physician/Surgeon
Date Issued:	March 8, 2012
License Number:	50689
Basis for Licensure:	Endorsement
Expiration Date:	November 30, 2016
Status of License:	INACTIVE
Public Disciplinary History	No
Subject of a Pending Investigation	No

Please note that this is the only verification provided by this office. The Connecticut Department of Public Health does not affix a raised seal to this document. Please note that the information contained in this letter can be verified online at <https://www.elicense.ct.gov>.

Sincerely,

A handwritten signature in cursive script that reads "Stephen B. Carragher".

Stephen B. Carragher
Public Health Services Manager
Practitioner Licensing and Investigations Section



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

RECEIVED

APR 29 2019

BOARD OF
PRACTICE

April 26, 2019

BOARD OF MEDICAL PRACTICE/VERMONT DEPT. OF HEALTH
108 CHERRY STREET, PO BOX 70
BURLINGTON, VT 05402

LICENSURE VERIFICATION

This is to certify that the records of the Connecticut Department of Public Health indicate that:

MARILYN A. HAJAR

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Stephen B. Carragher
Public Health Services Manager
Practitioner Licensing and Investigations Section

THE UNIVERSITY OF THE STATE OF NEW YORK
THE STATE EDUCATION DEPARTMENT
DIVISION OF PROFESSIONAL LICENSING SERVICES
89 WASHINGTON AVENUE
ALBANY, NEW YORK 12234

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MAY - 2 2019

VERMONT BOARD OF
MEDICAL PRACTICE

This is to certify that according to the records of the Division of Professional Licensing Services, New York State Education Department Albany, New York, HAJAR MARILYN ANN was issued license/certificate number 163110 for the practice of MEDICINE on 07/08/1985.

Our records also indicate the following information:

Date of birth: [REDACTED]
School attended: ALBANY MEDICAL COLLEGE
Date of graduation: 05/24/84
Degree earned: MD

Program was acceptable in accordance with the NYS Regulations of the Commissioner of Education. Requirements met at the time of licensure.

Basis of licensure:

B NATIONAL BOARD CERT# 280390 DATED 07/01/85

A license is valid during the life of the holder unless revoked, annulled or suspended by the Board of Regents. A licensee must register periodically with this Department to practice in this state.

Currently Registered: NO Last reg period ended: 10/31/17
Address: 136 LAKE STREET SUITE 11
NEWBURGH NY 12550-5245

Disciplinary information: No charges have been preferred against this licensee

Comments:

I, Audrey Bell, Education Program Assistant 1, Division of Professional Licensing Services of the New York State Education Department, do hereby state that as Education Program Assistant 1 of said Division, I have legal custody of the official records of the Division of Professional Licensing Services and to the best of my knowledge, the aforesaid information is true and correct.

SEAL



Audrey Bell 04/29/19
Education Program Assistant 1



Commonwealth of Massachusetts Board of Registration in Medicine

200 Harvard Mill Square, Suite 330
Wakefield, Massachusetts 01880
(781) 876-8200

www.mass.gov/massmedboard

Enforcement Division

Legal Division

Licensing Division

Fax: (781) 876-8381

Fax: (781) 876-8380

Fax: (781) 876-8383

CANDACE LAPIDUS SLOANE, MD
Chair, Physician Member

GEORGE ABRAHAM, MD
Vice Chair, Physician Member

ROBIN S. RICHMAN, MD
Secretary, Physician Member

WOODY GIESSMANN, LADC-I, CADAC, CIP, CAI
Public Member

JULIAN N. ROBINSON, MD
Physician Member

MICHAEL D. MEDLOCK, MD
Physician Member

PAUL G. GITLIN, ESQ
Public Member

GEORGE ZACHOS, ESQ.
Executive Director

CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

MARYLOU SUDDERS
Secretary
Health and Human Services

MONICA BHAREL, MD, MPH
Commissioner
Department of Public Health

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MAY - 2 2019

VERMONT BOARD OF
MEDICAL PRACTICE

4/30/2019

To Whom It May Concern:

This certifies that Marilyn A Hajar, M.D., a 1984 graduate of Albany Medical College of Union University, has been duly registered by this board as provided by the laws of the Commonwealth.

