

Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222

2015 Application for Renewal of Kentucky Medical/Osteopathic License -
Renewal Fee: \$150.00

Application Renewed On: 02/12/15 1:07 PM
John W. Stutsman M.D. KY License #: 47011

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3. Phone: (317) 637-4343
4. Email: john.stutsman@ppink.org
5. Are you retired? No
6. Are you currently practicing in Kentucky? Yes

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8. Do you currently have hospital staff privileges in Kentucky? No

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If so, please list their names.

Lynda Ziegler, Emily Townsend-Roth

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DEA Number(s): [REDACTED]

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Continuing Medical Education Requirements

Continuing Medical Education (CME) regulation 201 KAR 9:310 requires all medical and osteopathic physicians maintaining an active Kentucky medical license to obtain 60 hours of CME every three years. Thirty hours must be in Category 1 accredited by the Accreditation Council on Continuing Medical Education or the American Osteopathic Association and thirty hours may consist of non-supervised personal activities.

Two of the total sixty hours must be acquired in a HIV/AIDS course approved by the Kentucky Cabinet for Health and Family Services every ten-year period.

According to 201 KAR 9:310, each physician licensed to practice medicine or osteopathy within Kentucky who is authorized to prescribe or dispense controlled substances within the Commonwealth shall complete at least 4.5 hours of approved Category I Credit continuing medical education hours relating to the use of KASPER, pain management, addiction disorders or a combination of two or more of those subjects. A licensee may satisfy this requirement by completing a single approved program of 4.5 hours or longer or by completing multiple approved programs for a total of 4.5 hours or longer for this cycle. Information on approved courses can be found on the Board's website.

A physician who obtained a new license during the CME cycle should refer to the information below for calculating CME hours due.

According to the Continuing Medical Education (CME) regulation 201 KAR 9:310, for each (3) year CME cycle, a licensee shall complete:

- (a) A total of sixty (60) hours of CME, if his/her license has been renewed for each year of a CME cycle;
- (b) If his/her license has not been renewed for each year of a CME cycle, licensee shall complete twenty (20) hours of CME for each year for which his/her license has been renewed.
- (c) A licensee whose initial licensure was granted the first year of the CME cycle for which verification is submitted: completion of sixty (60) hours of CME before the end of the cycle;
- (d) A licensee whose initial licensure was granted the second year of the CME cycle for which a verification is submitted: completion of forty (40) hours of CME before the end of the cycle;
- (e) A licensee whose initial licensure was granted the third year of the CME cycle for which verification is submitted; completion of twenty (20) hours of CME before the end of the cycle.

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Continuing Medical Education Requirements

You are required to report that you have completed the CME requirements for the years that you have maintained an active medical license in Kentucky during the cycle.

1. Have you completed your CME requirements for the CME cycle January 1, 2012 to December 31, 2014?

Yes

If you have not satisfied the CME requirements, you may request an extension of time. If you request an extension, the Board will assess a \$100.00 fee. According to 201 KAR 9:310. section 4, 'The Board may grant an extension of time to a physician who for sufficient cause has not yet received continuing medical education requirements for the cycle.' In order to request an extension, please provide explanation below. You will receive correspondence from the Board after April 1, 2015 accepting your extension request with instructions for submitting required CME hours. Your extension acceptance letter will be mailed separate from your wallet card.

Please grant an extension to complete the Continuing Medical Education hours required for the CME cycle January 1, 2012 - December 31, 2014. I did not complete the required hours because:

