

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

07/05/2023

Bryanne Irene Salmonsens
623 Thoma St
Reno NV 89502

Re: 055.0031696

Dear PA Salmonsens

Congratulations! You were presented and approved for licensure as a physician assistant in the State of Vermont on 07/05/2023

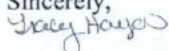
Enclosed is your printed license. This is to be placed at your place of employment, to be visible to the public. Please verify the information on your practitioner profile at the following site: <https://mpb.health.vermont.gov/> Your login and password information is:

Username: 
Password: 

You must also provide a copy of this letter to your participating physician upon receipt. We want to be sure you are both aware of some important facts about physician assistant practice in Vermont. If the term "participating physician" seems unfamiliar, that is a new term that replaces "supervising physician," as used in our recently updated law regarding PA practice. At this time the place to find the revised law is on the General Assembly website at: [link to Act 123 of 2020](#). Definitions of terms for this new form of relationship between physician assistants and physicians are found beginning on page 1 of Act 123.

While this is a statewide license, you must submit a practice agreement between you and a qualified participating physician in order to practice. Any practice site you work at must be under a practice agreement. Note that you must file a new practice agreement prior to practicing with each new employer, for each new practice site, or if your participating physician will no longer be in that role. More details about who qualifies to be a participating physician are found in the Act 123 in the revised 26 V.S.A. § 1735a, which begins on page 9 of the Act.

Physician assistant licenses are renewed in January of every even year. You will receive a notification three months prior to the renewal date. Until that time, *you 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 your license or ability to practice in any jurisdiction. Failure to do so may subject you to disciplinary action by the Board.* If you have any questions or concerns, please do not hesitate to contact me at (802) 657-4223.

Sincerely,


Kelly Lawler
Administrative Services Technician IV
Enclosures





*State of Vermont
Board of Medical Practice*

THIS IS TO CERTIFY

Bryanne Irene Salmonsens, PA-C

a graduate of

University Of California-Davis, 2020

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

A handwritten signature in black ink, appearing to read "Rick A. Hildebrant".

Chair: Rick A. Hildebrant, MD

License Number 055.0031696



A handwritten signature in black ink, appearing to read "Matthew Greenberg".

Vice-Chair: Matthew Greenberg, MD

Burlington

Date: 07/05/2023

Received and duly recorded.

Vermont Department of Health



STATUS EMAIL SENT

Application Information Report

NAME OF APPLICANT: Bryanne Irene Salmonsén
CITY/STATE OF RESIDENCE: Reno, NV
DATE OF BIRTH: [REDACTED]
LAST 4 DIGITS OF SSN: [REDACTED]
MEDICAL SCHOOL: University Of California-Davis - 12/18/2020

SPECIALTY:

PRACTICE LOCATION:

PRIMARY SUPERVISOR: Michelle Dorwart

POST GRADUATE SCHOOL:

REFERENCES: Kimberly Nolan (Nurse Practitioner Clinician II at Planned Parenthood)
Jessica Hamilton (MD, MPH Associate Medical Director PPMM)

OTHER STATE LICENSES: NV (Full),

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.



Bryanne Salmonsén
Applicant's signature (must be signed in the presence of a notary)
Salmonsén
Applicant's printed last name
Bryanne, I
Applicant's printed first name, middle initial, and suffix (e.g., Jr.)
April 26, 2023
Date of signature (must correspond to date of notarization)

Notary

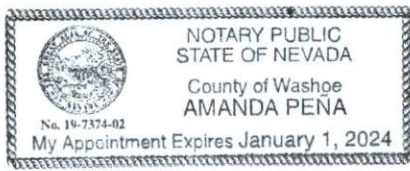
State of Nevada County of Washoe

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 26 day of April 2023

Notary Public Signature: Amanda Peña
My Notary Commission Expires: 01/01/2024

(NOTARY PUBLIC SEAL)



RECEIVED

JUN 20 2023

VERMONT BOARD OF MEDICAL PRACTICE

JUN 20 2023

Bryanne "Breezy" Salmonsens, PA-C

VERMONT BOARD OF
MEDICAL PRACTICE

LinkedIn.com/in/breezysalmonsens ♦ 978.578.5576 ♦ Breezysal@gmail.com

SUMMARY

Reproductive Health Physician Assistant (PA-C) offers experience providing care for underserved, undocumented, and marginalized populations; special interest in primary care, contraception counseling, gender affirming hormone therapy, MAT for opioid use disorder; Spanish language fluency (Qualified Spanish/English Medical Interpreter); patient education and counseling experience; Epic and eClinicalWorks; Member of the National Abortion Federation, American Academy of Physician Assistants (AAPA) and Association of Physician Assistants in Obstetrics & Gynecology.

