

#12204

NOTIFICATION TO NEVADA STATE BOARD OF MEDICAL EXAMINERS OF COLLABORATION WITH ADVANCED PRACTITIONER OF NURSING

APR 16 2010

STATE OF NEVADA

COUNTY OF

Washoe)
) ss. Washoe)
)

NOTE: NO FEE REQUIRED

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

COMES NOW Anna T. Contomitas MD being first duly sworn who deposes and says that: I, the undersigned physician, am duly licensed to practice medicine in the state of Nevada by the Nevada State Board of Medical Examiners, possess an active license to practice medicine in the state of Nevada, license number 85604, and am in good standing with the Nevada State Board of Medical Examiners. I am engaged in the full time practice of medicine in the state of Nevada, am current on all my required CME and am not aware of any disciplinary action, formal or informal, pending against me by the Nevada State Board of Medical Examiners or any other jurisdiction's medical licensing entity. I have checked with the Nevada State Board of Nursing and determined that the advanced practitioner of nursing with whom I am going to collaborate has never been formally disciplined by the Nevada State Board of Nursing.

I have read and am aware of the provisions of Chapter 630 of the Nevada Revised Statutes concerning the duties of a supervising physician, as well as Chapter 630 of the Nevada Administrative Code which are the regulations adopted by the Nevada State Board of Medical Examiners concerning a physician's relationship with a physician assistant and/or advanced practitioner of nursing. I have read and am aware of the regulation of the Nevada State Board of Medical Examiners under Chapter 630 of the Nevada Administrative Code that precludes a physician from simultaneously supervising more than three physician assistants or collaborating with more than three advanced practitioners of nursing, or with a combination of more than three physician assistants and advanced practitioners of nursing, without first filing a petition with the Board for approval to supervise more, and the requirement that I prove to the satisfaction of the Board that the circumstances of my practice necessitate more and that I will be able to supervise/collaborate with the greater number in a satisfactory manner.

I hereby certify that this relationship does not violate the limitation cited above concerning the total number of physician assistants or advanced practitioners of nursing with whom I may simultaneously supervise or collaborate. Further, this relationship will not begin until I am in receipt of a file stamped copy of this Notification bearing the receipt stamp of the Nevada State Board of Medical Examiners thereon. Upon receipt of same, I will be collaborating with the following named advanced practitioner of nursing at the following practice location(s):

Danielle Yamout
Name of Advanced Practitioner of Nursing

3599 S. Eastern Ave.
Las Vegas, NV. 89169
Practice Location(s) (use extra page if necessary) (Telephone #)

I am aware that the original copy of this Notification will be placed in my licensing file at the offices of the Nevada State Board of Medical Examiners, and that I must immediately notify the board, in writing, of the termination of this relationship.

WHEREFORE, I set my hand this 25 day of March, 2010

Anna T. Contomitas
Collaborating Physician Name (Print or Type)

[Signature]
Collaborating Physician (Signature)

COMES NOW _____, being first duly sworn who deposes and says that: I, the undersigned advanced practitioner of nursing am duly licensed as an advanced practitioner of nursing in the state of Nevada, and in good standing with the Nevada State Board of Nursing, and have never been formally disciplined by the Nevada State Board of Nursing for a violation of the Nursing Practice Act of the state of Nevada. That I have read and am aware of the provisions of Chapter 630 of the Nevada Revised Statutes and the Nevada Administrative Code as those laws apply to physician assistants. I am aware that a copy of this Notification will be placed in my licensing file at the offices of the Board, and I am also aware of the requirements of the Nevada State Board of Medical Examiners that my collaborating physician notify that Board of the termination of this agreement.

WHEREFORE, I set my hand this 25 day of March, 2010

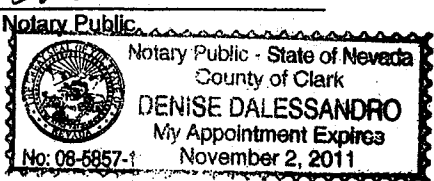
Danielle Yamout
Advanced Practitioner of Nursing (Print or Type)

[Signature]
Advanced Practitioner of Nursing (Signature)

The above named ANNA Contomitas
(Print Physician Name)

being first duly sworn, appeared before me on the 25 day of March, 2010, and, in my presence, executed this document consisting of one (1) page.

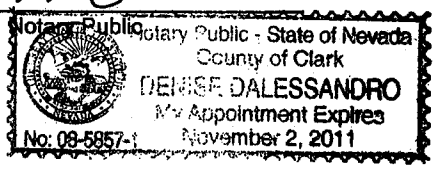
[Signature]



The above named Danielle Yamout
(Print Advanced Practitioner of Nursing Name)

being first duly sworn, appeared before me on the 25 day of March, 2010, and, in my presence, executed this document consisting one (1) page.

[Signature]



Anna T. Contomitros, MD, FACOG
Gynecologic Surgeon

AK
4/16/10

A-All Women Care
Woman to Woman Gynecology

3599 S Eastern Avenue
Las Vegas, NV 89169
Phone: 702-531-5400
Fax: 702-731-5404

RECEIVED
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NEVADA STATE BOARD OF
MEDICAL EXAMINERS

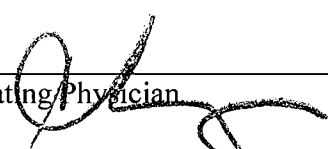
3/14/09
Nevada State Board of Medical Examiners
1105 Terminal Way #301
Reno, NV 89502

Collaborative Agreement Between Physician and Advanced Practitioner of Nursing

Dear Board:

Please be advised that Mindy Margolies, APN, Nevada Certificate #RN26702, APN00299 ended her collaborative relationship with Anna T. Contomitros, MD. Effective date for this was November 7, 2009. Dr. Contomitros' medical specialty is Gynecology and her Nevada license number is 8564.

Collaborating Physician



4 / 10 / 10
Date

3599 S Eastern Ave Las Vegas, NV 89169

Practice Location (address, city, state, zip code)