Certificate Number 151889 was issued to Dr. Hajar on 06/26/1996. The license status is: Active. The expiration date is 11/2/2019.

Listed below is certain complaint and disciplinary information on this physician. Please note that the Board can neither confirm nor deny the existence of open complaints.

Closed Complaint Information

Our files contain 0 closed complaint(s) on this physician.

Final Board Disciplinary Action

Our files contain 0 disciplinary action(s) taken against this physician by the Board.

This information is derived from Board files from January 1, 1987 to the present. It does not include all the information contained in a license application.

As a service to the public and to designated agencies, the Massachusetts Board of Registration in Medicine offers an online profile of all physicians with full licenses who are licensed in the Commonwealth. This profile is updated daily and may include public information that is not otherwise contained in this certification letter. You may access this information at the Board's website:

www.mass.gov/massmedboard

Finally, the Board tallies closed complaints separately from disciplinary actions. If the same underlying incident gives rise to both a complaint and a disciplinary action, the Board counts this as two separate actions. In the same way, multiple disciplinary actions are tallied separately, even if they arise from a single set of circumstances.

Francee L Mulero

Staff Member, Board of Registration in Medicine

Francee Mulero

SEAL

The American Board of Pathology

Herewith certifies that

Marion Ann Hixar, M.D.

Has pursued an accepted course of graduate study and clinical work and has demonstrated proficiency to the satisfaction of the Board of Trustees.

Therefore on the fourth day of June, 1992,

The American Board of Pathology

has granted this certificate of qualification for the practice of

Anatomic and Clinical Pathology

VERMONT BOARD OF
MEDICAL PRACTICE

MAY - 6 2019

RECEIVED



President

Vice-President

Secretary

Treasurer

Thos. J. Myers

Frank S. Foster

Walter Freeman

W. H. Nelson

Charles C. Cramer

Frederick A. Dwyer

John D. Mann

W. H. Nelson

92-097

From the files of the American Board of Pathology

Vermont Department of Health
Board of Medical Practice
108 Cherry Street, PO Box 70
Burlington, VT 05402-0070
802-657-4220 or 800-745-7371

RECEIVED

JUN - 7 2019

REFERENCE FORM TO BE COMPLETED BY AN ACTIVE PHYSICIAN STAFF MEMBER

VERMONT BOARD OF
MEDICAL PRACTICE

Name of applicant: Marilyn Hajar

The Applicant named above has applied to the Vermont Board of Medical Practice for a license to practice medicine. The applicant has listed your name as one who has requisite knowledge through recent observation of the applicant's current clinical competence, ethical character, and ability to work cooperatively with others. In this regard, please complete the following reference form. Thank you for your cooperation.

Please complete all parts of this form. If more room is needed, please attach additional information.

Name Marilyn Hajar was at Planned Parenthood League of Massachusetts

From July 2004 to present. During that time, he/she

Was (List status in the institution): Laboratory Director

IMPORTANT NOTE: If you rate the applicant "poor" or "fair" in a particular category, please elaborate on this aspect of the reference in as much detail as possible.