EDUCATION

Master of Health Services/Physician Assistant Studies, University of California, Davis, CA. December 2020.

Bachelor of Science, University of Vermont, Burlington, VT. June 2008.

EXPERIENCE

Clinician II, PA-C, Reno Fifth Planned Parenthood, Reno, NV. February 2021-present.

Review and interpret medical/social history for both male and female reproductive health patients; perform screening procedures and exams such as pap smears and breast exams; order age appropriate cancer screens; order and interpret laboratory data; provide contraceptive methods: IUD insertion/removal, Nexplanon insertion/removal, birth control pills, injections, rings, patches; provide gender-affirming hormone treatment and monitor hormone labs; connect transgender patients with local resources including surgical consults, counseling and therapy, nonmedical treatments, and gender-marker change; provide PreP and Pep and appropriate lab work; provide emergency contraception; perform medical assessment and management of basic STI and genito-urinary conditions for both male and female patients; provide perimenopausal and menopausal services; provides medical management for complications related to abortion; perform transvaginal and transabdominal ultrasounds to confirm intrauterine pregnancy and gestational age; provide post abortion care.

Officer (Volunteer), Knights Landing One Community Health Clinic, Knights Landing, CA. 2018-2019.

Under a physician's supervision, practiced a One Health model to overcome patients' environmental, socioeconomic, and housing barriers to critical primary care services; communicated in Spanish with patients and their families.

Student Clinician (Volunteer), SPLICE ~ Sacramento, CA. 2018-2019.

Teamed with PAs, NPs, and medical students to provide primary care in a Federally Qualified Health Center (FQHC) clinic for patients with substantial barriers to care, serving patients who were uninsured, underinsured, homeless, non-English speaking, and/or struggling with addiction; shadowed pediatricians, PAs, NPs, and pharmacists.

CNA/Patient Care Technician, Tahoe Forest Health Department, Truckee, CA. 2016-2018.

Provided direct patient care and supported nurses on the Medical Surgical Inpatient Unit of a small not-for-profit, rural health care facility and designated critical access hospital.

Physical Therapy Aide, Tahoe Forest Physical Therapy, Truckee, CA. 2015-2018.

Under the direction of a Physical Therapist, instructed patients regarding proper execution of exercises and functional activities.

Diabetes Facilitator (Volunteer), Wellness Neighborhood of Tahoe Forest Health, Truckee, CA. 2016-2018.
Co-facilitated a Prevent Type 2 Diabetes class and a Chronic Disease Self-Management program in partnership with a registered dietician and a community health advocate.

Harm Reduction Worker (Volunteer), Change Point Harm Reduction Center, Reno, NV. 2016-2018.
Provided sterile syringes and harm reduction supplies to IV drug users and sex workers at a FQHC.

Board Member, Border Angels, San Diego, CA. 2014-2016.
Advocated for humane immigration reform and the fair treatment of undocumented migrants and refugees at a not-for-profit organization.

Healthcare Sustainability Specialist, Stericycle, San Diego, CA. 2014-2015.
Directed safe and efficient handling of hospital Integrated Waste Streams; trained hospital staff on proper waste segregation to comply with OSHA, state, DOT, EPA, and JCAHO regulations; implemented recycling and composting programs at several hospitals.

Student Affairs Manager, School for Field Studies, Atenas, Costa Rica. 2011-2012.
Managed the experience, health, and safety of field studies students and interns; generated risk management plans for trips and developed volunteer opportunities for recycling programs, ESL classes, and river cleanups.

Adult Program Coordinator/English and Spanish Teacher, Teton Literacy Center, Jackson, WY. 2008-2011.
Directed the adult education program for ESL and Spanish classes, serving 150 students and teaching English and Spanish classes. Served as AmeriCorps VISTA volunteer and directed language exchange program and tutoring.

