

Walter T. Bowers, M.D., License # 32910

The Panel is asked to finally resolve the Complaint, without an evidentiary hearing, by entering into the proposed Agreed Order. Panel members reviewed a Memorandum from Mr. Lloyd Vest, the Complaint and the proposed Agreed Order.

Action: Upon consideration, Dr. Travis moved to accept the proposed Agreed Order. Seconded by Dr. Rangaswamy, the motion carried.

evaluation of the history obtained from his patients.

I do not believe he is an immediate danger to the public.

Sincerely,

A handwritten signature in cursive script, appearing to read "Danny M. Clark".

Danny M. Clark, M.D.

KENTUCKY BOARD OF MEDICAL LICENSURE

EXPERT REVIEW WORKSHEET

(Please type)

This document does not have to be completed unless the Board is unable to make an informed decision on a complaint. It is intended for use by the Board and the complainant.

Case No. 10030 Patient Name _____

Expert's Name DANNY M. CLARK

1. Brief description of symptom, dx and course of treatment: _____

SEE ATTACHED LETTER

2. Can you form an opinion? Based on your background and experience and review of all information provided you, and assuming that the treatment as documented was provided, can you form an opinion as to whether the care rendered by the care provider, including diagnosis, treatment or record keeping, departed from or failed to conform to the minimal standards of acceptable and prevailing medical practice (in the medical community at large)?

- Yes, I can form an opinion.
- No, I cannot form an opinion.
- I need more information (specify): _____

3. What is your opinion? Please use the definitions below as "guidelines" to be used in defining standard of practice. You are not limited to these guidelines in forming your opinion, but please state your own additional criteria if applicable.

a. **Diagnosis.** Evaluation of a medical problem using means such as history, physical examination, laboratory, and radiographic studies, when applicable.

- Below minimum standards
- Within minimum standards

b. **Treatment.** Use of medications and other modalities based on generally accepted and approved indications, with proper precautions to avoid adverse physical reactions, habituation or addiction.

- Below minimum standards
- Within minimum standards

c. **Records.**

Maintenance of records which should contain, at a minimum, the following: (1) appropriate history and physical and/or mental examination for the patient's chief complaint relevant to the physician's specialty; (2) results of diagnostic tests (when indicated); (3) a working diagnosis; (4) notes on treatment(s) undertaken; (5) a record by date of all prescriptions for drugs, with names of medications, strengths, dosages, quantity, and number of refills; and (6) a record of billings.

- Below minimum standards
- Within minimum standards

d. **Overall Opinion.** Based on the foregoing, what is your overall opinion?

- Clearly below minimum standards.
- Clearly within minimum standards
- Borderline Case

e. **Gross Ignorance, Gross Negligence, Gross Incompetence.** If you found that this physician did not meet the minimum standards of care in treating a patient(s), did you also conclude that any of these departures from the minimum standards of care were so serious that you consider them to exhibit gross ignorance, gross negligence, and/or gross incompetence on the physician's part. If "yes," please identify each of these instances, classify it appropriately and explain your reasoning in reaching that conclusion(s). If "yes," please also indicate whether you found a pattern of gross ignorance,

gross negligence and/or gross incompetence in this physician's practice as evidenced by the records reviewed and explain your conclusion(s).

EXHIBITS GROSS IGNORANCE. I DO NOT SEE A PATTERN IN THE RECORDS PROVIDED TO ME

Other questions from the Medical Board: (ignore if blank)

4. Explain your opinion. If you opined that practice was below minimum standard for any of the above reasons, state the correct minimal standard of practice (NOTE: It is not sufficient to say "I would have..., or I would have not...", you should be able to testify that "the minimal standard of practice in the medical community at large would be to...") Use extra sheets as necessary to explain your opinion and complete this report.

SEE ATTACHED SHEET

5. Specifically, we ask that you address the following substandard of care issues in your report:

a. Has the named physician engaged in conduct which departs from or fails to conform to the standards of acceptable and prevailing medical practice within the Commonwealth of Kentucky? If so, how?

YES. FAILURE TO EVALUATE MEDICATIONS HIS PATIENT WAS TAKING.

b. Has the named physician committed a serious act, or a pattern of acts, during the course of the physician's medical practice which, under the attendant circumstances, would be deemed to be gross incompetence, gross ignorance, gross negligence or malpractice? If so, please describe and categorize the act(s).

THIS IS A SERIOUS ACT THAT WOULD BE GROSS IGNORANCE.

c. Is it your opinion that the standard of practice violations you have identified may be addressed by the Board in an orderly process, extending over some period of time (6 months to 2-3 years) through remedial education and training, and subsequent monitoring by the Board,

Or,

Are the violations of such a nature that the Board must act immediately to restrict or suspend the doctor's license to protect patients or the public from imminent danger?

SEE ATTACHED LETTER

JAN 20 2011

COMMONWEALTH OF KENTUCKY
BOARD OF MEDICAL LICENSURE
CASE NO. 1309

K.B.M.L.

IN RE: THE LICENSE TO PRACTICE MEDICINE IN THE COMMONWEALTH OF
KENTUCKY HELD BY WALTER T. BOWERS, M.D., LICENSE NO. 32910,
3131 HARVEY AVENUE, #204, CINCINNATI, OHIO 45229

AGREED ORDER

Comes now the Kentucky Board of Medical Licensure ("the Board"), acting by
and through its Hearing Panel B, and Walter T. Bowers, M.D. ("the licensee"), and,
based upon their mutual desire to fully and finally resolve the pending Complaint, hereby
ENTER INTO the following **AGREED ORDER**:

STIPULATIONS OF FACT

The parties stipulate the following facts, which serve as the factual bases for this
Agreed Order:

1. At all relevant times, Walter T. Bowers, M.D., was licensed by the Board to practice
medicine in the Commonwealth of Kentucky.
2. The licensee's medical specialty is obstetrics/gynecology.
3. On January 17, 2007, a malpractice action was filed against the licensee, alleging that
the patient's fetus died as the result of the licensee permitting a patient to continue to
take the anti-hypertensive drug, Benicar HC, during her pregnancy. The date of the
occurrence was July 18, 2006. The licensee settled the claim against him on May 5,
2008 for \$250,000.
4. In his letter of explanation to the Board, the licensee stated, in part,

The patient has had pregnancies on two separate occasions which were managed and
delivered without difficulty. She is a chronic hypertensive and has been managed by
her internist. The patient was seen initially for this pregnancy on January 2, 2006.
At that time she was being managed by her internist for control of hypertension with

atenolol and Benicar HCT. There were no untoward events during the antepartum period....The outcome of this pregnancy was fetal demise secondary to malformation incompatible with life....It was alleged that the fetal demise was secondary to the patient being maintained on the anti-hypertensive agent, Benicar HCT. The patient was managed for hypertension during this pregnancy by her internist, who continued the Benicar HCT. On July 20, 2006 with discussion with her internist, I changed the medication at 30 weeks gestation to Aldomet for continued hypertension management. During the period of gestation, hypertensive medication in question was never prescribed or renewed by me or my representatives. The hypertension management was solely the responsibility of the internal medicine practitioner. ...

