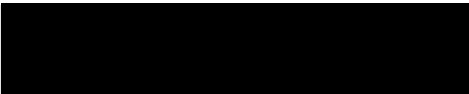


STATE OF VERMONT
RENEWAL APPLICATION

I hereby apply for the renewal of my: Physician License

Family Practice

PATRICIA T GLOWA MD



11/30/90

12/01/90 - 11/30/92

150.00

42-0006920

Current Expiration | Renewal Period Covering | Renewal Fee | Lic/Cert #

Renewals postmarked after the expiration date must include a late fee of \$25.00

INFORMATION NEEDED

A YES REQUIRES AN EXPLANATION. DURING THE PREVIOUS 2 YEARS, HAVE YOU:

Had any illness or conditions which impaired your ability to function as a physician?

Had any convictions other than for minor traffic violations? YES/NO

Had an addiction to or been treated for abuse of drugs or alcohol?

Had any jurisdiction deny or take action against your license? YES/NO

Had any final liability judgments or settlements against you? YES/NO

Had any hospital privileges denied, conditioned or revoked? YES/NO

Recently started practicing in Vermont? YES/NO

List all hospitals you currently hold hospital privileges or have held in the past two years: (give dates)

Cottage Hospital - active staff (Woodsville N.H.)
Littleton Hospital - courtesy (Littleton N.H.)

ADDITIONAL QUALIFICATIONS FOR RENEWAL

A professional license may not be renewed unless the licensee certifies that he or she is in good standing with respect to or in full compliance with a plan to pay any and all child support payable under a support order as of the date the application is filed. "Good standing" means that less than one-twelfth of the annual support obligation is overdue; or liability for any support payable is being contested in judicial or quasi-judicial proceeding; or he or she is in compliance with a repayment plan approved by the office of child support or agreed to by the parties; or, the licensing authority determines that immediate payment of support would impose an unreasonable hardship (15 V.S.A. § 795).

A professional license may not be renewed unless the licensee certifies that he or she is in good standing with the Department of Taxes. "Good standing" means that no taxes are due, the tax liability is on appeal, the taxpayer is in compliance with the payment plan approved by the Commissioner of Taxes, or the licensing authority determines that immediate payment of taxes would impose an unreasonable hardship (32 V.S.A. § 3113). The maximum penalty for perjury is fifteen years in prison, a \$10,000 fine, or both.

STATEMENT OF APPLICANT

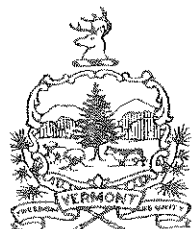
I hereby certify that; I am not subject to any support order or I am subject to a support order and am in good standing with respect to or in full compliance with a plan to pay any and all child support due the State of Vermont as of the date of this application.

I hereby certify, under the pains and penalties of perjury, that I am in good standing with respect to or in full compliance with a plan to pay any and all taxes due the State of Vermont as of the date of this application.

I further certify that all information contained in this renewal application is true and accurate to the best of my knowledge.

Date 10/20/90 Signature Patricia T. Glowa

IMPORTANT: Please be sure to write your license number on your check. Check for correct spelling of name and proper address. Print any changes in the adjoining space. Sign and date the application. Enclose the correct fee in a check or money order payable to the Secretary of State.



Secretary of State's Office
Office of Professional Regulation
Pavilion Office Bldg-Montpelier, VT 05602-2710
(802) 828-2363



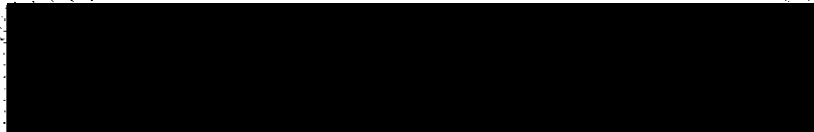
RENEWAL APPLICATION

I hereby apply for the renewal of my License AS
A Physician
for the period from 02/01/1987 to 01/31/1989

under the provisions of Title 26 Chapter 23 V.S.A. LICENSE NUMBER 42-0006920
I enclose the correct fee as follows: \$ 100.00

IMPORTANT: YOU MUST SIGN THE REVERSE SIDE OF THIS CERTIFICATE OR YOUR LICENSE WILL NOT BE RENEWED.