The basic medical knowledge:	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input checked="" type="checkbox"/> Average	<input type="checkbox"/> Above Average
Professional judgement:	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input checked="" type="checkbox"/> Average	<input type="checkbox"/> Above Average
Sense of responsibility:	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Average	<input checked="" type="checkbox"/> Above Average
Moral character/ethical conduct:	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input checked="" type="checkbox"/> Average	<input type="checkbox"/> Above Average
Competence and skill:	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input checked="" type="checkbox"/> Average	<input type="checkbox"/> Above Average
Cooperativeness ability to work with others:	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Average	<input checked="" type="checkbox"/> Above Average
History & physical exam taking:	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input checked="" type="checkbox"/> Average	<input type="checkbox"/> Above Average
Record keeping:	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Average	<input checked="" type="checkbox"/> Above Average
Patient management:	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input checked="" type="checkbox"/> Average	<input type="checkbox"/> Above Average
Case presentations:	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input checked="" type="checkbox"/> Average	<input type="checkbox"/> Above Average
Physician-Patient relationship:	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input checked="" type="checkbox"/> Average	<input type="checkbox"/> Above Average
Participation in Medical Staff Affairs::	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input checked="" type="checkbox"/> Average	<input type="checkbox"/> Above Average
Competence in being able to communicate in reading, writing and speaking the English language:	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Average	<input checked="" type="checkbox"/> Above Average

Name of applicant: Marilyn Hajar

To the best of your knowledge, does/did the applicant carry out the duties and responsibilities of the position at your institution in a satisfactory manner?

☒ Yes ☐ No

Do you know of any emotional disturbance, mental illness, organic illness, alcohol or drug problem, which might impair the applicant's ability to practice as a physician's assistant? physician

☐ Yes ☒ No

Do you know of any pending professional misconduct proceedings or medical malpractice claims?

☐ Yes ☒ No

Do you know if the applicant has been a defendant in any criminal proceeding other than minor traffic offenses? (Note: DWI is not minor)

☐ Yes ☒ No

Do you know of any suspension, restriction or termination of training or professional privileges for reasons related to mental or physical impairment, incompetence, misconduct or malpractice?

☐ Yes ☒ No

Do you know of any resignation or withdrawal from training or of professional privileges to avoid imposition of disciplinary measures?

☐ Yes ☒ No

Do you know of any confirmed quality concern (quality of hospital care provided to Medicare patients) by the Peer Review Organization (PRO) in Vermont or elsewhere?

☐ Yes ☒ No

Do you know of a failure of the applicant to complete a residency training program(s)?

☐ Yes ☒ No

Does the applicant call upon consults when needed?

☒ Yes ☐ No

Unusual Circumstances: The following questions apply to unusual circumstances that occurred during any part of the applicants medical education. Please check the appropriate response. If you answer yes to any of these questions, please enclose an explanation.

Did the applicant take any leaves of absence or breaks from his/her medical education?

☐ Yes ☐ No N/A

Were any limitations or special requirements imposed on the applicant because of questions of academic or technical competence?

☐ Yes ☒ No

In addition to the information provided on the previous page, please use the space below and the reverse side for elaboration on the above and any additional information you have available to aid the Board in evaluating this applicant. Of particular value to us in evaluating any applicant are comments regarding his/her notable strengths and/or weaknesses. We would appreciate such comments from you. Any additional information should be attached to this form.

The above report is based on:

☐ Close personal observation

☒ General impression

☐ A composite of previous evaluations

☐ Other - Specify: _____

I further certify that at the time of completion of the above training, or during my association with the applicant, he/she was competent to practice as a medical practitioner and he/she was not the subject of any disciplinary action.

I recommend Marilyn Hajar for licensure in Vermont.

Signed: [Signature] Date: 6/1/19

Print or Type Name and Title: James Gebhardt, M.D.

I have worked with Marilyn Hagen for almost 11 years. . . .
We usually don't work directly together - we usually
practice in parallel - her leading ^{her team} and I leading mine.
We have consulted together on numerous occasions. She
enjoys a good reputation for quality care, accurate
and timely documentation, and good working relationships
with all. I recommend her for licensure in Vermont
without reservation.



James Gebhardt, MD.

