

Licensee Information

Lynnette Marie Schiffern - MD

License #: 2006-00858 **License Status:** Active **Public Action:** No
Issue Date: 06/14/2006 **Renewal Date:** 04/14/2027

Active Supervisees

Name	Type	Status	Approved
Alexander, Leah Miles	Physician Assistant	Active	01/23/2025
Barber, Kayla Miles	Physician Assistant	Active	06/21/2024
Chamberlain, Caroline Dana	Physician Assistant	Active	02/09/2026
Eiden, Rachelle M.	Physician Assistant	Active	08/07/2023
Leviste , Amelia Frye	Physician Assistant	Active	11/26/2023
Manio, Patricia Arielle Corpuz	Physician Assistant	Active	03/12/2024
Oakley, Rachael Marie	Physician Assistant	Active	09/11/2023
Ramsey, Kathleen Marie	Physician Assistant	Active	03/29/2022
Stevens, Joey Savannah	Physician Assistant	Active	04/10/2024
Townsend, Heather Lynn	Physician Assistant	Active	05/26/2022
Wilson, Allie Thompson	Physician Assistant	Active	05/13/2025
Young, Courtney Annika	Physician Assistant	Active	09/26/2024

North Carolina Hospital Admitting Privileges

Location
Atrium Health Mercy
Carolinas Medical Center
Carolinas Medical Center - Union
Carolinas Medical Center Mercy/Pineville
Carolinas Medical Center- NE

Out of State Active/Inactive Licenses

State
Utah

Out of Country Active/Inactive Licenses

Country

None Reported

Address

Carolinas Medical Center
1025 Morehead Medical Drive
Suite #300
Charlotte, NC 28204
704-355-4870

Information

Days patients are seen at this practice:

Participates in Medicare:

Practice philosophy:

Accepting new Medicare patients:

Non-English languages in which office is able to provide clinical services (e.g. Hindi, Spanish):

Participates in Medicaid:

Non-English languages in which practitioner is able to provide clinical services (e.g. Hindi, Spanish):

Accepting new Medicaid patients:

Uses electronic medical records:

Medical School

School	Graduation
Medical University of South Carolina	2000

Post Graduate Training

"Last Year" does not necessarily mean that the licensee completed his/her training program. (In NC, a physician can be licensed without completing such a program.)

Institution	Specialty	State, Country	Training Program	Last Year
University of Utah Hospitals and Clinics	Other - Surgical Critical Care	UT, US	Fellowship	2006
University of Utah Hospitals and Clinics	General Surgery	UT, US	Residency	2005
University of Utah Hospitals and Clinics	General Surgery	UT, US	Internship	2001

Current Board Certification and Year of Certification/Recertification

Physicians should not list non-ABMS or non-BOA specialty boards unless the board meets the criteria set forth in the NC Medical Board's Advertising and Publicity Position Statement.

Primary/Subspecialty	Year
Surgery (general)	2014
Surgical Critical Care	2015

Area of Practice

Area Of Practice	Primary
Abdominal Surgery	Yes
Colon and Rectal Surgery	
Critical Care Surgery	
General Surgery	

Neurological Surgery, Critical Care	
Surgery	
Surgery - Surgical Critical Care	
Surgery (general)	
Surgical Critical Care	
Trauma Surgery	

Current Membership in Medical Professional Organizations

Membership
None Reported

Honors & Awards

Honor/Award	Given By	Date
None Reported		

Public Service

Name of Clinic	Service Description	Date
None Reported		

Current Academic Appointments

Title	Institution	City, State, Country
None Reported		

Publications

Title
None Reported

Section 1: Adverse Actions

North Carolina Medical Board Public Actions

Date	Description	Link
None Reported		

Other Regulatory Board or Agency Public Actions

Date	Name of Board/Agency	Action Taken	Link
None Reported			

Health Care Institution Suspensions and Revocations

Date	Health Care Institution	Action Taken
None Reported		

Section 2: Administrative Actions

Actions listed in this section are considered non-disciplinary by the Board. In situations where administrative actions are taken, the licensee may not have met certain statutory requirements or may have failed to follow correct administrative procedures.

North Carolina Medical Board Reentry Agreement

Date	Description	Link
None Reported		

North Carolina Special Purpose Licensing Agreement

Date	Description	Link
None Reported		

Malpractice Information

Incident Date	Payment Date	Area of Practice	City, State, Country	Response
None Reported				

Misdemeanor/DUI/DWI Conviction Information

Conviction Date	Conviction	Jurisdiction	Sentence
None Reported			

Felony Conviction Information

Conviction Date	Conviction	Jurisdiction	Sentence
None Reported			