5. On review, a Board member recommended that the case be reviewed by a Board consultant.
6. In a report dated August 30, 2009, the Board consultant concluded that the licensee's treatment of this patient was "below minimum standards," and constituted gross negligence. The consultant further concluded,

...I assume that Dr. Bowers knew she was taking Benicar, and it was his responsibility to decide if it's use was appropriate. The Obstetrician has to identify all medications a pregnant patient is taking, and decide if its use is appropriate.

The package insert says Benicar should be discontinued as soon as pregnancy is detected; that it does cause renal problems. *Drugs in Pregnancy and Lactation*, authored by Briggs, Freeman, and Yaffe, says the use of the drug in the second and third trimesters may cause teratogenicity and severe fetal and neonatal toxicity. It is a drug labeled as a risk factor of D in the third trimester. This means there is positive evidence of human fetal risk, but the benefits from use in pregnant women may be acceptable despite the risk [e.g. if the drug is needed in a life threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective.]

At delivery, the infant had multiple abnormalities, including renal tubular dysgenesis. I do not know if the drug was the direct cause of the infant's abnormalities; I suspect you could find experts to testify to both sides of this issue.

It is clearly below the standard of care for an Obstetrician to allow a pregnant patient to continue Benicar, even though it was prescribed by another Physician, without a documented discussion of the risks and benefits. If the drug was to be continued, a consultation with a Perinatologist would have been in order. To ignore the warnings in the package insert without serious discussion with the patient, and an absolute need for the drug, is a failure to conform to the standards of acceptable and prevailing medical practice within the Commonwealth of Kentucky.

This borders on gross ignorance, and is malpractice. Dr. Bowers may benefit from further training in the medical treatment of hypertension in pregnancy, and better evaluation of the history obtained from his patients.

7. Following this initial review, the Board obtained an additional five patient records for review by its consultant. The consultant concluded, in part,

...His care for all five patients is within minimum standards in the Commonwealth of Kentucky. His record keeping is poor with very few notes in the charts, and nothing to indicate his plan of care for complicated patients. There is apparently no effort made to obtain information about prior complicated pregnancies or medical illnesses.

8. Following its review of these consultant reports, the Panel initially asked the licensee to complete a clinical skills assessment, to assist the Panel in determining appropriate action. The licensee declined, citing his plans to discontinue his practice of obstetrics in December 2010 and the "prohibitive" costs of the assessment. After further review, the Panel asked the licensee, at a minimum, to successfully complete an approved Documentation Seminar and Post-program. The licensee has determined to do what the Panel has asked, in order to resolve this matter amicably, even though he plans to fully retire from the practice of medicine in approximately 2 years.

STIPULATED CONCLUSIONS OF LAW

The parties stipulate the following Conclusions of Law, which serve as the legal bases for this Agreed Order:

1. The licensee's medical license is subject to regulation and discipline by the Board.
2. Based upon the Stipulations of Fact, the licensee has engaged in conduct which violates the provisions of KRS 311.595(9), as illustrated by KRS 311.597(3) and (4). Accordingly, there are legal grounds for the parties to enter into this Agreed Order.

3. Pursuant to KRS 311.591(6) and 201 KAR 9:082, the parties may fully and finally resolve this pending Complaint without an evidentiary hearing by entering into an informal resolution such as this Agreed Order.

AGREED ORDER

Based upon the foregoing Stipulations of Fact and Stipulated Conclusions of Law, and, based upon their mutual desire to fully and finally resolve this pending Complaint without an evidentiary hearing, the parties hereby ENTER INTO the following

AGREED ORDER:

1. The license to practice medicine within the Commonwealth of Kentucky held by Walter T. Bowers, M.D., SHALL BE SUBJECT to this Agreed Order for a period of five (5) years from the date of filing of the Agreed Order.
2. During the effective period of this Agreed Order, the licensee's medical license SHALL BE SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS:
 - a. The licensee SHALL NOT engage in the practice of Obstetrics and SHALL NOT perform any obstetric procedure;
 - b. Within twenty (20) days of the filing of this Agreed Order, the licensee SHALL make all necessary arrangements to enroll in the Documentation Seminar at the Center for Personalized Education for Physicians (CPEP), 7351 Lowry Boulevard, Suite 100, Denver, Colorado 80230 – 303/577-3232, at the earliest time available. The licensee shall complete the Documentation Seminar at the time and date(s) scheduled, at his expense;

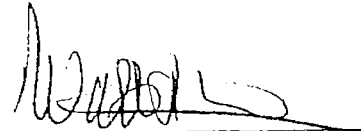
- c. The licensee SHALL provide the Board's staff with written verification that he has successfully completed CPEP's Documentation Seminar, and has enrolled in the 6-month Personalized Implementation Program (PIP);
- d. The licensee SHALL successfully complete PIP and SHALL provide the Board's staff with written verification that he has successfully completed the 6-month CPEP Personalized Implementation Program promptly after completing that program.
- e. The licensee SHALL take all steps necessary, including signing any waiver and/or consent forms required to ensure that CPEP will provide a copy of any evaluations from the Documentation Course and Personalized Implementation Program to the Board's Legal Department promptly after its completion;
- e. The licensee SHALL permit the Board's agents to inspect, copy and/or obtain relevant records, upon request, for review by the Board's agents and/or consultants;
- f. The licensee SHALL reimburse the Board fully for the costs of each consultant review performed pursuant to this Agreed Order. Once the Board receives the invoice from the consultant(s) for each review, it will provide the licensee with a redacted copy of that invoice, omitting the consultant's identifying information. The licensee SHALL pay the costs noted on the invoice within thirty (30) days of the date on the Board's written notice. The licensee's failure to fully reimburse the Board within that time frame SHALL constitute a violation of this Agreed Order;

