

STATE OF VERMONT  
VERMONT BOARD OF MEDICAL PRACTICE  
LICENSING MATTER

Medical Licensure of REBECCA WINOKUR, M.D.

STIPULATION AND CONSENT ORDER FOR LICENSURE

Rebecca Winokur, M.D. and the Vermont Board of Medical Practice stipulate as follows:

I. Parties and Jurisdiction

1. Rebecca Winokur, M.D. (hereinafter, "Applicant") filed an application for reinstatement of medical licensure on or about May 13, 2024.
2. Applicant was previously licensed in Vermont from 2002 to 2018. Applicant has been out of clinical practice since 2013 and now wishes to resume their practice.
3. Applicant has identified the University of Vermont Medical Center, Fanny Allen Campus as their primary practice location and Rachel Inker, M.D., as their primary supervising physician. Applicant has identified additional practice locations and secondary supervising physicians as may be required by their job duties.
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 medical 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 medical doctor. 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 medical licensure will be conditioned upon completion of a reentry plan.
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 ninety (90) 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 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 their attorneys.
  - 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 medical 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.

FOR APPLICANT:

*I hereby accept the above Stipulation:*

8/29/24

Date

REBECCA WINOKUR, M.D.



---

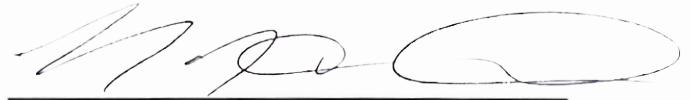
FOR THE VERMONT BOARD OF MEDICAL PRACTICE:

*I hereby accept the above Stipulation:*

9/5/2024

Date

RICK HILDEBRANT, M.D.



AS TO FORM:

Date

By: \_\_\_\_\_  
C. Justin Sheng, Esq., Vt. Bar No. 5259  
*Assistant Attorney General*  
Vermont Department of Health  
108 Cherry Street, PO Box 70  
Burlington, Vermont 05402-0070  
justin.sheng@vermont.gov

FOR APPLICANT:

*I hereby accept the above Stipulation:*

REBECCA WINOKUR, M.D.

8/29/24



Date

\_\_\_\_\_

FOR THE VERMONT BOARD OF MEDICAL PRACTICE:

*I hereby accept the above Stipulation:*

ROBERT TORTOLANI, M.D.

~~---RICK HILDEBRANT, M.D.---~~

Date

\_\_\_\_\_

AS TO FORM:

9/3/2024

Date

By:



C. Justin Sheng, Esq., Vt. Bar No. 5259  
Assistant Attorney General  
Vermont Department of Health  
108 Cherry Street, PO Box 70  
Burlington, Vermont 05402-0070  
justin.sheng@vermont.gov

## EXHIBIT A – REENTRY PLAN

### STATE OF VERMONT VERMONT BOARD OF MEDICAL PRACTICE LICENSING MATTER

Medical Licensure of REBECCA WINOKUR, M.D.

#### REENTRY PLAN

1. Pursuant to a Stipulation and Consent Order entered into by Rebecca Winokur, M.D. (“Applicant”) and the Vermont Board of Medical Practice (“Board”), Applicant has engaged a primary supervising physician, Rachel Inker, M.D., 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. Applicant has also engaged secondary supervising physician(s), David Lisle, M.D. and Daniel Weinstein, M.D. Up to one-half of the clinical activities set forth below may be supervised by a secondary supervisor; however, the evaluation and reporting responsibilities of this Reentry Agreement must be completed by the primary supervising physician.
3. 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.
4. 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 ninety (90) 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.

## EXHIBIT A – REENTRY PLAN

5. Applicant will provide all supervising physicians who will supervise them with a copy of the fully executed Stipulation and Consent Order.
6. Applicant will be responsible for ensuring that the primary supervisor does the following:
  - a. In Phase I, Applicant will provide 40 hours of direct patient care, supervised by a supervising physician. During the first 20 hours of Phase I, Applicant will observe a supervisor providing direct patient care. During the second 20 hours of Phase I, Applicant will provide direct patient care under direct supervision of a supervising physician.
    - 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 least 120 hours of direct patient care with a supervising physician immediately available in the facility for consultation. The duration of Phase II shall not be less than three (3) months. A supervising physician must carry out a chart review within five (5) working days for at least ten (10) instances of care rendered by Applicant each week. Following review, the charts will be attested to and dated by the reviewer, who must be one of Applicant's supervisors.



## EXHIBIT A – REENTRY PLAN

- 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 120 hours of direct patient care. The duration of Phase III shall not be less than two (2) months. As part of Phase III, Applicant will meet individually with their primary supervising physician weekly to discuss care delivered by Applicant. 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 PLAN

- vi. Discuss areas of weakness that might be addressed through CME or self-study. Applicant will complete any CME or self-study as directed by their supervising physician in a timely manner.
7. During each Phase, Applicant shall complete 20 hours of CMEs relevant to the areas of practice in which they are practicing, which must be approved for the American Medical Association's Physician Recognition Award Category 1 credit. At the end of each Phase, Applicant shall submit the certificates of attendance to the Assigned Committee. To the extent Applicant has completed any CME hours since submitting their application for licensure, those hours may be credited towards Phase I.
8. 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.
9. 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.
10. 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.
11. 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.
12. This document may be executed in counterparts.

(signatures on following page)

**EXHIBIT A – REENTRY PLAN**

FOR APPLICANT:

*I hereby accept the above Reentry Agreement:*

8/29/24  
Date

REBECCA WINOKUR, M.D.



---

FOR THE PRIMARY SUPERVISING PHYSICIAN:

*I hereby accept the above Reentry Agreement:*

8/28/24  
Date

RACHEL INKER, M.D.

