

STATE OF VERMONT -- BOARD OF MEDICAL PRACTICE  
2000-2002 PHYSICIAN LICENSE RENEWAL APPLICATION, PAGE ONE OF FIVE

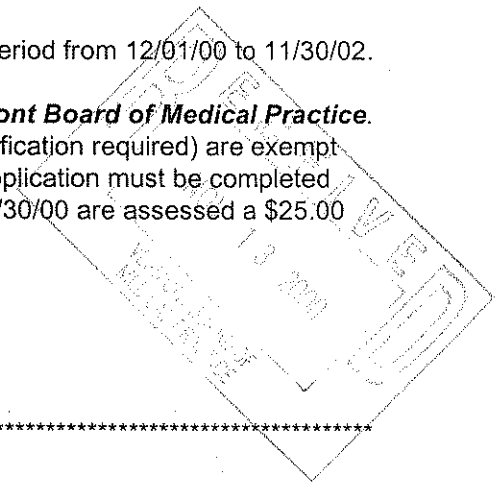
I hereby apply for the renewal of my LICENSE AS A PHYSICIAN for the period from 12/01/00 to 11/30/02.  
TWO YEAR RENEWAL FEE: \$350.00

**Enclose a check in the amount of \$350.00 made payable to the Vermont Board of Medical Practice.**

Physicians 80 years of age or older or on full-time active military duty (verification required) are exempt from payment of a renewal fee; however, the physician license renewal application must be completed and submitted. LATE FEE: Applications post-marked or received after 11/30/00 are assessed a \$25.00 late fee.

042-0006920

Patricia T. Glowa MD  
Community Health Center  
1 Medical Center Drive  
Lebanon, NH 03766



\*\*\*\*\*  
**IMPORTANT:**

- Please print legibly or type your answers.
- Answer all questions completely; it is not adequate to state that the Board already has the information.
- Use the enclosed Form A to provide explanations to "yes" answers in Section II.
- Make a copy of the completed form and all attachments for your own records.
- Do not delegate this important task to an employee, as false statements on this form are grounds for unprofessional conduct.

**SECTION I**

Name: Glowa Patricia Todd  
(Last) (First) (Middle) (Former)

Vermont license number: 6920 Other name(s), if any, under which you were licensed in Vermont and elsewhere since your last renewal —

**"MAILING ADDRESS" will be public and listed on the Board's website.** All addresses must be included.

MAILING ADDRESS: Community Health Center 2 Buck Rd  
(Street)  
Hanover NH 03755 603-650-4000  
(City) (State) (Zip Code) (Telephone)

OFFICE ADDRESS: Community Health Center 2 Buck Rd  
(Street)  
Hanover NH 03755 603 650-4000  
(City) (State) (Zip Code) (Telephone)

HOME ADDRESS: [REDACTED]  
(City) (State) (Zip Code) (Telephone)

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Are you currently active in clinical practice in Vermont?     Yes     No  
 Did you practice in Vermont during the past 12 months?     Yes     No  
 Do you intend to practice medicine without hospital privileges?     Yes     No

**SPECIALTY**

Specialty:    Family Medicine

Subspecialty:    \_\_\_\_\_

American Specialty Board Certified:     Yes     No

Specialty:    Family Medicine    Year Certified:    1980

If applicable, year recertified:    1986, 1992, 1998

**PRACTICE**

Do you have hospital privileges?     Yes     No

List all hospitals where you have, or previously have had, staff privileges. Include full information.

Name	Address	Dates/From-To	Specialty/Subspecialty
<u>Dartmouth-Hitchcock Med. Ctr., 1 Med Ctr Dr Lebanon</u>		<u>1995-present</u>	<u>Family Medicine</u>
<u>UNC-Memorial Hosps., Chapel Hill, N.C.</u>		<u>1991-1995</u>	<u>"</u>
<u>Cottage Hosp., Woodsville, N.H.</u>		<u>1980-1991</u>	<u>"</u>

**LICENSE IN OTHER JURISDICTIONS**

Do you hold, or have you ever held, a medical license in any other state?     Yes     No  
 If yes, complete the section below.

State	License Number	Date Issued	Status (Active, Inactive, Other)
<u>NH</u>	<u>6250</u>	<u>1980</u>	<u>active</u>
<u>NY</u>	<u>134698</u>	<u>1978</u>	<u>"</u>
<u>NC</u>	<u>33831</u>	<u>1991</u>	<u>inactive</u>


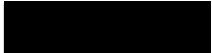

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SECTION III: "Yes" answers to Questions 1 - 24 require an explanation on the enclosed Form A.