Clinical Rotations

Internal Medicine, UC Davis Medical Center, Sacramento, CA. 2 weeks
Surgery, UC Davis Medical Center, Burn Surgery, Sacramento, CA. 4 weeks
Primary Care, UC Davis Medical Center, Sacramento, CA. 8 weeks
Women's Health, UC Davis OBGYN and Gyn Oncology, Sacramento, CA. 2 weeks
Pediatrics, Valley Children's Hospital, Fresno, CA. 2 weeks
Emergency Medicine, Valley Children's Hospital, Fresno, CA. 2 weeks
Primary Care, Northern Nevada HOPES Clinic (FQHC), Reno, NV. 4 weeks
Primary Care, Tahoe Forest Multispecialty Clinic, Truckee, CA. 2 weeks
Psychiatry, Gene Upshaw Memorial Tahoe Forest Cancer Center, Truckee, CA. 4 weeks
Primary Care, Tahoe Truckee Medical Group, Truckee, CA. 4 weeks

CERTIFICATE OF VITAL RECORD

VERIFY PRESENCE OF WATERMARK

HOLD TO LIGHT TO VIEW

The Commonwealth of Massachusetts R 985524

DEPARTMENT OF PUBLIC HEALTH
REGISTRY OF VITAL RECORDS AND STATISTICS

Commonwealth of Massachusetts
Registry of Vital Records and Statistics



07012019

RECORD OF BIRTH

REGISTERED NUMBER: 4127
STATE FILE NUMBER: 2017626

CHILD

NAME: BRYANNE IRENE SALMONSEN
SEX: FEMALE PLURALITY SINGLE
DATE OF BIRTH: [REDACTED] TIME: 04:15 AM
PLACE OF BIRTH: BOSTON, MASSACHUSETTS

PARENT

NAME: DIANNE --- SALMONSEN
SURNAME AT BIRTH OR ADOPTION: WOOD
BIRTHPLACE: NEPTUNE, NEW JERSEY
AGE OR DATE OF BIRTH: 28

PARENT

NAME: RICHARD BRUCE SALMONSEN JR
SURNAME AT BIRTH OR ADOPTION: ---
BIRTHPLACE: WORCESTER, MASSACHUSETTS
AGE OR DATE OF BIRTH: 28

AT-BIRTH RESIDENCE: BEVERLY, MASSACHUSETTS

DATE OF RECORD: APRIL 15, 1986

DATE ISSUED: APRIL 27, 2023

Karin A. Barrett
Registrar of Vital Records and Statistics

I, the above signed, hereby certify that I am the Registrar of Vital Records and Statistics; that as such I have custody of the records of birth, marriage, and death required by law to be kept in my office; and I do hereby certify that the above is a true copy from said records.

IT IS ILLEGAL TO ALTER OR REPRODUCE THIS DOCUMENT IN ANY MANNER

VOID WITHOUT WATERMARK OR IF ALTERED OR ERASED

ILLEGAL TO ALTER OR REPRODUCE

VOID IF ALTERED OR ERASED

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Physician Assistant Practice Agreement at Community Health Centers JUN 20 2023
Bryanne Salmonsén, Physician Assistant
Certified by the National Commission on Certification of Physician Assistants

VERMONT BOARD OF
MEDICAL PRACTICE

Physician Assistants (PA) shall function as primary care providers at Community Health Centers of Burlington (CHC). Michelle Dorwart, MD will act as the participating physician for Bryanne Salmonsén. The participating physician or another CHC physician in family practice or internal medicine is always available in person or by phone for supervision and/or consultation.

Patients will be seen at the direction of the CMO or an Associate Medical Director at CHC in the settings in which the PA practices including office and community settings. This practice shall be in accordance with the policies of the specific practice setting facility and shall not exceed the normal limits of the practice of the physicians who will provide supervision and their duties. This provider is certified as a Physician Assistant. The PA will care for patients across the entire life span from birth to death following the guidelines identified in the position statement adopted by the National Commission on Certification of Physician Assistants and as credentialing at CHC outlines.

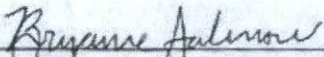
The following is an overview of the practice and thus what could be included in the Physician Assistant scope of practice.