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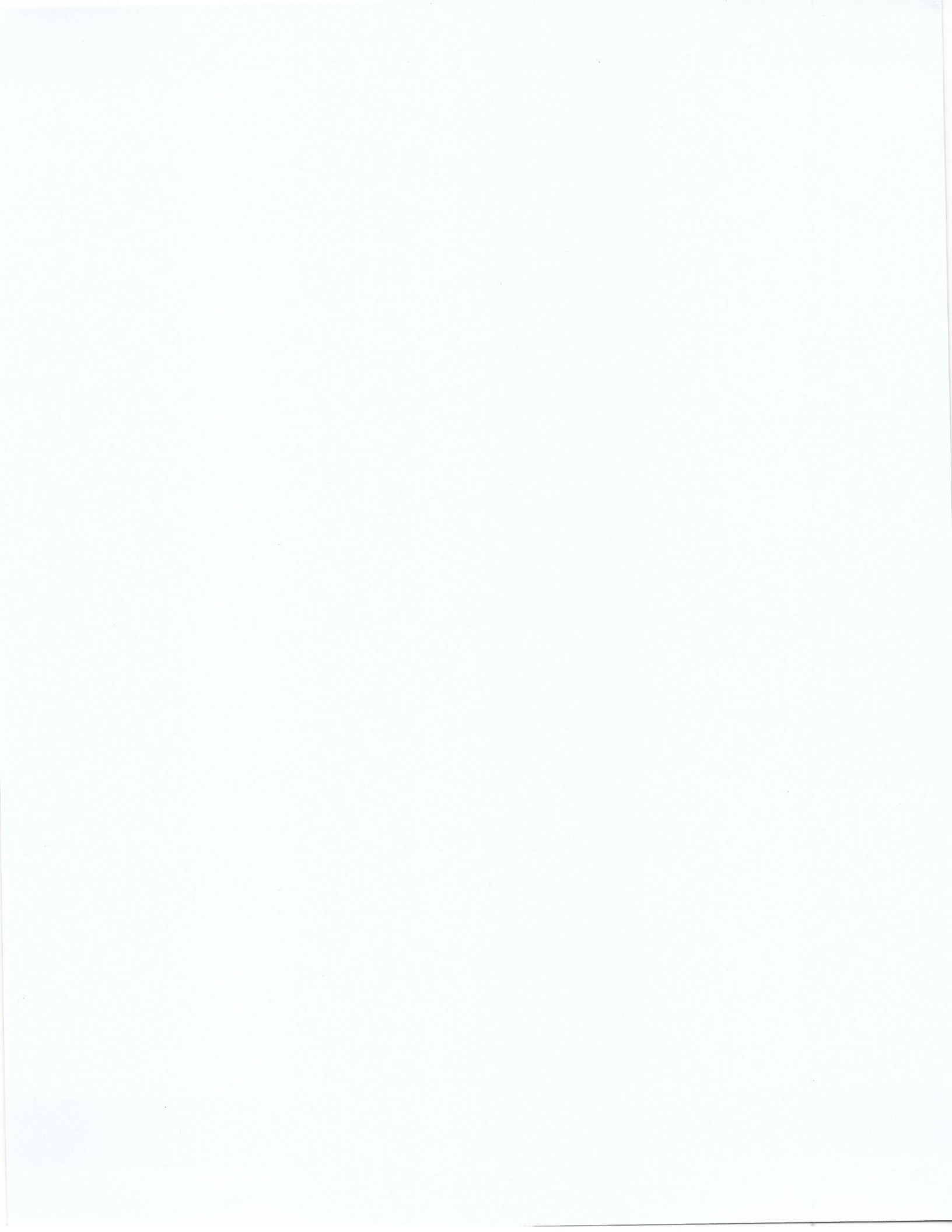
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Application Renewed On: 02/12/18 1:36 PM
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Note: Intentional false answers or misrepresentation in applying for or procuring a license, registration or reactivation in Kentucky are grounds for disciplinary action, including denial or revocation of license, and are reported to the National Practitioner Data Bank and/or appropriate national professional credentialing organization. You must answer 'yes' to any question if the event(s) described in that question has actually occurred. You must answer, 'yes' in such circumstances even if you have been advised by an attorney or other person that you may answer 'no'. You must also answer 'yes' in such circumstance even if the record of the event has been sealed or expunged by Court order, or has been designated 'confidential' by the body involved. After answering 'yes' to the appropriate question(s), you may advise the Board of any additional relevant information pertaining to your answer (i.e., record has been sealed or expunged, record is designated 'confidential,' attorney has advised that you properly answer 'no'). The Board will consider this additional information, along with your answer(s), in determining the appropriate action. If you have any question about whether or not you should answer 'yes' to a question, you should err in favor of answering 'yes', providing an explanation, because any non-disclosure violation will likely result in denial of your application or disciplinary action against your license.