James.GebhardtMD@verstatehealth.org

Vermont Department of Health
Board of Medical Practice
108 Cherry Street, PO Box 70
Burlington, VT 05402-0070
802-657-4220 or 800-745-7371

RECEIVED

MAY 22 2019

VERMONT BOARD OF
MEDICAL PRACTICE

REFERENCE FORM TO BE COMPLETED BY AN ACTIVE PHYSICIAN STAFF MEMBER

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Please complete all parts of this form. If more room is needed, please attach additional information.

Name ~~Atlee~~ Marilyn Hajar was at Planned Parenthood League of MA

From 2009 to 2019 (current) During that time, he/she

Was (List status in the institution): an MD - attending doctor, lab director

IMPORTANT NOTE: If you rate the applicant "poor" or "fair" in a particular category, please elaborate on this aspect of the reference in as much detail as possible.

The basic medical knowledge: ☐ Poor ☐ Fair ☐ Average ☒ Above Average

Professional judgement: ☐ Poor ☐ Fair ☐ Average ☒ Above Average

Sense of responsibility: ☐ Poor ☐ Fair ☐ Average ☒ Above Average

Moral character/ethical conduct: ☐ Poor ☐ Fair ☐ Average ☒ Above Average

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I recommend Marilyn Hajar for licensure in Vermont.

Signed: [Signature] Date: 5/17/19

Print or Type Name and Title: Dr. Aliu Mark alicemark.mda@gmail.com

Medical Director, National Abortion Federation
Contract MO, Planned Parenthood League of MA

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MAY - 1 2019

VERMONT BOARD OF
MEDICAL PRACTICE

Vermont Department of Health
Board of Medical Practice
108 Cherry Street, PO Box 70
Burlington, VT 05402-0070
802-657-4220 or 800-745-7371

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Name of applicant: MARILYN HAJAR, MD

The Applicant named above has applied to the Vermont Board of Medical Practice for a license to practice medicine. The applicant has listed your name as one who has requisite knowledge through recent observation of the applicant's current clinical competence, ethical character, and ability to work cooperatively with others. In this regard, please complete the following reference form. Thank you for your cooperation.

Please complete all parts of this form. If more room is needed, please attach additional information.

Name MARILYN HAJAR, MD was at PLANNED PARENTHOOD MID HUDSON VALLEY

From 1994 to 2016. During that time, he/she

Was (List status in the institution): STAFF PHYSICIAN

IMPORTANT NOTE: If you rate the applicant "poor" or "fair" in a particular category, please elaborate on this aspect of the reference in as much detail as possible.

The basic medical knowledge:	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Average	<input checked="" type="checkbox"/> Above Average
Professional judgement:	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Average	<input checked="" type="checkbox"/> Above Average
Sense of responsibility:	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Average	<input checked="" type="checkbox"/> Above Average
Moral character/ethical conduct:	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Average	<input checked="" type="checkbox"/> Above Average
Competence and skill:	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Average	<input checked="" type="checkbox"/> Above Average
Cooperativeness ability to work with others:	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input checked="" type="checkbox"/> Average	<input type="checkbox"/> Above Average
History & physical exam taking:	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Average	<input checked="" type="checkbox"/> Above Average
Record keeping:	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input checked="" type="checkbox"/> Average	<input type="checkbox"/> Above Average
Patient management:	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Average	<input checked="" type="checkbox"/> Above Average
Case presentations:	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input checked="" type="checkbox"/> Average	<input type="checkbox"/> Above Average
Physician-Patient relationship:	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Average	<input checked="" type="checkbox"/> Above Average
Participation in Medical Staff Affairs::	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input checked="" type="checkbox"/> Average	<input type="checkbox"/> Above Average
Competence in being able to communicate in reading, writing and speaking the English language:	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Average	<input checked="" type="checkbox"/> Above Average

Name of applicant: MARILYN HAJAR, MD

To the best of your knowledge, does/did the applicant carry out the duties and responsibilities of the position at your institution in a satisfactory manner?

☒ Yes ☐ No

Do you know of any emotional disturbance, mental illness, organic illness, alcohol or drug problem, which might impair the applicant's ability to practice as a physician's assistant?