1. CHC is a federally qualified health center (FQHC) serves all members of the Burlington area regardless of their ability to pay. We operate as a Family Practice seeing the full range of patients of all ages, race, sex, sexual orientation, and housing status. As primary care providers we provide ongoing care for all of our patients' medical problems from prenatal care and delivery, acute or urgent care, the management of chronic diseases and general health maintenance or well care.
2. During regular clinic hours at CHC there is usually at least one physician at each site where a PA may be practicing. The exceptions are on-call hours, Saturday mornings, some evenings, and when providing telemedicine services. During these times, there is a CHC physician on call and available by phone or pager/text. Some PAs work as the only provider at a site, on medical outreach, or when doing a home visit. An MD/DO is always available by phone for consult.
3. There is opportunity daily to review challenging patients with a physician. The PA will make note of consultation with supervising MD/DO in the chart note. There are ongoing quality assurance programs including peer reviews, incident reporting structure, and UDS data assessment to monitor standards of care. Participating physician reviews clinical quality data for the PA quarterly at a minimum
 - For a new employee, supervision time with an MD/DO is built into the 90 day probationary period to discuss cases weekly and review charts. More charts will be reviewed and/or continued regular supervision sessions held if deficiencies are detected or additional ongoing support is deemed necessary by either the physician assistant or the supervising physician.
 - For all other PA staff and ongoing, 10 charts are selected at random and reviewed for the PA's annual performance review. Teams at each site also meet at least monthly with an opportunity to consult on complex cases.
4. PAs will participate fully in quality improvement and quality assurance activities as determined by the CHC clinical leadership. This may include but is not limited to examining clinical quality measures, coding chart audits, referral patterns, and utilization of outside tests.
5. PA providers and other medical staff provide emergency care as necessary until transport to the hospital. Consultation is available in person or by phone with a CHC MD/DO or directly with a University of Vermont Medical Center specialist or the ER if necessary. Emergency procedures are reviewed regularly. Emergency transport is provided by ambulance accessed through 911.

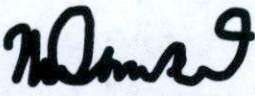
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6. Community Health Centers of Burlington has multiple locations where a PA may provide care:
 - Riverside Health Center at 617 Riverside Avenue (Main site)
 - Champlain Islands Health Center Family Medicine at 260 Route 2, Suite 101 in South Hero
 - Essex Health Center 87 Main Street, Essex Junction, VT
 - GoodHEALTH Internal Medicine for Adults at 368 Dorset Street, Suite 1 in South Burlington,
 - South End Clinic Family Medicine at 789 Pine Street in Burlington
 - Winooski Family Health at 32B Mallets Bay Ave in Winooski.
 - Safe Harbor Health Center at 184 South Winooski Ave in Burlington (which serves homeless or marginally housed adults and children)
 - Pearl Street Health Center on Pearl Street in Burlington (temporarily at the 184 South Winooski Ave. location)
 - Medical outreach to patients in the community through our homeless healthcare program, as well as the Family Shelters and Lund Family Center.
 - PA staff may also provide care to patients in their homes as part of our homecare team.
7. Physician assistants at CHC are authorized to prescribe medication, including controlled substances in accordance with this Practice Agreement. PAs will prescribe controlled substances schedule II-V in accordance with CHC policy and state laws and the VT Opioid Prescribing Rule.
8. The physician assistant's scope of practice shall be limited to medical care that is within the physician assistant's education, training, and experience. The following list of tasks is a summary of the general duties included in the scope of practice. All of our providers document in an electronic medical record.
 - a. Provide care for patients both in person and over telemedicine modalities.
 - b. Bill for services rendered.
 - c. Initiate or perform routine laboratory and diagnostic studies appropriate to the practice setting.
 - d. Evaluate and treat illnesses and injuries according to standard medical practice.
 - e. Dispense, administer, and order medication
 - f. Provide telephone triage and advice.
 - g. Educate and counsel patients and families regarding, but not limited to, health conditions and preventive care.
 - h. Perform routine therapeutic and diagnostic procedures as documented in internal CHCB credentialing documents. Physician assistants are re-credentialed every 2 years at CHCB.
 - i. Initiate basic life support in accordance with established standards and training to provide appropriate response to life threatening emergencies

This Practice Agreement was reviewed on 6/6/2023 by:



Provider Name: Bryanne Salmonsens PA-C



PHYSICIAN NAME: Michelle Dorwart, MD
Family Medicine
Community Health Centers of Burlington

(License# - 042-0013443)



www.chcb.org

• RIVERSIDE HEALTH CENTER • SAFE HARBOR HEALTH CENTER • PEARL STREET YOUTH HEALTH CENTER • SCHOOL BASED DENTAL CENTER •
• CHAMPLAIN ISLANDS HEALTH CENTER • SOUTH END HEALTH CENTER • GoodHEALTH INTERNAL MEDICINE • WINOOSKI FAMILY HEALTH •

PHYSICIAN ASSISTANT PRACTICE PRIVILEGES

Name: Bryanne Salmasen

To be eligible to apply for core privileges, the applicant must meet the following criteria:

- Hold an active Vermont State License/Certification
- Written documentation of competence to practice the requested categories of privileges, and to perform the requested procedures. Demonstrate to the satisfaction of the staff and the Board the general qualifications for membership and privileges relating to performance, attitude, health status, and acceptable background check.