- g. The licensee understands and agrees that at least one consultant review must be performed, on terms determined by the Panel or its staff, before the Panel will consider a request to terminate this Agreed Order.
 - h. The licensee SHALL pay the costs of the investigation in the amount of \$300.00 within six (6) months from entry of this Agreed Order;
 - i. The licensee SHALL NOT violate any provision of KRS 311.595 and/or 311.597.
3. The licensee expressly agrees that if he should violate any term or condition of the Agreed Order, the licensee's practice will constitute an immediate danger to the public health, safety, or welfare, as provided in KRS 311.592 and 13B.125. The parties further agree that if the Board should receive information that he has violated any term or condition of this Agreed Order, the Panel Chair is authorized by law to enter an Emergency Order of Suspension or Restriction immediately upon a finding of probable cause that a violation has occurred, after an *ex parte* presentation of the relevant facts by the Board's General Counsel or Assistant General Counsel. If the Panel Chair should issue such an Emergency Order, the parties agree and stipulate that a violation of any term or condition of this Agreed Order would render the licensee's practice an immediate danger to the health, welfare and safety of patients and the general public, pursuant to KRS 311.592 and 13B.125; accordingly, the only relevant question for any emergency hearing conducted pursuant to KRS 13B.125 would be whether the licensee violated a term or condition of this Agreed Order.

4. The licensee understands and agrees that any violation of the terms of this Agreed Order would provide a legal basis for additional disciplinary action, including revocation, pursuant to KRS 311.595(13).


SO AGREED on this 2nd day of January, 2011.

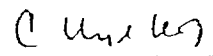
FOR THE LICENSEE:


WALTER T. BOWERS, M.D.

COUNSEL FOR THE LICENSEE
(IF APPLICABLE)

FOR THE BOARD:


RANDEL C. GIBSON, D.O.
CHAIR, HEARING PANEL B

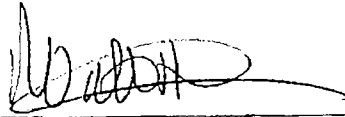

C. LLOYD VEST II
General Counsel
Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222
(502) 429-7150

WAIVER OF RIGHTS

I, Walter T. Bowers, M.D., am presently the Respondent in Kentucky Board of Medical Licensure Case No. 1309. I understand that, under 201 KAR 9:082, I must waive certain rights if I wish to resolve this matter by informal dispensation. Accordingly, I WAIVE my right to raise any constitutional, statutory or common law objection(s) I may have to the Hearing Panel rejecting the proposed informal dispensation or to the curtailment of such a settlement by the Board's General Counsel or Assistant General Counsel.

Furthermore, if the Hearing Panel accepts the proposed Agreed Order as submitted, I WAIVE my right to demand an evidentiary hearing or to raise additional constitutional or statutory objections in this matter. However, if the Hearing Panel should reject the proposed Agreed Order, I understand that further proceedings will be conducted in accordance with KRS 311.530 et seq, and I will have the right to raise any objections normally available in such proceedings.

Executed this 26th day of January, 2011.



WALTER T. BOWERS, M.D.
Respondent

COUNSEL FOR THE RESPONDENT
(IF APPLICABLE)

Walter T. Bowers, M.D., License # 32910

This malpractice case was originally reviewed by Panel A at its November 2009 meeting, and the Panel voted to review additional charts. Panel A reviewed the follow-up investigative Memorandum at its May 2010 meeting, but there was some confusion with regard to the vote. Therefore, the Panel is asked to recall its vote so that staff can implement the action.

Action: After discussion, a motion was made by Dr. Briscoe to keep the investigation open and send Dr. Bowers a letter confirming that he will no longer practice obstetrics after December 31, 2010. Dr. Briscoe further moved to ask Dr. Bowers to enter into an Interim Agreed Order (Diversion), and if he refuses either, to file a Complaint. Seconded by Dr. Hacker, the motion carried. Terms and conditions were provided to General Counsel.

DEC 20 2010

COMMONWEALTH OF KENTUCKY
BOARD OF MEDICAL LICENSURE
CASE NO. 1309

K.B.M.L.

IN RE: THE LICENSE TO PRACTICE MEDICINE IN THE COMMONWEALTH OF KENTUCKY HELD BY WALTER T. BOWERS, M.D., LICENSE NO. 32910, 3131 HARVEY AVENUE, #204, CINCINNATI, OHIO 45229

COMPLAINT

Comes now the Complainant C. William Briscoe, M.D., Chair of the Kentucky Board of Medical Licensure's Inquiry Panel A, and on behalf of the Panel which met on November 19, 2009, and May 20 and November 18, 2010, states for its Complaint against the licensee, Walter T. Bowers, M.D., as follows:

1. At all relevant times, Walter T. Bowers, M.D., was licensed by the Board to practice medicine in the Commonwealth of Kentucky.
2. The licensee's medical specialty is obstetrics/gynecology.
3. On January 17, 2007, a malpractice action was filed against the licensee, alleging that the patient's fetus died as the result of the licensee permitting a patient to continue to take the anti-hypertensive drug, Benicar HC, during her pregnancy. The date of the occurrence was July 18, 2006. The licensee settled the claim against him on May 5, 2008 for \$250,000.
4. In his letter of explanation to the Board, the licensee stated, in part,

The patient has had pregnancies on two separate occasions which were managed and delivered without difficulty. She is a chronic hypertensive and has been managed by her internist. The patient was seen initially for this pregnancy on January 2, 2006. At that time she was being managed by her internist for control of hypertension with atenolol and Benicar HCT. There were no untoward events during the antepartum period....The outcome of this pregnancy was fetal demise secondary to malformation incompatible with life....It was alleged that the fetal demise was secondary to the patient being maintained on the anti-hypertensive agent, Benicar HCT. The patient was managed for hypertension during this pregnancy by her internist, who continued the Benicar HCT. On July 20, 2006 with discussion with her internist, I changed the

medication at 30 weeks gestation to Aldomet for continued hypertension management. During the period of gestation, hypertensive medication in question was never prescribed or renewed by me or my representatives. The hypertension management was solely the responsibility of the internal medicine practitioner. ...

