

STATE OF VERMONT
VERMONT BOARD OF MEDICAL PRACTICE
LICENSING MATTER

Physician Assistant Licensure of KARIE SHELTON, PA-C

STIPULATION AND CONSENT ORDER FOR LICENSURE

Karie Shelton, PA-C and the Vermont Board of Medical Practice stipulate as follows:

I. Parties and Jurisdiction

1. Karie Shelton, PA-C (hereinafter, "Applicant") filed an application for physician assistant licensure on or about October 29, 2022.
2. Applicant has been out of practice since approximately 2009 but wishes to resume practice.
3. Applicant plans to enter private practice with Dr. Peter Hogenkamp and Dr. Lisa Hogenkamp. Applicant has identified Dr. Peter Hogenkamp as their primary supervising physician.
4. Jurisdiction rests in the Vermont Board of Medical Practice ("Board") pursuant to Title 26, Chapter 23, and Title 3, Chapter 25 of the Vermont Statutes.

II. Terms and Conditions of Certification

5. Applicant is knowingly and voluntarily agreeing to this Stipulation. Applicant agrees and understands that by executing this document, they are waiving at this time any rights of due process that they may possess regarding the issuance of a Vermont medical license with accompanying terms and conditions. Applicant agrees that the Board possesses and shall continue to maintain jurisdiction in this matter, including any required action to enforce the terms herein.

6. Applicant acknowledges that they have had full opportunity to confer with legal counsel regarding this matter and have chosen to proceed without legal counsel, or are satisfied with the legal advice they have received regarding this matter.
7. Applicant understands and agrees that the terms and conditions of this Stipulation shall be imposed concurrently with the issuance of Applicant's Vermont physician assistant license, and that the license issued pursuant to this Stipulation shall be issued with the designation "CONDITIONED."
8. Applicant recognizes the responsibility of the Board is to protect the health, safety, and welfare of patients. Applicant agrees to continue to provide their full cooperation with the Board in this matter.
9. Applicant acknowledges that the purpose of this Stipulation is to establish terms and conditions governing their supervised return to their practice as a physician assistant. Applicant agrees to and accepts all terms and conditions herein without reservations and to do so in exchange for the Board's approval of this Stipulation.
10. Applicant further agrees that this Stipulation, without more, does not create a right to an unconditioned certification and does not constitute a promise of any kind by the Board regarding continued or future certification.

III. Reentry Plan

11. Applicant's physician assistant licensure will be conditioned upon the following reentry plan, as set forth below.
12. If the primary supervisor can no longer supervise Applicant, Applicant shall immediately notify the Board in writing. Applicant shall identify a new proposed primary supervising physician within sixty (60) days and provide the Assigned Committee of the Board with their name and curriculum vitae. The Assigned Committee will provide written

notification to Applicant indicating whether it approves of the new proposed primary supervisor.

13. Applicant and the primary supervisor shall ensure that Applicant completes the three-Phase re-entry program set forth in Exhibit A to this Stipulation.

14. As further set forth in Exhibit A:

- a. Applicant and the primary supervisor shall notify the Board and/or the Assigned Committee upon the completion of each Phase.
- b. Applicant and the primary supervisor agree that the primary supervisor shall discuss their observations regarding Applicant's ability to practice upon request by a Board member, investigators for the Board, or an Assistant Attorney General.
- c. 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.

15. The Board, in its sole discretion and without need of notice or hearings, may extend the duration of the reentry plan described above, but only if:

- a. Reporting or information from Applicant's primary supervisor indicates one or more areas of possible deficiency in Applicant's practice skills, knowledge, or performance; or
- b. The Board receives credible information regarding a deficiency in Applicant's practice skills, knowledge, performance, or conduct. The Board will advise Applicant of the adverse information and provide Applicant an opportunity to respond before any final action by the Board.

16. The terms of the reentry plan set forth in Exhibit A shall not be varied without the written consent of the Board.
17. At the end of Phase III of the Reentry Agreement, Applicant shall provide to the Assigned Committee a final, written assessment from the primary supervising physician. The report shall include information regarding Applicant's competency, practice activities and workload, knowledge and skills, any problem or concerns, and ability to practice safely.
18. After the Applicant successfully completes Phase III of the reentry program, they may request relief from the conditions on their license related to the reentry program. The Board shall not take any action on that request without receiving the final written report from the primary supervising physician.

IV. Additional Terms

19. All terms and conditions of this Stipulation shall be imposed concurrently with Applicant's Vermont physician license.
20. The parties agree that this Stipulation shall be a public document, shall be made part of Applicant's file, and shall be reported as a conditioned license to other authorities and/or entities.
21. This Stipulation is subject to review and acceptance by the Board and shall not become effective until presented to and approved by the Board. If the Board rejects any part of this Stipulation, the entire agreement shall be considered void. However, should the terms and conditions of this Stipulation be deemed acceptable by the Board, the parties request that the Board enter an order adopting the facts, conclusions, and all terms and conditions of licensure as set forth herein, including that Applicant's certification is conditioned.

22. Applicant agrees that all terms and conditions herein may be adopted as an enforceable Order of the Board. Applicant agrees that the Board shall retain continuing jurisdiction in this matter and may enforce as necessary all terms and conditions herein.

23. This document may be executed in counterparts.

(signatures on following page)

FOR APPLICANT KARIE SHELTON, PA-C:

I hereby accept the above Stipulation:

1-11-23
Date

KARIE SHELTON, PA-C

Karie Shelton PA-C

FOR THE VERMONT BOARD OF MEDICAL PRACTICE:

I hereby accept the above Stipulation:

02/01/2023
Date

Robert Tartalini, M.D.
Licensing Committee Chair

AS TO FORM:

02/01/2023
Date

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