☐ Yes ☒ No

Do you know of any pending professional misconduct proceedings or medical malpractice claims?

☐ Yes ☒ No

Do you know if the applicant has been a defendant in any criminal proceeding other than minor traffic offenses? (Note: DWI is not minor)

☐ Yes ☒ No

Do you know of any suspension, restriction or termination of training or professional privileges for reasons related to mental or physical impairment, incompetence, misconduct or malpractice?

☐ Yes ☒ No

Do you know of any resignation or withdrawal from training or of professional privileges to avoid imposition of disciplinary measures?

☐ Yes ☒ No

Do you know of any confirmed quality concern (quality of hospital care provided to Medicare patients) by the Peer Review Organization (PRO) in Vermont or elsewhere?

☐ Yes ☒ No

Do you know of a failure of the applicant to complete a residency training program(s)?

☐ Yes ☒ No

Does the applicant call upon consults when needed?

☒ Yes ☐ No

Unusual Circumstances: The following questions apply to unusual circumstances that occurred during any part of the applicants medical education. Please check the appropriate response. If you answer yes to any of these questions, please enclose an explanation.

Did the applicant take any leaves of absence or breaks from his/her medical education?

☐ Yes ☐ No

Were any limitations or special requirements imposed on the applicant because of questions of academic or technical competence?

☐ Yes ☐ No

} PRIOR TO
my
ASSOCIATION

In addition to the information provided on the previous page, please use the space below and the reverse side for elaboration on the above and any additional information you have available to aid the Board in evaluating this applicant. Of particular value to us in evaluating any applicant are comments regarding his/her notable strengths and/or weaknesses. We would appreciate such comments from you. Any additional information should be attached to this form.

The above report is based on:

- ☒ Close personal observation
☐ General impression
☐ A composite of previous evaluations
☐ Other - Specify: _____

Highly competent and ethical
practitioner who worked well in
our organizational structure

I further certify that at the time of completion of the above training, or during my association with the applicant, he/she was competent to practice as a medical practitioner and he/she was not the subject of any disciplinary action.

I recommend MARILYN HAJAR for licensure in Vermont.

Signed: _____

Date: _____

4/27/2019

Print or Type Name and Title: _____

Joshua S. Jaffe, MD

MEDICAL DIRECTOR
PLANNED PARENTHOOD
MID HUDSON VALLEY

Vermont Department of Health
Board of Medical Practice
108 Cherry Street, PO Box 70
Burlington, VT 05402-0070
802-657-4220 or 800-745-7371

RECEIVED

MAY 15 2019

VERMONT BOARD OF
MEDICAL PRACTICE

REFERENCE FORM TO BE COMPLETED BY AN ACTIVE PHYSICIAN STAFF MEMBER

Name of applicant: MARILYN HAJAR, MD

The Applicant named above has applied to the Vermont Board of Medical Practice for a license to practice medicine. The applicant has listed your name as one who has requisite knowledge through recent observation of the applicant's current clinical competence, ethical character, and ability to work cooperatively with others. In this regard, please complete the following reference form. Thank you for your cooperation.

Please complete all parts of this form. If more room is needed, please attach additional information.

Name Marilyn Hajar was at Planned Parenthood League of Massachusetts
From 2004 to present. During that time, he/she

Was (List status in the institution): active physician, laboratory director

IMPORTANT NOTE: If you rate the applicant "poor" or "fair" in a particular category, please elaborate on this aspect of the reference in as much detail as possible.