5. On review, a Board member recommended that the case be reviewed by a Board consultant.
6. In a report dated August 30, 2009, the Board consultant concluded that the licensee's treatment of this patient was "below minimum standards," and constituted gross negligence. The consultant further concluded,

...I assume that Dr. Bowers knew she was taking Benicar, and it was his responsibility to decide if its use was appropriate. The Obstetrician has to identify all medications a pregnant patient is taking, and decide if its use is appropriate.

The package insert says Benicar should be discontinued as soon as pregnancy is detected; that it does cause renal problems. Drugs in Pregnancy and Lactation, authored by Briggs, Freeman, and Yaffe, says the use of the drug in the second and third trimesters may cause teratogenicity and severe fetal and neonatal toxicity. It is a drug labeled as a risk factor of D in the third trimester. This means there is positive evidence of human fetal risk, but the benefits from use in pregnant women may be acceptable despite the risk [e.g. if the drug is needed in a life threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective.]

At delivery, the infant had multiple abnormalities, including renal tubular dysgenesis. I do not know if the drug was the direct cause of the infant's abnormalities; I suspect you could find experts to testify to both sides of this issue.

It is clearly below the standard of care for an Obstetrician to allow a pregnant patient to continue Benicar, even though it was prescribed by another Physician, without a documented discussion of the risks and benefits. If the drug was to be continued, a consultation with a Perinatologist would have been in order. To ignore the warnings in the package insert without serious discussion with the patient, and an absolute need for the drug, is a failure to conform to the standards of acceptable and prevailing medical practice within the Commonwealth of Kentucky.

This borders on gross ignorance, and is malpractice. Dr. Bowers may benefit from further training in the medical treatment of hypertension in pregnancy, and better evaluation of the history obtained from his patients.

7. Following this initial review, the Board obtained an additional five patient records for review by its consultant. The consultant concluded, in part,

...His care for all five patients is within minimum standards in the Commonwealth of Kentucky. His record keeping is poor with very few notes in the charts, and nothing

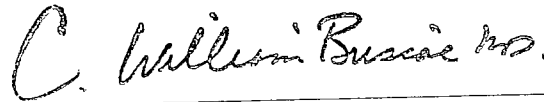
to indicate his plan of care for complicated patients. There is apparently no effort made to obtain information about prior complicated pregnancies or medical illnesses.

8. Following its review of these consultant reports, the Panel initially asked the licensee to complete a clinical skills assessment, to assist the Panel in determining appropriate action. The licensee declined, citing his plans to discontinue his practice of obstetrics in December 2010 and the "prohibitive" costs of the assessment. After further review, the Panel asked the licensee, at a minimum, to successfully complete an approved Documentation Seminar and Post-program. Again, the licensee declined, based upon the "prohibitive" costs involved and his plans to fully retire from the practice of medicine in approximately 2 years.
9. By his conduct, the licensee has violated KRS 311.595(9), as illustrated by KRS 311.597(3) and (4). Accordingly, legal grounds exist for disciplinary action against his Kentucky medical license.
10. The licensee is directed to respond to the allegations delineated in the Complaint within thirty (30) days of service thereof and is further given notice that:
 - (a) His failure to respond may be taken as an admission of the charges;
 - (b) He may appear alone or with counsel, may cross-examine all prosecution witnesses and offer evidence in his defense.
11. NOTICE IS HEREBY GIVEN that a hearing on this Complaint is scheduled for May 3 and 4, 2011 at 9:00 a.m., Eastern Standard Time, at the Kentucky Board of Medical Licensure, Hurstbourne Office Park, 310 Whittington Parkway, Suite 1B, Louisville, Kentucky 40222. Said hearing shall be held pursuant to the Rules and Regulations of the Kentucky Board of Medical Licensure and pursuant to KRS Chapter 13B. This

hearing shall proceed as scheduled and the hearing date shall only be modified by leave of the Hearing Officer upon a showing of good cause.

WHEREFORE, Complainant prays that appropriate disciplinary action be taken against the license to practice medicine held by Walter T. Bowers, M.D..

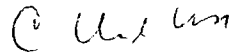
This 20th day of December, 2010.



C. WILLIAM BRISCOE, M.D.
CHAIR, INQUIRY PANEL A

CERTIFICATE OF SERVICE

I certify that the original of this Complaint was delivered to Mr. C. William Schmidt, Executive Director, Kentucky Board of Medical Licensure, 310 Whittington Parkway, Suite 1B, Louisville, Kentucky 40222; and a copy was mailed to Hon. Donna H. Terry, 1805 St. Ives Circle, Lexington, Kentucky 40502 and mailed via certified mail return-receipt requested to Walter T. Bowers, M.D., 3131 Harvey Avenue, Cincinnati, Ohio 45229 on this 20th day of December, 2010.



C. LLOYD VEST II
General Counsel
Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222
(502) 429-7150

MEMORANDUM

To: Inquiry Panel A

From: Lloyd Vest ^{LV}
General Counsel

Investigator: Eric Tout

Date: October 29, 2010

Re: WALTER T. BOWERS, M.D.
3131 Harvey Avenue, #204
Cincinnati, Ohio 45229
University of Michigan Medical School, Ann Arbor, 1975
Original Licensing State: Ohio
Date Licensed in Kentucky: 03/20/1997
Active License No. 32910
Specialty: Obstetrics/Gynecology
Grievance Number: 10030
Investigation Initiated: 8/10/09
Cost of Consultant: \$300

Action Requested: The Panel is asked to recall its vote so that staff can implement that vote.

Bowers, Walter T., M.D.
Grievance #10030
October 29, 2010

Background: The Panel reviewed this malpractice action originally at its November 19, 2008 meeting. The Panel voted to ask the consultant to review 10 additional charts. It was only possible to obtain 5 additional charts for review.

At its May 20, 2010 meeting, the Panel reviewed the investigative memorandum. (Attachment 1)

Following that meeting, staff met to go over the Panel's votes on each of the cases. Staff seemed to be in agreement about each of the votes for that meeting. A set of draft minutes were then routed to all of the participating staff. The draft minutes for this case noted, "After discussion, a motion was made by Dr. Dave to defer action pending further review. Seconded by Dr. Berberich, the motion carried." Two handwritten notes were added to the draft – "ask Dr. Bowers to enter into diversion" and "need to note Complaint." The minutes that were sent to the Chair for signature and later adopted by the Panel read, "After discussion, a motion was made by Dr. Dave to ask Dr. Bowers to enter into an Interim Agreed Order (Diversion), and if he refuses, to file a Complaint. Second by Dr. Berberich, the motion carried.