Failure to truthfully and completely answer any question on this application (electronic or manual), including intentional and inadvertent non-disclosure, will result in a minimum fine of \$1,000.00.

1. Mailing Address: Planned Parenthood IN and KY
200 S. Meridian St., Ste. 400
Indianapolis, IN 46225
2. Practice Address: 200 S. Meridian St.
Ste. 400
Indianapolis, IN 46225
3. Phone: (317) 637-4343
4. Email: john.stutsman@ppink.org
5. Are you retired? No
6. Are you currently practicing in Kentucky? Yes

2018 Application for Renewal of Kentucky Medical/Osteopathic License

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John W. Stutsman M.D. KY License #: 47011

7. Please provide KY County and number of hours worked weekly in this county:

- a) county Out of State
- b) Hours 40

If you have additional practice counties in Kentucky, please indicate so below:

a) county Hours 0

b) county Hours 0

8. Do you currently have hospital staff privileges in Kentucky? No

9. Do you currently have a collaborative agreement with an Advanced Practice Registered Nurse (APRN)? Yes

If so, please list their names.

Rebecca Rice, Abbi Auger, Whitney Graves, Juanita Lock, Deborah Dilk

10. Do you have plans to practice medicine in Kentucky during the year? Yes

11. Type of Practice? Private Practice

12. Specialty? Obstetrics/Gynecology

13. Do you work in or own a pain/bariatric clinic? No

14. Do you dispense/administer controlled substances to patients from your private office setting (i.e. outside of a hospital, long-term care facility)? No

15. Do you have an active DEA license? yes

DEA Number(s):

16. State law requires Kentucky licensed physicians who are authorized to prescribe or dispense controlled substances in the Commonwealth to register for an account with the KASPER system. Have you registered for an account with the Kentucky All Schedule Prescription Electronic Reporting (KASPER) system? Yes

17. Gender

18. Race

2018 Application for Renewal of Kentucky Medical/Osteopathic License

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1. Since you last registered, have you had any license, certificate, registration or other privilege to practice as a health care professional denied, revoked, suspended, probated, restricted, reprimanded, limited, or subjected to any other disciplinary action, by a state medical/osteopathic licensing board, or Federal, or International authority with the exception of the Kentucky Medical Board?

No

2. Since you last registered, have you surrendered such credential, or placed it into an inactive status, to avoid disciplinary action or in connection with or in anticipation of a disciplinary investigation/action by the licensing authority of such jurisdiction with the exception of the Kentucky Medical Board?

No

3. Since you last registered, have you been or are you currently under investigation by any State medical/osteopathic licensing board, Federal or International licensure authority or any drug licensure/enforcement authority with the exception of the Kentucky Medical Board?

No

4. Since you last registered, has the Drug Enforcement Administration (DEA), or any state or International drug licensure/enforcement authority denied, revoked, suspended, restricted, limited, or otherwise disciplined a controlled substance registration certificate issued to you?

No

5. Since you last registered, have you voluntarily or involuntarily surrendered a medical or osteopathic license with the exception of your Kentucky license, or controlled substance registration certificate issued to you?

No

6. Since you last registered, has any hospital or hospital medical staff removed, suspended, restricted, limited, probated, reprimanded or failed to renew your privileges for cause, or taken any other disciplinary action against your privileges?

No

7. Since you last registered, have you resigned your privileges at any hospital under pressure or investigation or while you were the subject of disciplinary proceedings?

No

2018 Application for Renewal of Kentucky Medical/Osteopathic License

Application Renewed On: 02/12/18 1:36 PM

John Stutsman M.D.

KY License #: 47011

8. Since you last registered, are any legal proceedings regarding licensure presently pending against you by any State, Federal or International licensure authority or any drug licensure/enforcement authority with the exception of the Kentucky Medical Board?

No

9. Since you last registered, have you been removed, suspended, expelled or disciplined by any professional medical association or society?

No

10. Since you last registered, have you entered a guilty plea, nolo contendere plea or 'Alford' plea, or been convicted, of any felony offense, any misdemeanor offense, or alcohol related offense in any court?