The basic medical knowledge:	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Average	<input checked="" type="checkbox"/> Above Average
Professional judgement:	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Average	<input checked="" type="checkbox"/> Above Average
Sense of responsibility:	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Average	<input checked="" type="checkbox"/> Above Average
Moral character/ethical conduct:	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Average	<input checked="" type="checkbox"/> Above Average
Competence and skill:	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Average	<input checked="" type="checkbox"/> Above Average
Cooperativeness ability to work with others:	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Average	<input checked="" type="checkbox"/> Above Average
History & physical exam taking:	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Average	<input checked="" type="checkbox"/> Above Average
Record keeping:	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Average	<input checked="" type="checkbox"/> Above Average
Patient management:	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Average	<input checked="" type="checkbox"/> Above Average
Case presentations:	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Average	<input checked="" type="checkbox"/> Above Average
Physician-Patient relationship:	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Average	<input checked="" type="checkbox"/> Above Average
Participation in Medical Staff Affairs:	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Average	<input checked="" type="checkbox"/> Above Average
Competence in being able to communicate in reading, writing and speaking the English language:	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Average	<input checked="" type="checkbox"/> Above Average

Name of applicant: Marilyn Hagar

To the best of your knowledge, does/did the applicant carry out the duties and responsibilities of the position at your institution in a satisfactory manner?

☒ Yes ☐ No

Do you know of any emotional disturbance, mental illness, organic illness, alcohol or drug problem, which might impair the applicant's ability to practice as a physician's assistant?

☐ Yes ☒ No

Do you know of any pending professional misconduct proceedings or medical malpractice claims?

☐ Yes ☒ No

Do you know if the applicant has been a defendant in any criminal proceeding other than minor traffic offenses? (Note: DWI is not minor)

☐ Yes ☒ No

Do you know of any suspension, restriction or termination of training or professional privileges for reasons related to mental or physical impairment, incompetence, misconduct or malpractice?

☐ Yes ☒ No

Do you know of any resignation or withdrawal from training or of professional privileges to avoid imposition of disciplinary measures?

☐ Yes ☒ No

Do you know of any confirmed quality concern (quality of hospital care provided to Medicare patients) by the Peer Review Organization (PRO) in Vermont or elsewhere?

☐ Yes ☒ No

Do you know of a failure of the applicant to complete a residency training program(s)?

☐ Yes ☒ No

Does the applicant call upon consults when needed?

☒ Yes ☐ No

Unusual Circumstances: The following questions apply to unusual circumstances that occurred during any part of the applicants medical education. Please check the appropriate response. If you answer yes to any of these questions, please enclose an explanation.

Did the applicant take any leaves of absence or breaks from his/her medical education?

☐ Yes ☒ No

Were any limitations or special requirements imposed on the applicant because of questions of academic or technical competence?

☐ Yes ☒ No

In addition to the information provided on the previous page, please use the space below and the reverse side for elaboration on the above and any additional information you have available to aid the Board in evaluating this applicant. Of particular value to us in evaluating any applicant are comments regarding his/her notable strengths and/or weaknesses. We would appreciate such comments from you. Any additional information should be attached to this form.

The above report is based on:

- ☒ Close personal observation
☐ General impression
☐ A composite of previous evaluations
☐ Other - Specify: _____

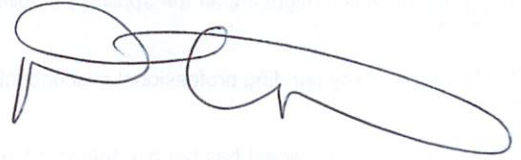
I further certify that at the time of completion of the above training, or during my association with the applicant, he/she was competent to practice as a medical practitioner and he/she was not the subject of any disciplinary action.

I recommend Marilyn Hagar for licensure in Vermont.

Signed: [Signature] Date: 5/9/16

Print or Type Name and Title: Danielle Roxari, MDMPH, medical director

Marilyn is an excellent member of our staff. She is professional, empathetic, intelligent and an integral part of our team. I recommend her without reservation.





NATIONAL BOARD OF MEDICAL EXAMINERS® (NBME®)

Record of Scores

This document was prepared by
National Board of Medical Examiners® (NBME®)
3750 Market Street, Philadelphia, PA 19104-3190 - Telephone (215) 590-9700

Recipient: To Whom It May Concern

Date: 04/25/2019

Examinee: Hajar, Marilyn A

Examinee ID: 3-280-390-0

Date of Birth: [REDACTED]

This record shows a complete Part history for this examinee.