On May 28, 2010, the proposed Diversion Agreement was sent to Dr. Bowers for signature. (Attachment 2) Dr. Bowers declined to enter into the Diversion Agreement by return letter dated June 8, 2010. (Attachment 3)

Some confusion followed about the implementation of the vote. Due to the confusion, each staff member's handwritten notes from the meeting were compared. This was the breakdown:

- ask to enter diversion agreement with documentation course, with a specialty specific CPEP Assessment. If not, pull more charts. (1 person)
- ask to enter diversion agreement. If not, pull more charts. (1 person)
- ask to enter diversion agreement. If not, file Complaint. (2 persons)
- CPEP Assessment in OB specialty with emphasis on hypertension and documentation course. No mention of what to do if declined.
- CPEP evaluation and documentation course. No mention of what to do if declined.

Panel Memorandum

To: Inquiry Panel

From: Eric Tout

Reviewed by: Lloyd Vest ^{lv}
General Counsel

Date: **March 19, 2010**

RE: Bowers, Walter T., M.D.
3131 Harvey Ave., #204
Cincinnati, OH 45229
Medical School: University of Michigan Medical School, Ann Arbor, 1975
Original Licensing State: Ohio
Date Licensed in KY: 3/20/1997
License #32910
Specialty: Obstetrics/Gynecology
Grievance Number: 10030
Investigation Initiated: 8.10.09
Cost of Consultant: \$300/-

Action Requested: This is a malpractice case involving Walter T. Bowers, M.D., and a settlement with the patient, [REDACTED] Panel A reviewed this case at their meeting on 11/19/09 and recommended additional chart review.

Attachment 1

RE: Bowers, Walter T., M.D.
Malpractice Case Reconsideration #10030

Background: November 19, 2009 Panel A reviewed the above malpractice case (Exhibit #1) recommending additional charts be obtained for a consultant's evaluation. The Panel directed that ten patient charts wherein the patient became Hypertensive after pregnancy be obtained, but Dr. Bowers was able to produce only five.

Action Requested: Board consultant Danny M. Clark, M.D., concluded in his review of the five charts that all aspects of care were within minimal standards with the exception of three charts; wherein the maintenance of records was below standards. Dr. Clark stated that Dr. Bowers' only violation is poor documentation, which could be addressed in an orderly fashion. (Exhibit #2 Consultant's Findings Dr. Clark Dated 01/13/10)

Attachments:

Exhibit #1 Information reviewed 11/19/09

Exhibit #2 Consultant's Findings Dr. Clark Dated 01/13/10

Panel Memorandum

To: Inquiry Panel

From: Eric Tout

Reviewed by: Lloyd Vest
General Counsel

Date: October 16, 2009

RE: Bowers, Walter T., M.D.
3131 Harvey Ave., #204
Cincinnati, OH 45229
Medical School: University of Michigan Medical School, Ann Arbor, 1975
Original Licensing State: Ohio
Date Licensed in KY: 3/20/1997
License #32910
Specialty: Obstetrics/Gynecology
Grievance Number: 10030
Investigation Initiated: 8.10.09
Cost of Consultant: \$225/-

Action Requested: This is a malpractice case involving Walter T. Bowers, M.D., and a settlement with the patient, [REDACTED]. A member of the Board reviewed the case and recommended a further review by a specialist in Obstetrics.

EXHIBIT # 1

RE: Bowers, Walter T., M.D.
Malpractice Case # 10030

Background:

Following a review of the above malpractice case, it has been recommended that a Board consultant specializing in Obstetrics review the case concerning Walter T. Bowers' insurance settlement with patient [REDACTED] (Exhibit #1 Malpractice Case)

Action Requested:

Board consultant Danny M. Clark, M.D., concluded in his report dated August 30, 2009, that treatment and his overall opinion of the case fell below minimum standards citing gross ignorance and failure to conform to the standards of acceptable and prevailing medical practice within the Commonwealth of Kentucky. Dr. Clark stated that Dr. Bowers may benefit from further training in the medical treatment of hypertension in pregnancy and better evaluation of the history obtained from his patients. Dr. Clark does not believe Dr. Bowers is an immediate danger to the public. (Exhibit #2 Consultant's Findings Dr. Clark Dated 08/30/09)

Licensees' Response to the Consultant's Findings:

Dr. Bowers' response (Exhibit #3) to the Board Consultant's findings is attached for your review.

Attachments:

Exhibit #1 Malpractice Case

Exhibit #2 Consultant's Findings Dr. Clark Dated 08/30/09

Exhibit #3 Response to the Consultant's Findings Dr. Bowers

Board Member Review Form

TO: Kentucky Board of Medical Licensure

RE: Malpractice Insurance Settlement/Judgment

NAME OF PHYSICIAN: Walter T. Bowers, II., M.D.

NAME OF CLAIMANT [REDACTED]

Number of settlements previously reviewed: None

I find the physician's standard of care sufficient in this case.

I recommend this case for further review by a OB specialist.

Does not constitute a violation of the Medical Practice Act.

Insufficient records to make a judgment, please provide the following:

*While the interest was running the hyper fee
The OB must make the decision is it appropriate for
pregnancy*

[Signature] _____
Signature Date

I find the physician's standard of care sufficient in this case.

I recommend this case for further review by a _____ specialist.

Does not constitute a violation of the Medical Practice Act.

Insufficient records to make a judgment, please provide the following:

Signature Date

RECEIVED

MAR 11 2009

K.B.M.L.

Walter J. Bowers II, M.D.

Incorporated

Female Medicine, Reproduction, Laser/Micro Surgery

March 6, 2009

Attention: Mr. Michael S. Rodman
Kentucky Board of Medical Licensure
310 Whittington Pkwy., Suite B
Louisville, Kentucky 40222

Dear Mr. Rodman:

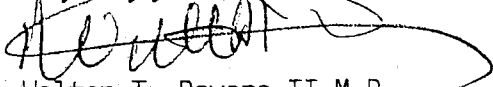
I am in receipt of your letter dated March 2, 2009 regarding information on malpractice settlement for \$250,000.