ADULT PRIMARY CARE CORE PRIVILEGES

Requested Evaluate, diagnose and treat adolescent and adult patients for preventative care as well as common illnesses and injuries including disorders common to the older adult. The core privileges in this specialty include the procedures on the following "GENERAL" Core Procedure List and such other procedures that are extensions of the same techniques and skills.

PEDIATRIC CORE PRIVILEGES

Requested Evaluate, diagnose and treat pediatric from birth up to the age of cognitive adulthood for preventative care as well as common illnesses, injuries or disorders. The core privileges in this specialty include the procedures on the following "GENERAL" Core Procedure List and such other procedures that are extensions of the same techniques and skills.

GYNECOLOGY CORE PRIVILEGES

Requested Evaluate, diagnose (non-surgically) treat and provide consultation in the office to post pubescent female patients with injuries and disorders of the female reproductive system and the genitourinary system.

Core Procedure List:

GENERAL

- Burns, superficial and partial thickness
- Excision of skin and subcutaneous lesions
- Insertion and removal of subdermal contraceptive device
- Placement of anterior and posterior nasal hemostatic packing
- Perform simple skin biopsy or excision
- Preliminary interpretation of electrocardiograms
- Remove non-penetrating corneal foreign body, nasal foreign body
- Repair of lacerations including those requiring more than one layer of closure
- Suture uncomplicated lacerations
- Incision external thrombosed hemorrhoid
- Nail plate avulsion
- Cryo therapy of superficial skin lesions
- PFT interpretation
- Cerumen removal

Additional Privileges that require training and sign off in that procedure are listed for selection below.

GYNECOLOGY

- Insertion & removal of intrauterine devices
- Diaphragm fitting
- Removal of cervical polyps
- Endometrial biopsy
- Colposcopy with biopsy and cryotherapy

INTEGRATIVE AND SPORTS MEDICINE

- Aspiration and injection of joint
- Acupuncture
- Platelet rich plasma injection
- Point of care ultrasound

Acknowledgement of Practitioner

I have requested only those privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and for which I wish to exercise at Community Health Centers of Burlington (CHCB), and I understand that:

- (a) In exercising any clinical privileges granted, I am constrained by CHCB policies and rules applicable generally and any applicable to the particular situation.
- (b) Any restriction on the clinical privileges granted to me is waived in an emergency situation.

Signed: Brianne Anderson Date: 3/31/23

Chief Medical Officer Recommendation

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

- Recommend all requested privileges
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

Privilege	Condition/Modification/Explanation
1.	
2.	
3.	
4.	
Notes:	

Chief Medical Officer Signature: [Signature] Date: 6/7/2023

NEVADA STATE BOARD OF MEDICAL EXAMINERS

9600 Gateway Drive
Reno, NV 89521

Aury Nagy, M.D.
Board President

Edward O. Cousineau, J.D.
Executive Director



VERIFICATION OF LICENSURE

RECEIVED

This is to certify that the records of the Nevada State Board of Medical Examiners indicate the following information regarding:

MAY 16 2023

Bryanne Irene Salmonsens, P.A.-C
623 Thoma Street
Reno, Nevada 89502

VERMONT BOARD OF
MEDICAL PRACTICE

LICENSE TYPE:	Physician Assistant	CURRENT STATUS:	Active
LICENSE NUMBER:	PA2411	DISCIPLINARY ACTION:	NONE
EFFECTIVE DATE:	02/04/2021	EXAMINATION:	NCCPA
EXPIRATION DATE:	06/30/2025		

* KEY: NCCPA = National Commission for Certification of Physician Assistants

07194 203037

We are not in a position to advise whether the above person is currently under investigation by the Nevada State Board of Medical Examiners. Until such time as an investigation of any person licensed by the Board is culminated by the filing of a formal complaint, we are not in a position to reveal the facts or the nature of any investigation.

