



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH AND ADDICTION SERVICES

BUREAU OF HEALTH SYSTEM REGULATION

PHYSICIAN ASSISTANT TEMPORARY PERMIT

INSTRUCTIONS:

1. Part I of this form is to be completed by the supervising physician.
2. The form is to be returned to Physician Assistant Licensure, Department of Public Health and Addiction Services.
3. The form will be signed and sealed and returned to the applicant by the Department.
4. A new permit will be required in the event of a change of supervising physician.

PART I: To be completed by the supervising physician

Name: Dr. Robert Crotof

Office Address
(where physician assistant will function): Planned Parenthood of CT
12 Case St. Norwich CT
06360

Telephone No. (203) 889-5211 License No. 015328

I certify that I am registered with the Department of Public Health and Addiction Services to be a supervising physician pursuant to Section 20-12c and am employed in the setting where the temporary permittee will be employed. I understand that I must be physically present on the premises when the temporary permittee engages in physician assistant activities, and must be immediately available to the physician assistant when needed. I further understand that I must notify the Department in writing within thirty days in the event of termination of this physician-physician assistant supervisory relationship.

Robert Crotof, MD 8/2/95
Signature of Supervising Physician Date

PART II: To be completed by the Department of Public Health and Addiction Services

This is to certify that Sarah Whalen having satisfied the requirements specified in section 20-12b(d), is issued a Temporary Permit, to practice as a physician assistant only in those settings where the supervising physician is physically present on the premises and is immediately available to the physician assistant when needed. The temporary permit does not authorize the holder to prescribe or dispense drugs.

Date of Issue of Temporary Permit: 8/14/95

Date of Expiration of Permit: 2/28/96 or upon notification of failure of examination, if prior to this date

Signed: Joseph J. Gillen

Joseph J. Gillen, Ph.D.
Section Chief
Examinations, Applications & Licensure