No

11. Since you last registered, have you had to pay a settlement or judgment of \$250,000 or greater in a malpractice action or other civil action against your medical practice?

No

12. Since you last registered, to your knowledge, have you become the subject of any criminal investigation or are any criminal charges pending against you?

No

13. Are you currently in default on any student loan repayment obligations payable to the financial aid programs administered by the Kentucky Higher Education Assistance Authority?

No

X I hereby state that the information I have provided in this application is true, accurate and complete to the best of my knowledge and belief. I understand that any false information on my application may subject my license to disciplinary action pursuant to the Medical Practice Act. Checking this box serves as my electronic signature. By submitting this application online and checking this box, I waive any claim that my electronic signature is not my actual signature in any disciplinary proceeding based upon an allegation that specific answers in this application are not true. If I refuse to provide this waiver by checking the checkbox, I understand that I must file a paper application which includes my actual signature.

Electronic Signature: John W. Stutsman, MD

Date: 02/12/18

2018 Application for Renewal of Kentucky Medical/Osteopathic License

Application Renewed On: 02/12/18 1:36 PM

John W. Stutsman M.D. KY License #: 47011

The answers to these questions are exempt from public disclosure under KRS 61.878(1)(a) and KRS 311.619 and shall be subject to inspection only upon order of a court of competent jurisdiction, except that no court shall authorize the inspection by any party of any materials pertaining to civil litigation beyond that which is provided by the Kentucky Rules of Civil Procedure governing pretrial discovery. The answers to these questions may be considered by the Board and may be disclosed in any contested case proceeding, including a Show Cause proceeding, or appeal of a licensing decision based upon them.

Illegal drug use means the use of an illegally obtained controlled substance or dangerous drug; the term illegal drug use also means the use of a legally obtained controlled substance or dangerous drug which is not taken in accordance with the direction of the licensed health care professional who prescribed the controlled substance or dangerous drug.

If you are currently a participant in the Kentucky Physicians Health Foundation Program (Impaired Physicians Program) or a similar program in another state, make note of your involvement and answer the following questions as they are written.

(1.) Since you last registered, have you suffered from or been treated for any medical and/or psychiatric condition which might impair your ability to continue to practice medicine?

(2.) Since you last registered, have you suffered from or been treated for drug or alcohol abuse and/or dependency?

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Continuing Medical Education Requirements

Continuing Medical Education (CME) regulation 201 KAR 9:310 requires all medical and osteopathic physicians maintaining an active Kentucky medical license to obtain 60 hours of CME every three years. Thirty hours must be in Category 1 accredited by the Accreditation Council on Continuing Medical Education or the American Osteopathic Association and thirty hours may consist of non-supervised personal activities.

According to 201 KAR 9:310, each physician licensed to practice medicine or osteopathy within Kentucky who is authorized to prescribe or dispense controlled substances within the Commonwealth shall complete at least 4.5 hours of approved Category I Credit continuing medical education hours relating to the use of KASPER, pain management, addiction disorders or a combination of two or more of those subjects. A licensee may satisfy this requirement by completing a single approved program of 4.5 hours or longer or by completing multiple approved programs for a total of 4.5 hours or longer for this cycle. Information on approved courses can be found on the Board's website.

A physician who obtained a new license during the CME cycle should refer to the information below for calculating CME hours due.

According to the Continuing Medical Education (CME) regulation 201 KAR 9:310, for each (3) year CME cycle, a licensee shall complete:

- (a) A total of sixty (60) hours of CME, if his/her license has been renewed for each year of a CME cycle;
- (b) If his/her license has not been renewed for each year of a CME cycle, licensee shall complete twenty (20) hours of CME for each year for which his/her license has been renewed.
- (c) A licensee whose initial licensure was granted the first year of the CME cycle for which verification is submitted: completion of sixty (60) hours of CME before the end of the cycle;
- (d) A licensee whose initial licensure was granted the second year of the CME cycle for which a verification is submitted: completion of forty (40) hours of CME before the end of the cycle;
- (e) A licensee whose initial licensure was granted the third year of the CME cycle for which verification is submitted; completion of twenty (20) hours of CME before the end of the cycle.