To expedite the verification of licensure process, the above is the standard format for verification of licensure of all persons licensed by the Nevada State Board of Medical Examiners.

for Angelia Aguilar-Ladina
Edward O. Cousineau, J.D.
Executive Director

Dated: 5/3/2023

RECEIVED
MAY 16 2023
VERMONT BOARD OF
MEDICAL PRACTICE

STATE OF VERMONT – BOARD OF MEDICAL PRACTICE
108 CHERRY STREET
BURLINGTON, VERMONT 05401
(802) 657- 4223

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MAY 10 2023

CERTIFICATE OF PHYSICIAN ASSISTANT EDUCATION

VERMONT BOARD OF
MEDICAL PRACTICE

I hereby certify that, Bryanne Salmonsens was admitted to the
(Name)

Betty Irene Moore School of Nursing at UC Davis Physician Assistant

Program in Sacramento, CA on 07/02/2018
(City and State) (Date)

and completed all requirements for graduation on 12/18/2020
(Date)

A Master of Health Services -
Physician Assistant Studies was granted on 12/18/2020
(Specify certificate/diploma/degree) (Date)

Is this program CAHEA/ARC-PA agency approved? Yes No

(AFFIX SEAL)

*The Betty Irene Moore School of Nursing
at UC Davis does not utilize official
school seals.*

Date: 4/28/2023

Signed: 
(Authorized Officer of the School)

Teresa Thetford, DHSc, M.S., PA-C, N.P.
Director for the Physician Assistant Program

TO PROGRAM: Return to above address



April 26, 2023

Vermont Department of Health Board of Medical Practice
108 Cherry St
PO Box 70
Burlington, VT 05402-0070

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MAY 01 2023

VERMONT BOARD OF
MEDICAL PRACTICE

To Whom It May Concern:

The following score report for Bryanne Irene Salmonsens is provided for your information.

Exam: Physician Assistant National Certifying Examination (PANCE)

Exam Date: January 4, 2021

Score: 556

Minimum Passing Score: 350

Pass/Fail Status: Pass

Bryanne Irene Salmonsens is currently certified by NCCPA and holds identification number 1179834, which will remain valid until December 31, 2023. This PA was initially certified on January 11, 2021.

If you have any questions regarding this report or NCCPA's board certification requirements and policies, visit our website at www.nccpa.net, call 678.417.8100, or text 678.417.8101 (8:30 a.m.-5:00 p.m. Eastern, Monday-Friday) to reach one of our Information Service Specialists.

Sincerely,

Certification Maintenance Department

P.S. You can verify the board certification status of a PA by visiting our website at <https://portal.nccpa.net/verifypac>. NCCPA recommends using this online system as the real-time primary source of verification.



April 26, 2023

Vermont Department of Health Board of Medical Practice
108 Cherry St
PO Box 70
Burlington, VT 05402-0070

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MAY 01 2023

VERMONT BOARD OF
MEDICAL PRACTICE

RE: Bryanne Irene Salmonsens

To Whom It May Concern:

Bryanne Irene Salmonsens is currently board certified by NCCPA and holds identification number 1179834, which will remain valid until December 31, 2023. This PA was initially certified on January 11, 2021.

If you have any questions regarding the information provided in this report, please contact us at the number below. To receive information about NCCPA's board certification requirements and policies, visit our website at www.nccpa.net, call 678.417.8100, or text 678.417.8101 (8:30 a.m.-5:00 p.m. Eastern, Monday-Friday) to reach one of our Information Service Specialists.

Sincerely,

Certification Maintenance Department

P.S. This information is valid only as of the date of this letter. For the most current verification information go to our website at <https://portal.nccpa.net/verifypac>. NCCPA recommends using this online system as the real-time primary source of verification. The use of certificates and wallet cards is discouraged as the documents may be altered.

RECEIVED

JUN 20 2023

VERMONT BOARD OF
MEDICAL PRACTICE

REFERENCE FORM TO BE COMPLETED BY AN ACTIVE PHYSICIAN STAFF MEMBER

Name of applicant: Bryanne Salmonsén

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 (applicant) Bryanne Salmonsén was at (Institution) Planned Parenthood

From Feb 2021 to May 2023. During that time, he/she

Was (list Position at the institution): Physician Assistant

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 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 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 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: Bryanne Salmonsen

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? 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 (Applicant) Bryanne Salmonsen for licensure in Vermont.