NBME PART I

Test Date	Pass/Fail	Score Scale	Total	(Min.Pass)	Individual Subject Scores						
			Score		Anat	Phys	Bioc	Path	Micr	Phar	Beh Sci
06/10/1981	Pass	Three-Digit	425	(380)	375	455	515	440	470	375	420
		Two-Digit	76	(75)	73	78	81	77	79	73	75

NBME PART II

Test Date	Pass/Fail	Score Scale	Total	(Min.Pass)	Individual Subject Scores					
			Score		Med	Surg	ObGyn	Prev	Peds	Psych
09/27/1983	Pass	Three-Digit	515	(290)	435	475	580	540	580	480
		Two-Digit	82	(75)	79	81	86	84	86	81

NBME PART III

Test Date	Pass/Fail	Score Scale	Total	(Min.Pass)
			Score	
03/06/1985	Pass	Three-Digit	505	(290)
		Two-Digit	82.3	(75)

206 530 990

PRACTITIONER PROFILE

Prepared for:

FCVS

As of Date:5/6/2019

PRACTITIONER INFORMATION

Name: Hajar, Marilyn Anne
DOB: [REDACTED]
Medical School: Albany Medical College
Albany, New York, UNITED STATES
Year of Grad: 1984
Degree Type: MD
NPI: 1285789651

BOARD ACTIONS

To date, there have been no actions reported to the FSMB

LICENSE HISTORY

Jurisdiction	License Number	Issue Date	Expiration Date	Last Updated
CONNECTICUT	050689	03/08/2012	11/30/2016	04/23/2019
MASSACHUSETTS	151889	06/26/1996	11/02/2019	04/25/2019
NEW YORK	163110	07/08/1985	10/31/2017	05/01/2019

PRACTITIONER PROFILE

Prepared for: FCVS As of Date:5/6/2019
Practitioner Name: Hajar, Marilyn Anne

ABMS® CERTIFICATION HISTORY

Certifying Board: American Board of Pathology
Certificate: Anatomic Pathology and Clinical Pathology
Certification Type: General
Certification Status: Certified

Status	Duration	Effective Date	Expiration Date	Reverification Date	Occurrence	Last Reported
Active	Lifetime	06/04/1992			Initial	04/25/2019

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AOA® CERTIFICATION HISTORY

No AOA Certifications found.

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PRACTITIONER PROFILE

Prepared for:

Vermont Board of Medical Practice

As of Date:6/7/2019

PRACTITIONER INFORMATION

Name: Hajar, Marilyn Anne
DOB: [REDACTED]
Medical School: Albany Medical College
Albany, New York, UNITED STATES
Year of Grad: 1984
Degree Type: MD
NPI: 1285789651

BOARD ACTIONS

To date, there have been no actions reported to the FSMB

LICENSE HISTORY

Jurisdiction	License Number	Issue Date	Expiration Date	Last Updated
CONNECTICUT	050689	03/08/2012	11/30/2016	05/29/2019
MASSACHUSETTS	151889	06/26/1996	11/02/2019	05/22/2019
NEW YORK	163110	07/08/1985	10/31/2017	06/05/2019

PRACTITIONER PROFILE

Prepared for: Vermont Board of Medical Practice As of Date: 6/7/2019
Practitioner Name: Hajar, Marilyn Anne

ABMS® CERTIFICATION HISTORY

Certifying Board: American Board of Pathology
Certificate: Anatomic Pathology and Clinical Pathology
Certification Type: General
Certification Status: Certified

Status	Duration	Effective Date	Expiration Date	Reverification Date	Occurrence	Last Reported
Active	Lifetime	06/04/1992			Initial	05/30/2019

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