2018 Application for Renewal of Kentucky Medical/Osteopathic License

Application Renewed On: 02/12/18 1:36 PM
John W. Stutsman M.D. KY License #: 47011

Continuing Medical Education Requirements

You are required to report that you have completed the CME requirements for the years that you have maintained an active medical license in Kentucky during the cycle.

1. Have you completed your CME requirements for the CME cycle January 1, 2015 to December 31, 2017?

Yes

If you have not satisfied the CME requirements, you may request an extension of time. If you request an extension, the Board will assess a \$100.00 fee. According to 201 KAR 9:310. section 4, 'The Board may grant an extension of time to a physician who for sufficient cause has not yet received continuing medical education requirements for the cycle.' In order to request an extension, please provide explanation below. You will receive correspondence from the Board after April 1, 2018 accepting your extension request with instructions for submitting required CME hours. Your extension acceptance letter will be mailed separate from your wallet card.

Please grant an extension to complete the Continuing Medical Education hours required for the CME cycle January 1, 2015 - December 31, 2017. I did not complete the required hours because:

I hereby state that the information I have provided in this application is true, accurate and complete to the best of my knowledge and belief. I understand that any false information on my application may subject my license to disciplinary action pursuant to the Medical Practice Act. Checking this box serves as my electronic signature. By submitting this application online and checking this box, I waive any claim that my electronic signature is not my actual signature in any disciplinary proceeding based upon an allegation that specific answers in this application are not true. If I refuse to provide this waiver by checking the checkbox, I understand that I must file a paper application which includes my actual signature.

Electronic Signature: John W. Stutsman, MD
Date: 02/12/18

Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222

2019 Application for Renewal of Kentucky Medical/Osteopathic License -
Renewal Fee: \$150.00

Application Renewed On: 01/07/19 5:42 PM
John W. Stutsman M.D. KY License #: 47011

Note: Intentional false answers or misrepresentation in applying for or procuring a license, registration or reactivation in Kentucky are grounds for disciplinary action, including denial or revocation of license, and are reported to the National Practitioner Data Bank and/or appropriate national professional credentialing organization. You must answer 'yes' to any question if the event(s) described in that question has actually occurred. You must answer, 'yes' in such circumstances even if you have been advised by an attorney or other person that you may answer 'no'. You must also answer 'yes' in such circumstance even if the record of the event has been sealed or expunged by Court order, or has been designated 'confidential' by the body involved. After answering 'yes' to the appropriate question(s), you may advise the Board of any additional relevant information pertaining to your answer (i.e., record has been sealed or expunged, record is designated 'confidential,' attorney has advised that you properly answer 'no'). The Board will consider this additional information, along with your answer(s), in determining the appropriate action. If you have any question about whether or not you should answer 'yes' to a question, you should err in favor of answering 'yes', providing an explanation, because any non-disclosure violation will likely result in denial of your application or disciplinary action against your license.

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1. Mailing Address: Planned Parenthood IN and KY
200 S. Meridian St., Ste. 400
Indianapolis, IN 46225
2. Practice Address: 200 S. Meridian St.
Ste. 400
Indianapolis, IN 46225
3. Phone: (317) 637-4343
4. Email: john.stutsman@ppink.org
5. Are you retired? No
6. Are you currently practicing in Kentucky? Yes

2019 Application for Renewal of Kentucky Medical/Osteopathic License

Application Renewed On: 01/07/19 5:42 PM
John W. Stutsman M.D. KY License #: 47011

7. Please provide KY County and number of hours worked weekly in this county:

a) county Jefferson
b) Hours 4
842 S 7th Street
Louisville, KY 40203

If you have additional practice counties in Kentucky, please indicate so below:

a) county Hours 0

b) county Hours 0

8. Do you currently have hospital staff privileges in Kentucky? No

9. Do you currently have a collaborative agreement with an Advanced Practice Registered Nurse (APRN)? Yes

If so, please list their names.