**Important note regarding the following questions: "Yes" answers on past renewals must be updated on Form A.** For example, if a previously reported malpractice action has been dismissed, indicate that on Form A. **YOU HAVE A CONTINUING OBLIGATION TO UPDATE THE BOARD DURING THE 2000-2002 PERIOD IF THE ANSWER TO ANY OF THE QUESTIONS ON THE NEXT TWO PAGES CHANGE FROM "NO" TO "YES".**

(Section III is for the reporting of information which is retained solely by the Board of Medical Practice and is not part of the data base maintained by the Department of Health.)

**DURING THE PAST TWO YEARS:**

1. Have you ever applied for and been denied a license to practice medicine or any healing art?  Yes  No
2. Have you ever withdrawn an application for a license to practice medicine or any healing art?  Yes  No
3. Have you ever voluntarily surrendered or resigned a license to practice medicine or any healing art in lieu of disciplinary action?  Yes  No
4. Are any formal disciplinary charges pending or has any disciplinary action ever been taken against you by any governmental authority, by any hospital or health care facility, or by any professional medical association (international, national, state or local)?  Yes  No
5. To your knowledge, are you the subject of an investigation by any **other** licensing board as of the date of this application? 
6. Have you ever been denied the privilege of taking an examination before any State Medical Examining Board?  Yes  No
7. Have you ever discontinued your education, training, or practice for a period of more than three months?  Yes  No
8. Have you ever been dismissed, suspended, or asked to leave a residency training program(s) before completion?  Yes  No
9. Have you ever had staff privileges, employment or appointment in a hospital or other health care institution denied, reduced, suspended or revoked; resigned from a medical staff in lieu of disciplinary action; or resigned from a medical staff after a complaint or peer review action has been initiated against you?  Yes  No
10. Have you ever been denied the right to participate or enroll in any system whereby a third party pays all or part of a patient's bill?  Yes  No
11. Have you ever been notified as a responsible party of a confirmed quality concern (quality of hospital care provided to Medicare patient) by the Peer Review Organization (PRO) in Vermont or elsewhere?  Yes  No
12. Has any medical malpractice claim been made against you (whether or not a lawsuit was filed in relation to the claim/complaint/demand for damages)? 
13. Have you ever been turned down for coverage by a malpractice insurance carrier?  Yes  No
14. Has your privilege to possess, dispense or prescribe controlled substances ever been suspended, revoked, denied, restricted by or surrendered to any jurisdiction or federal agency at any time?  Yes  No
15. Have you, at any time, been a defendant in any criminal proceeding other than minor traffic offenses? (Note: Driving while intoxicated is **NOT** a minor offense.)  Yes  No
16. To your knowledge, are you the subject of an investigation for a criminal act? 

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SECTION III CONTINUED: "Yes" answers to Questions 17 through 24 requires an explanation on the enclosed Form A. For purposes of Questions 17 through 24, the following phrases or words are defined below:

"Ability to practice medicine" is to be construed to include all of the following:

1. The cognitive capacity to make appropriate clinical diagnoses and exercise reasoned medical judgments, and to learn and keep abreast of medical developments; and
2. The ability to communicate those judgments and medical information to patients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and
3. The physical capability to perform medical tasks such as physical examination and surgical procedures, with or without the use of aids or devices, such as corrective lenses or hearing aids.

"Medical condition" includes physiological, mental or psychological conditions or disorders, such as but not limited to orthopedic, visual speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction, and alcoholism.

"Chemical substances" is to be construed to include alcohol, drugs, or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, well as those used illegally.

"Currently", for purposes of this renewal application, does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, or within the past two (2) years.

"Illegal use of controlled substances" means the use of controlled substances obtained illegally as well as the use of controlled substances which are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

17. Do you have a medical condition which in any way impairs or limits your ability to practice medicine with reasonable skill and safety? If yes, explain on Form A.



18. Does your use of chemical substance(s) in any way impair or limit your ability to practice medicine with reasonable skill and safety? If yes, explain on Form A.



19. Are the limitations or impairments caused by your medical condition reduced or ameliorated because You receive ongoing treatment (with or without medications) or participate in a monitoring program? If yes, explain on Form A.



20. Are the limitations or impairments caused by your medical condition reduced or ameliorated because of the field of practice, the setting or the manner in which you have chosen to practice? If yes, explain on Form A.



21. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, or voyeurism? If yes, explain on Form A.



22. Are you currently engaged in the illegal use of controlled substances?



23. If yes to 22, are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not illegally using controlled substances? If yes, explain on Form A.



24. Have you been diagnoses with or have you been treated for bipolar disorder, schizophrenia, paranoia, or any other psychotic disorder?



SECTION IV

APPLICANT'S STATEMENT REGARDING CHILD SUPPORT, TAXES, UNEMPLOYMENT COMPENSATION CONTRIBUTIONS

PAGE FIVE OF FIVE

You must answer questions 1, 2, and 3.

Regarding Child Support

Title 15 § 795 requires that: A professional license or other authority to conduct a trade or business may not be issued or renewed unless the person 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 a 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)

1. You must check one of the two statements below regarding child support regardless whether or not you have children:

I hereby certify that, as of the date of this application: (a) I am not subject to any support order or (b) I am subject to a support order and I am in good standing with respect to it, or (c) I am subject to a support order and I am in full compliance with a plan to pay any and all child support due under that order.

or

I hereby certify that I am NOT in good standing with respect to child support dues as of the date of this application and I hereby request that the licensing authority determine that immediate payment of child support would impose an unreasonable hardship. Please forward an "Application for Hardship".

Regarding Taxes

Title 32 § 3113 requires that: A professional license or other authority to conduct a trade or business may not be issued or renewed unless the person 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 a 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)

2. You must check one of the two statements below regarding taxes:

I hereby certify, under the pains and penalties or perjury, that I am in good standing with respect to or in full compliance with a plan to pay any and all taxes due to the State of Vermont as of the date of this application. (The maximum penalty for perjury is fifteen years in prison, a \$10,000.00 fine or both).

or

I hereby certify that I am NOT in good standing with respect to taxes due to the State of Vermont as of the date of this application and I hereby request that the licensing authority determine that immediate payment of taxes would impose an unreasonable hardship. Please forward an "Application for Hardship".

Regarding Unemployment Compensation Contributions

Title 21 § 1378 requires that: No agency of the state shall grant, issue or renew any license or other authority to conduct a trade or business (including a license to practice a profession) to, or enter into, extend or renew any contract for the provision of goods, services, or real estate space with any employing unit unless such employing unit shall first sign a written declaration, under the pains and penalties of perjury, that the employing unit is in good standing with respect to or in full compliance with a plan to pay any and all contributions or payments in lieu of contributions due as of the date such declaration is made. For the purposes of this section, a person is in good standing with respect to any and all contributions or payments in lieu of contributions payable if: (1) no contributions or payments in lieu of contributions are due and payable; (2) the liability for any contributions or payments in lieu of contributions due and payable is on appeal; (3) the employing unit is in compliance with a payment plan approved by the Commissioner; or (4) in the case of a licensee, the agency finds that requiring immediate payment of contributions or payments in lieu of contributions due and payable would impose an unreasonable hardship.

3. You must check one of the three statements below regarding unemployment contributions or payments in lieu of unemployment contributions:

I hereby certify, under the pains and penalties or perjury, that I am in good standing with respect to or in full compliance with a payment plan approved by the Commissioner of Employment and Training to pay any and all unemployment contributions or payments in lieu of unemployment contributions to the Vermont Department of Employment and Training due as of the date of this application. (The maximum penalty for perjury is 15 years in prison, a \$10,000.00 fine or both.)

or

I hereby certify that I am NOT in good standing with respect to unemployment contributions or payments in lieu of unemployment contributions due to the Vermont Department of Employment and Training as of the date of this application and I hereby request that the licensing authority determine that requiring immediate payment of unemployment contributions or payments in lieu of unemployment contributions would impose an unreasonable hardship. Please forward an Application for Hardship.

or

I hereby certify that 21 V.S.A. § 1378 is not applicable to me because I am not now, nor have I ever been, an employer. *- in the State of Vermont*

Social Security #  Date of Birth

\* The disclosure of your social security number is mandatory, it is solicited by the authority granted by 42 U.S.C. § 405 (c)(2)(C), and will be used by the Department of Taxes and the Department of Employment and Training in the administration of Vermont tax laws, to identify individuals affected by such laws, and by the Office of Child Support.

STATEMENT OF APPLICANT

I certify that the information stated by me in this application is true and accurate to the best of my knowledge and that providing false information or omission of information is unlawful and may jeopardize my license/certification/registration status.

Signature of Applicant Patricia T. Glaw Date 10/26/00