The patient was first seen in this office on October 1, 1994. The patient has had pregnancies on two separate occasions which were managed and delivered without difficulty. She is a chronic hypertensive and has been managed by her internist. The patient was seen initially for this pregnancy on January 2, 2006. At that time she was being managed by her internist for control of hypertension with atenolol and Benicar HCT. There were no untoward events during the antepartum period. Pelvic sonography at 19 weeks showed no anatomical abnormalities. The outcome of this pregnancy was fetal demise secondary to malformations incompatible with life. She was delivered at 35 weeks gestation via Cesarean section on July 18, 2006. The product of this delivery was a black male infant which weighed 7 pounds 6 ounces with apgars of 0/0 and 0. It was alleged that the fetal demise was secondary to the patient being maintained on the anti-hypertensive agent, Benicar HCT. The patient was managed for hypertension during this pregnancy by her internist, who continued the Benicar HCT. On July 20, 2006 with discussion with her internist, I changed the medication at 30 weeks gestation to Aldomet for continued hypertension management. During the period of gestation, the hypertensive medication in question was never prescribed or renewed by me or my representatives. The hypertension management was solely the responsibility of the internal medicine practitioner. Please find copies of the patient's prenatal record, delivery record, and record immediately pre-pregnancy.

It was the intent of my insurance carrier that we challenge the suite. However, the internal medicine practitioner settled without our knowledge, making this practice vulnerable to a large unfavorable determination. Therefore, settlement was the appropriate action. There was no finding or acknowledgement of medical wrongdoing.

I trust that this information will be of assistance to you in your determinations. Should you desire further information, please feel free to contact this office.

Very truly yours,



Walter T. Bowers, II, M.D.
WTB/jab

3131 Harvey Ave. • Suite 204 • Cincinnati, Ohio 45229 • (513) 381-6161

RECEIVED

FEB 25 2009

SECTION IX
MALPRACTICE CLAIMS HISTORY

Provide information for all cases occurring in previous ten (10) years. Attach additional sheets if necessary. This sheet may be photocopied. No claims to date

Date of occurrence 7/18/06 Date claim was filed with malpractice carrier 12/19/06

Professional liability carrier involved Medical Assurance

Address (if different from Section VII) _____

Patient name [REDACTED] Age 0 Sex [REDACTED]

Name of Plaintiff, if other than patient [REDACTED]

You were (Check one): Primary Defendant Co-Defendant

Other Defendants (if any) Patricia I. Okocha, M.D., Cyril K. Melvin, M.D.

Describe the allegations against you Patient received anti-hypertensive drug (Benicar HC) during course of pregnancy. Alleges fetal death secondary to anti-hypertensive medication.

Describe the alleged injury to the patient Fetal death

Claimant/Plaintiff filed suit in court Yes No If yes, date filed 1/17/07

State Court Case Number A0700443 State OH County/Parish Hamilton

Federal Court (U.S. District Court) Case Number _____ District _____

Present status of the Claim/Case (Include amount awarded/attribution/settlement)

Pending Settled 5.508 Arbitrated Award

In Appeal Adjudicated Withdrawn Date _____

Other, please specify _____

If pending, amount being sought \$ _____

Amount of award or settlement \$ _____

Amount paid on your behalf \$ 250,000

Amount paid by all parties \$ _____

Additional information/explanation (e.g. the condition/diagnosis of the patient at the time of the incident, treatment rendered, and the condition of the patient subsequent to treatment)

National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank
P.O. Box 10832
Chantilly, VA 20153-0832

Process Date: 05/01/2008
Print Date: 05/08/2008

<http://www.npdb-hipdb.hrsa.gov>

MEDICAL MALPRACTICE PAYMENT REPORT

Report Number: 5500000050981534

RECEIVED
FEB 25 2009
K.B.M.L.

The National Practitioner Data Bank
 The Healthcare Integrity and Protection Data Bank

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. For additional information or clarification, contact the reporting entity identified in Section A.

A. REPORTING ENTITY

Entity Name: THE MEDICAL ASSURANCE COMPANY, INC.
Address: 100 BROOKWOOD PLACE, SUITE 300
City, State, ZIP: BIRMINGHAM, AL 35209
Country:

Entity Internal Report Reference
(e.g., claim number):

Name or Office: NANCY ENKLAT
Title or Department: ADMINISTRATIVE ASSISTANT
Telephone: (216) 348-2832

Type of Report: INITIAL
Status of Report: ACTIVE

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: BOWERS, WALTER THOMAS II

Other Name(s) Used:

Gender: [REDACTED]

Date of Birth: [REDACTED]

Organization Name:

Work Address:

3131 HARVEY AVENUE
SUITE 204

City, State, ZIP:

CINCINNATI, OH 45229

Country:

Home Address:

City, State, ZIP:

Country:

Deceased:

NO

Date of Death:

Social Security Numbers (SSN):

Drug Enforcement Administration
(DEA) Numbers:Professional School(s) & Year(s)
of Graduation:

UNIV OF MICHIGAN MEDICAL SCHOOL (1975)

Occupation/Field of Licensure
(Code):

PHYSICIAN (MD) (010)

State License Number, State of
Licensure:

35-039566, OH

Other, as Specified:

Hospital Affiliation(s):

C. INFORMATION REPORTEDRelationship of Entity to This
Practitioner:

INSURANCE COMPANY - PRIMARY INSURER

PAYMENTS BY THIS PAYER FOR THIS PRACTITIONERAmount of This Payment for This
Practitioner:

\$ 250,000.00

Date of This Payment: 04/29/2008
This Payment Represents: A SINGLE FINAL PAYMENT
Total Amount Paid or to Be Paid
by This Payer for This
Practitioner: \$ 250,000.00
Payment Result of: SETTLEMENT
Date of Judgment or Settlement, if
Any: 03/20/2008
Adjudicative Body Case Number:
Adjudicative Body Name:
Court File No.:
Description of Judgment or
Settlement and Any Conditions,
Including Terms of Payment: PAYMENT IN EXCHANGE FOR FULL RELEASE OF
ALL CLAIMS

PAYMENTS BY THIS PAYER FOR OTHER PRACTITIONERS IN THIS CASE

Total Amount Paid or to Be Paid
by This Payer for All Practitioners
in This Case (including the
Amount Specified Above for This
Practitioner): \$ 250,000.00

Number of Practitioners for Whom
This Payer Has Paid or Will Pay in
This Case: 1

PAYMENTS BY OTHERS FOR THIS PRACTITIONER

Has a State Guaranty Fund or
State Excess Judgment Fund
Made a Payment for This
Practitioner in This Case, or Is
Such a Payment Expected to Be
Made?:

Amount Paid or Expected to Be
Paid by the State Fund (Format
NNNNN.NN):