Rebecca Rice, Abbi Auger, Whitney Graves, Juanita Lock, Deborah Dilk

10. Do you have plans to practice medicine in Kentucky during the year?
Yes

11. Type of Practice? Private Practice

12. Specialty? Obstetrics/Gynecology

13. Do you work in or own a pain/bariatric clinic? No

14. Do you dispense/administer controlled substances to patients from your private office setting (i.e. outside of a hospital, long-term care facility)? No

15. Do you have an active DEA license? yes

DEA Number(s): [REDACTED]

16. State law requires Kentucky licensed physicians who are authorized to prescribe or dispense controlled substances in the Commonwealth to register for an account with the KASPER system. Have you registered for an account with the Kentucky All Schedule Prescription Electronic Reporting (KASPER) system? Yes

17. Gender [REDACTED]

18. Race [REDACTED]

2019 Application for Renewal of Kentucky Medical/Osteopathic License

Application Renewed On: 01/07/19 5:42 PM
John W. Stutsman M.D. KY License #: 47011

1. Since you last registered, have you had any license, certificate, registration or other privilege to practice as a health care professional denied, revoked, suspended, probated, restricted, reprimanded, limited, or subjected to any other disciplinary action, by a state medical/osteopathic licensing board, or Federal, or International authority with the exception of the Kentucky Medical Board?

No

2. Since you last registered, have you surrendered such credential, or placed it into an inactive status, to avoid disciplinary action or in connection with or in anticipation of a disciplinary investigation/action by the licensing authority of such jurisdiction with the exception of the Kentucky Medical Board?

No

3. Since you last registered, have you been or are you currently under investigation by any State medical/osteopathic licensing board, Federal or International licensure authority or any drug licensure/enforcement authority with the exception of the Kentucky Medical Board?

No

4. Since you last registered, has the Drug Enforcement Administration (DEA), or any state or International drug licensure/enforcement authority denied, revoked, suspended, restricted, limited, or otherwise disciplined a controlled substance registration certificate issued to you?

No

5. Since you last registered, have you voluntarily or involuntarily surrendered a medical or osteopathic license with the exception of your Kentucky license, or controlled substance registration certificate issued to you?

No

6. Since you last registered, has any hospital or hospital medical staff removed, suspended, restricted, limited, probated, reprimanded or failed to renew your privileges for cause, or taken any other disciplinary action against your privileges?

No

7. Since you last registered, have you resigned your privileges at any hospital under pressure or investigation or while you were the subject of disciplinary proceedings?

No

2019 Application for Renewal of Kentucky Medical/Osteopathic License

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John Stutsman M.D.

KY License #: 47011

8. Since you last registered, are any legal proceedings regarding licensure presently pending against you by any State, Federal or International licensure authority or any drug licensure/enforcement authority with the exception of the Kentucky Medical Board?

No

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No

10. Since you last registered, have you entered a guilty plea, nolo contendere plea or 'Alford' plea, or been convicted, of any felony offense, any misdemeanor offense, or alcohol related offense in any court?

No

11. Since you last registered, have you had to pay a settlement or judgment of \$250,000 or greater in a malpractice action or other civil action against your medical practice?

No

12. Since you last registered, to your knowledge, have you become the subject of any criminal investigation or are any criminal charges pending against you?

No

13. Are you currently in default on any student loan repayment obligations payable to the financial aid programs administered by the Kentucky Higher Education Assistance Authority?

No

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Electronic Signature: John W. Stutsman, MD

Date: 01/07/19

2019 Application for Renewal of Kentucky Medical/Osteopathic License

Application Renewed On: 01/07/19 5:42 PM

John W. Stutsman M.D. KY License #: 47011

The answer to this question is exempt from public disclosure under KRS 61.878(1) (a) and KRS311.619 and shall be subject to inspection only upon order of a court of competent jurisdiction, except that no court shall authorize the inspection by any party of any materials pertaining to civil litigation beyond that which is provided by the Kentucky Rules of Civil Procedure governing pretrial discovery. The answer to the question may be considered by the Board and may be disclosed in any contested case proceeding, including a Show Cause proceeding, or appeal of a licensing decision based upon them.

(1.) Since you last registered, have you suffered from any condition for which you are not being appropriately treated that impairs your judgment or that would otherwise adversely affect your ability to practice medicine in a competent, ethical and professional manner?

██████████

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