Signed:  Date: 5/4/23

Print or Type Name and Title: Kimberly Nolan Advanced Practice Nurse

RECEIVED

JUN 20 2023

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

REFERENCE FORM TO BE COMPLETED BY AN ACTIVE PHYSICIAN STAFF MEMBER

Name of applicant: Bryanne Salmansen

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 (applicant) Bryanne Salmansen was at (Institution) Planned Parenthood Mar Monte

From 2021 to 2023. During that time, he/she

Was (list Position at the institution): Clinician II

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.

Table with 5 columns: Category, Poor, Fair, Average, Above Average. Rows include: The basic medical knowledge, Professional judgement, Sense of responsibility, Moral character/ethical conduct, Competence and skill, Cooperativeness ability to work with others, History & physical exam taking, Record keeping, Patient management, Case presentations, Physician-Patient relationship, Participation in Medical Staff Affairs, Competence in being able to communicate in reading, writing and speaking the English language.

Name of applicant: Bryanne Salmonsen

- 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? 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 (Applicant) Bryanne Salmonsen for licensure in Vermont.

Signed: [Signature] Date: 6/12/23

Print or Type Name and Title: Jessica Hamilton, MD MPH

RECEIVED

JUN 20 2023

VERMONT BOARD OF
MEDICAL PRACTICE
PPMARMONTE.ORG



June 15, 2023

Vermont Department of Health
Board of Medical Practice
108 Cherry Street
PO Box 70
Burlington, VT 05402-0070

To Whom it May Concern;

This letter is to express my highest recommendation in support of **Bryanne Salmonsens's** application to the Vermont Board of Medical Practice for a license to practice medicine. I have had the great pleasure of working alongside Bryanne in our Reno Health Center for the past two years. I have worked with hundreds of advanced practice clinicians during my twelve years in practice and currently oversee a team of 120 clinicians in my role as Associate Medical Director. I can confidently say that Bryanne ranks among the top 1%.

Bryanne came to us directly after training with excellent medical knowledge, a strong sense of responsibility, exemplary professional and personal moral character and a high level of competence. During her two years with PPMM, she has become an appropriately confident clinician with excellent professional judgement. She goes above and beyond to care for our patients, who often lack full medical insurance coverage, considering the full picture when addressing their health concerns. She consults appropriately and is an absolute pleasure to share clinical space with, a colleague who is always upbeat, motivated by the mission to care for our patients and each other. I would trust the care of my family with Bryanne. She will be an invaluable clinical asset to her patients and colleagues in the state of Vermont. Please feel free to reach out if any further information is needed.

Sincerely,

A handwritten signature in black ink, appearing to read 'J. Hamilton'.

Jessica Hamilton, MD MPH

Associate Medical Director
She, ella



From the California Coast (Mar) to the Sierra Nevada (Monte)

Office: 510-945-8020

PRACTITIONER PROFILE

Prepared for: Vermont Board of Medical Practice As of Date:6/22/2023

PRACTITIONER INFORMATION

Name: Salmonsens, Bryanne Irene
DOB: [REDACTED]
Medical School: University Of California Davis Physician Assistant Program
Sacramento, California, UNITED STATES
Year of Grad: 2020
Degree Type: PA
NPI: 1477142008

BOARD ACTIONS

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

NATIONAL PROVIDER IDENTIFIER (NPI)

NPI	NPI Type	Deactivation Date	Reactivation Date	Last Reported
1477142008	Individual			04/20/2021

LICENSE HISTORY

Jurisdiction	License Number	Issue Date	Expiration Date	Last Updated
NEVADA	PA2411	02/04/2021	06/30/2025	06/20/2023

FSMB License Status: Active

PRACTITIONER PROFILE

Prepared for: Vermont Board of Medical Practice As of Date:6/22/2023
Practitioner Name: Salmonsens, Bryanne Irene

ABMS® CERTIFICATION HISTORY

No ABMS Certifications found.

AOA® CERTIFICATION HISTORY

No AOA Certifications found.

Disclaimer: The licensure and disciplinary information contained in this report was supplied by the respective state medical boards and other reporting agencies. The Federation of State Medical Boards provides this primary source information as a Credentials Verification Organization (CVO) in accordance with standards set by NCQA and the Joint Commission. Any questions regarding the above data should be directed to the reporting board or reporting agency.