Has a Self-Insured Organization
and/or Other Insurance
Company/Companies Made
Payment(s) for This Practitioner in
This Case, or Is/Are Such Payment
(s) Expected to Be Made?:

Amount Paid or Expected to Be

**Paid by Self-Insured Organization
(s) and/or Other Insurance
Company/Companies:**

CLASSIFICATION OF ACT(S) OR OMISSION(S)

**Patient's Age at Time of Initial
Event:** 1 DAYS

Patient's Gender: [REDACTED]

Patient Type: INPATIENT

**Description of the Medical
Condition With Which the Patient
Presented for Treatment (Prior to
the Event that Led to the
Malpractice Allegation):**

LABOR

**Description of the Procedure
Performed:**

DELIVERY

Nature of Allegation: OBSTETRICS RELATED (050)

Specific Allegation: WRONG MEDICATION ORDERED (329)

Other Specific Allegations:

**Date of Event Associated With
Allegation or Incident :** 07/18/2006

Specific Allegation:

Other Specific Allegations:

**Date of Event Associated With
Allegation or Incident :**

Outcome: DEATH (09)

**Description of the Allegations and
Injuries or Illnesses Upon Which
the Action or Claim Was Based:** OUR INSURED MAINTAINED A PREGNANT PATIENT
ON A HYPERTENSIVE MEDICATION KNOWN TO
CAUSE DAMAGE TO A FETUS AND THE INFANT
DIED AS THE RESULT OF RENAL TUBULAR
DYSGENESIS

D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

Date Submitted: 05/08/2008

The antihypertensive medication in question was never prescribed or renewed by me or my representatives during this pregnancy. This patient was managed for hypertension by her

Internist. I did not initiate or maintain the patient on the medication as presented.

E. REPORT STATUS

Unless one or more boxes below are checked, the subject of this report identified in Section B has not contested this report.

- If box is checked, this report has been disputed by the subject identified in Section B.
- If box is checked, at the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.
- If box is checked, at the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 05/01/2008

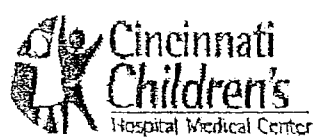
Date of Most Recent Change: 05/01/2008

END OF DOCUMENT

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

Return to Report Response
Options

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Department of Pathology

Necropsy No. C-06-00066

Name: [REDACTED]
(INFANT)
Birthdate: [REDACTED]
Date of Death: 07/18/06
Physician: REVELO, PATRICIA
Copy to: BOWERS, WALTER

MRN #: 00102136
Sex: [REDACTED]

Preliminary Autopsy Report

Necropsy Date

07/20/06 (2 days post delivery)

Restrictions

None

Clinical Synopsis

This male fetus was born to a 31 year old G3P2002 mother at 35 4/7 weeks gestation by menstrual dates and 20 week ultrasound. Her past obstetrical history was significant for preeclampsia and two full-term vaginal births. She has hypertension controlled with medication. Her prenatal laboratory studies were unremarkable including blood type B+, antibody screen negative, normal glucose tolerance test. She presented in labor on 07/17/06. An emergency cesarean section was performed for fetal bradycardia, delivering a 3447 edematous male fetus, Apgars of 0, 0, 0 despite resuscitative efforts. 5% placental abruption was noted. Permission for an autopsy was obtained.

Clinical Diagnosis

35 week stillborn
Cesarean section for fetal distress

Anatomic Diagnosis

Preterm stillborn male fetus, 3410 grams, 35+ weeks gestation by clinical parameters consistent with autopsy measurements
Maceration absent consistent with intrapartum demise
Multiple dysmorphic features and congenital anomalies
Large for gestational age
Anasarca, mild to moderate
Malformed ears
Flat nasal bridge
Bilateral limb flexion contractures
Severe bilateral nephromegaly (combined renal weight 85 gm)

Children's Hospital Medical Center
Department of Pathology

Name: [REDACTED]
(INFANT)
Med. Rec. # [REDACTED]
DOB: [REDACTED]
DOD: 07/18/06

Autopsy Report

C-06-00066

Serous pleural effusions (right-30 mL, left-20 mL)

P r e l i m i n a r y A u t o p s y R e p o r t

Pulmonary hypoplasia (28 gm combined)

Scalp with subcutaneous edema and marked congestion

Autopsy examination performed two days after delivery revealed a nonmacerated large for gestational age male fetus who multiple dysmorphic features and congenital anomalies. The lungs were hypoplastic and there was severe nephromegaly. Further information pending microscopic examination of fetal and placental tissues (placenta being obtained from Christ Hospital) and cytogenetic studies.

Dictated by: Luo, Guangju

Deutsch, Gail
(electronic signature)
Date verified: 07/22/06



DEPARTMENT
OF
PATHOLOGY

Necropsy No: C-06-00066
 Name: [REDACTED] (INFANT)
 Med. Rec. [REDACTED]
 Birthdate: [REDACTED]
 Date of Death: 07/18/06
 Physician: REVELO, PATRICIA
 Sex: [REDACTED]
 Race: [REDACTED]

Final Autopsy Report

Necropsy Date

07/20/06 (2 days post delivery)

Restrictions

None

Clinical Synopsis

This male fetus was born to a 31 year old G3P2002 mother at 35 4/7 weeks gestation by menstrual dates and 20 week ultrasound. Her past obstetrical history was significant for preeclampsia and two full-term vaginal births. She has hypertension controlled with medication. Her prenatal laboratory studies were unremarkable including blood type B+, antibody screen negative, normal glucose tolerance test. She presented in labor on 07/17/06. An emergency cesarean section was performed for fetal bradycardia, delivering a 3447 edematous male fetus, Apgars of 0, 0, 0 despite resuscitative efforts. 5% placental abruption was noted. Permission for an autopsy was obtained.