GLOWA PATRICIA T MD



FOLD HERE →

READ REVERSE FIRST

SPECIAL INSTRUCTIONS

DURING THE PREVIOUS 2 YEARS, HAVE YOU: A YES REQUIRES AN EXPLANATION
please circle either yes or no

- Had any treatment for mental illness? YES NO
- Had any convictions other than minor traffic violations? YES NO
- Had an addiction to or been treated for drug or alcohol abuse? YES NO
- Had another state deny or take action against your license? YES NO
- Had any final unfavorable liability judgments or settlements? YES NO
- Had any hospital privileges denied, conditioned or revoked? YES NO
- Recently started practicing in VT? YES NO Specify Date: _____

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RENEWAL APPLICATION

I hereby apply for the renewal of my License AS
A Physician
for the period from 02/01/1989 to 11/30/1990

under the provisions of Title 26 Chapter 23 V.S.A. LICENSE NUMBER 42-0006920
I enclose the correct fee as follows: \$ 96.00

IMPORTANT: YOU MUST SIGN THE REVERSE SIDE OF THIS CERTIFICATE OR YOUR LICENSE WILL NOT BE RENEWED.

GLOWA PATRICIA T MD



FOLD HERE →

READ REVERSE FIRST

SPECIAL INSTRUCTIONS

DURING THE PREVIOUS 2 YEARS, HAVE YOU: A YES REQUIRES AN EXPLANATION
please circle either yes or no

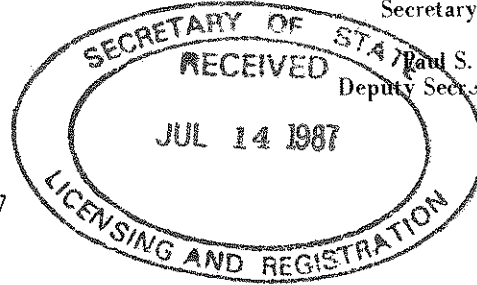
- Had any treatment for mental illness? YES NO
 - Had any convictions other than for minor traffic violations? YES NO
 - Had an addiction to or been treated for drug or alcohol abuse? YES NO
 - Had any jurisdiction deny or take action against your license? YES NO
 - Had any final liability judgments or settlements? YES NO
 - Had any hospital privileges denied, conditioned or revoked? YES NO
 - Recently started practicing in Vermont? YES NO
- to distribute workload renewal period has been adjusted & fee prorated

State of Vermont
Office of the Secretary of State
Redstone Building, 26 Terrace Street
Mail: State Office Building
Montpelier, Vermont 05602-2198
(802) 828-2363
Corporations: (802) 828-2386



James H. Douglas
Secretary of State

Paul S. Gillies
Deputy Secretary of State



June 25, 1987

To: All Medical Doctors, Optometrists, Dentists, Chiropractors,
Podiatrists and Osteopaths

From: James H. Douglas *JHD*

RE: Attached form relating to Physicians and Balance Billing Practices

As the memo from Joel Cook explains, the new law on Medicare and Balance Billing Practices requires me to provide you, as a Vermont Physician, with a form for your signature indicating that you are aware of the provisions of this Act.

Once I receive these forms, they will be forwarded to the appropriate licensing board for filing, as required by law.

Please read the materials provided in this packet thoroughly and then sign the form as indicated and return it to: The Secretary of State, Pavilion Office Building, 109 State Street, Montpelier, Vermont 05602-2198.

Thank you.

FORM ASSERTING AWARENESS OF THE MEDICARE AND BALANCE BILLING PAYMENTS LAW

I hereby attest that I am aware of the provisions of the 1987 Medicare and Balance Billing Payments Law.

Pat Glowa

(Please sign here)

Physician's name (please print): *Pat Glowa MD*

Address: 