STATE OF VERMONT VERMONT BOARD OF MEDICAL PRACTICE LICENSING MATTER

Physician Assistant Licensure of KARIE SHELTON, PA-C

REENTRY AGREEMENT

- 1. Pursuant to a Stipulation and Consent Order entered into by Karie Shelton, PA-C ("Applicant") and the Vermont Board of Medical Practice ("Board"), Applicant has engaged a primary supervising physician, Dr. Peter Hogenkamp, to provide direct and continued supervision in their reentry program. The purpose of this Reentry Agreement is to set forth the terms of the supervision for Applicant within the Stipulation and Consent Order. This Agreement will be signed by the primary supervising physician approved by the assigned Committee ("Committee") and Applicant.
- 2. The Reentry Agreement consists of three phases. The Reentry Agreement will cease upon the Board's removal of the related conditions on Applicant's license upon their request after they has successfully completed the reentry plan.
- 3. If the primary supervisor can no longer supervise Applicant, Applicant will immediately notify the Board in writing. Applicant will identify a new proposed primary supervising physician within sixty (60) days and provide the Committee with their name and curriculum vitae. The Committee will provide written notification to Applicant indicating whether it approves of the new proposed primary supervisor.
- 4. Applicant will provide the primary supervisor and any secondary supervisor who will supervise them with a copy of the fully executed Stipulation and Consent Order.

- 5. Applicant will be responsible for ensuring that the primary supervisor does the following:
 - a. In Phase I, Applicant will spend, at minimum forty (40) hours observing their primary supervising physician or a secondary supervisor (who will be a physician, nurse practitioner, or another physician assistant) provide direct patient care. Phase I will take place over a period of, at minimum, two (2) weeks.
 - i. During Phase I, Applicant will meet with the primary supervising physician on a weekly basis to review their knowledge, skills, general professionalism, any deficiencies, and overall ability to practice safely and competently.
 - ii. Prior to beginning Phase II, the primary supervising physician will, with input from other supervising providers as appropriate, provide a written assessment of Applicant's preparedness to provide patient care without direct supervision. A copy of the assessment will be provided to the Assigned Committee. If the Applicant has successfully met the requirements of Phase I, and the written assessment has been sent to the Board, Applicant may proceed to Phase II.
 - b. In Phase II, Applicant will provide, at minimum, eighty (80) hours of direct patient care, over a period of, at minimum, six (6) weeks. During the first forty (40) hours of Phase II, Applicant's care will be directly supervised by their primary supervising physician or a secondary supervisor. During the second forty (40) hours of Phase II, Applicant will provide direct patient care with their primary supervising physician or a secondary supervisor immediately available. A supervising provider must carry out a chart review within one working day for each instance of care rendered by Applicant. Following review, each chart will be attested to and dated by the reviewer, who must be one of Applicant's supervising providers.

- i. Prior to beginning Phase III, the primary supervising physician will, with input from other supervising providers as appropriate, provide a written assessment of Applicant's preparedness to enter Phase III. A copy of the assessment will be provided to the Assigned Committee. If the Applicant has successfully met the requirements of Phase II, and the written assessment has been sent to the Board, Applicant may proceed to Phase III.
- c. In Phase III, Applicant will provide, at minimum one hundred and twenty (120) hours of direct patient care, over a period of, at minimum, twelve (12) weeks. As part of Phase III, Applicant will meet individually with their primary supervising physician twice per month. Applicant will maintain a written record of the date, place, and duration of each meeting and consultation with their primary supervising physician.
- d. Each meeting between Applicant and their supervising provider during all three phases of the reentry program will be of sufficient duration and involve discussion in sufficient detail to permit them to do the following:
 - i. Confer regarding the care of individual patients;
 - ii. Review charts, documentation, and recordkeeping;
 - iii. Discuss problems or concerns related to certain patients or complex cases;
 - iv. Address general professional standards, expectations, and office-based practice;
 - v. Review, as needed, matters such as current research and studies, general fund of knowledge, patient safety, performance of procedures, prescribing, communication, and counseling and decision making; and

EXHIBIT A – REENTRY AGREEMENT

- vi. Discuss areas of weakness that might be addressed through CME or selfstudy. Applicant will complete any CME or self-study as directed by their supervising physician in a timely manner.
- 6. Applicant and the primary supervisor agree that the primary supervisor will discuss their observations regarding Applicant ability to practice upon request by a Board member, investigators for the Board, or an Assistant Attorney General.
- 7. Applicant and the primary supervisor agree that the primary supervisor will immediately notify the Board if there is any indication that Applicant has engaged in practice that does not meet the standard of care.
- 8. Applicant and the primary supervisor agree that they have both read this Agreement in its entirety and agree to all the terms and obligations set forth herein.
- 9. Applicant and the primary supervisor agree that the terms of this Agreement cannot be amended or modified in any way without written approval of the Assigned Committee.
- 10. This document may be executed in counterparts.

(signatures on following page)

EXHIBIT A – REENTRY AGREEMENT

FOR APPLICANT	KARIE	SHELT	ON,	PA-C	١.
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I hereby accept the above Reentry Agreement:

KARIE SHELTON, PA-C

PETER HOGENKAMP, M.D.

1-11-23

Date

Karie Shelton, PA-C

FOR THE PRIMARY SUPERIVSING PHYSICIAN:

I hereby accept the above Reentry Agreement:

Date

Page 5 of 5