Clinical Diagnosis

35 week stillborn
 Cesarean section for fetal distress

Anatomic Diagnosis

Preterm stillborn male fetus, 3410 grams, 35+ weeks gestation by clinical parameters consistent with autopsy measurements

Maceration absent consistent with intrapartum demise

Renal tubular dysgenesis

Severe bilateral nephromegaly (combined renal weight 85 gm)

Absent proximal tubules

Bilateral renal vein thrombosis

Dysmorphic features

Anasarca, mild to moderate

Malformed ears

Flat nasal bridge

Children's Hospital Medical Center
Department of Pathology

Patient Name: [REDACTED]
(INFANT)
Med. Rec. # [REDACTED]
DOB: [REDACTED]
DOD: 07/18/06

Autopsy Report

C-06-00066

Final Autopsy Report

Bilateral limb flexion contractures
Pulmonary hypoplasia (28 gm combined; expected 48 gm)
Hemorrhage infarction of the brain, frontal lobe and periventricular
Thymic and adrenal involution
Immature placenta with villous edema and meconium laden macrophages

Dictated by: Deutsch, Gail

Deutsch, Gail
(electronic signature)
Date verified: 08/30/06

Post Mortem Cultures

Not done

Gross Examination

A post mortem examination of the body identified as the infant of [REDACTED] is performed at the Cincinnati Children's Hospital Medical Center morgue in Cincinnati, Ohio, on 07/20/06, at 1330 hours by Drs. Luo, Ong and Deutsch.

Exterior of the Body: The body is that of a 3400 gm, unmacerated male infant consistent with intrapartum demise. Mild to moderate anasarca is present. Round, equal, 3 mm pupils are viewed through transparent cornea. The nasal bridge is flat. The nasal passages are patent to probe. The external auditory canals are patent. No foreign matter is present in the ears, nose or mouth. The ears are large and simplified. The abdomen is distended. The chest is symmetrical and the anus is perforate. The genitalia are normal for a male infant. The digits are normal in number. Body measurements are: crown-heel length 48 cm (35-36 weeks); crown to rump 34 cm (37-38 weeks), head circumference 30.5 cm (33-34 weeks), inner canthal distance 2.0 cm, outer canthal distance 8.5 cm, thoracic circumference 31 cm; abdominal circumference 37.5 cm; foot length 7 cm (35-36 weeks).

Evidence of Medical Treatment: None

Dysmorphic Features: Multiple dysmorphic features and congenital abnormalities are noted. Large for gestational age (3410 gm), simplified ears, flat nasal bridge, bilateral flexion contractures.

Children's Hospital Medical Center
Department of Pathology

Patient Name: [REDACTED]
(INFANT)
Med. Rec. # [REDACTED]
DOB: [REDACTED]
DOD: 07/18/06

Autopsy Report

C-06-00066

Interior of Body: The body is opened with the usual Y-shaped incision. The pleural cavities contain bilateral pleural effusions, right 30 mL, 20 mL of serosanguineous fluid. The pericardial sac contains 1 mL of similar fluid. The peritoneal cavity contains approximately 10 mL of serosanguineous fluid. The abdominal organs

F i n a l A u t o p s y R e p o r t

as well as the lungs and the heart are normal in color. The lungs are hypoplastic with a combined weight of 28 gm. Both kidneys are enlarged with a combined weight of 85 gm. The rest of the abdominal organs show no evidence of malformation or malrotation.

Thymus: The thymus weighs 3.8 gm (29-30 weeks) and occupies its usual superior mediastinal location. It appears to be of the usual shape but decreased in size. On section it is pale and has the usual prominent lobulation.

Cardiovascular: The heart weighs 18.5 gm (35-36 weeks). The aorta and pulmonary arteries occupy their normal positions. The ductus arteriosus is patent between the pulmonary artery and the aorta. There is no evidence of aortic coarctation. The superior and inferior vena cavae return to the right atrium. Pulmonary veins return to the left atrium. The ventricles and atria appear normal in size and configuration.

Respiratory: The esophagus is opened and there is no evidence of tracheoesophageal fistula. The trachea is opened and is unremarkable. The right lung weighs 15.2 gm. The left lung weighs 12.9 gm. The combined lung weight is 28.1 gm (29-30 weeks). The pulmonary features of both lungs are complete. On sectioning, the cut surface of both lungs is unremarkable and the parenchyma appears airless.

Liver/Gallbladder: The liver weighs 110.6 gm (35-36 weeks), is tan-brown and grossly unremarkable. The gallbladder is present and grossly unremarkable.

Spleen: The spleen weighs 13 gm (39-40 weeks) and is grossly unremarkable.

Adrenals: The combined weight of the adrenals is 8.9 gm (39-40 weeks). They are of the usual trigonal shape and are grossly unremarkable.

Genitourinary: The right kidney weighs 43.7 gm and the left kidney weighs 41.3 gm. The combined weight of the kidneys is 85 gm (10-11 months). Fetal lobulations are prominent and the surfaces are smooth. On cut section the cortex and medulla appear to be developing normally and are easily discernable. The kidney has a light tan color. The ureters are patent and of normal size. The ureters enter the bladder with out any evidence of obstruction. The bladder is grossly unremarkable. Both testes are in the usual position and are unremarkable.

Alimentary Tract: There is no evidence of atresia or malrotation. The appendix is present and in its usual position. Meconium is present within the colon. The mesentery contains no enlargement of lymph nodes.

Children's Hospital Medical Center
Department of Pathology

Patient Name: [REDACTED]
(INFANT)
Med. Rec. # [REDACTED]
DOB: [REDACTED]
DOD: 07/18/06

Autopsy Report

Musculoskeletal: The musculature of the thorax and the abdomen appears to be developing normally. The diaphragm is smooth and in its proper position. There are no defects within the diaphragm. The cartilage of the ribs appears partially ossified.

F i n a l A u t o p s y R e p o r t

Head: The skin of the scalp is very edematous. The calvaria and base of the skull are intact. The brain weighs 317 gm in the partially fixed state. The brain is soft and friable.

Placenta: The placenta is received in formalin from Christ Hospital and consists of a singleton placenta with attached membrane and umbilical cord. The membranes are meconium stained and are marginally inserted. They are disrupted and the point of rupture is difficult to determine. The umbilical cord has a central insertion and is located 5 cm from the nearest placental margin. It measures 45 cm in length and has an average diameter of 1.1 cm. Cut sections shows 3 vessels. It demonstrates decreased coiling and contains a total of 4 coils. The placental disc measures 16.5 x 12 x 2.5 cm in maximum dimensions and weighs 384 gm. The fetal surface is meconium stained with non disrupted vasculature. The maternal surface has a normal lobular pattern. There are no scattered calcifications. Sectioning reveals the lobules to be maroon and spongy. No visible or palpable densities are seen. Sections are submitted as follows: A1, cord and membranes; A2-4, representative sections of the parenchyma.

Gross Brain Examination

The scalp is incised in the usual mastoid-to-mastoid fashion and reflected to expose the calvaria. There is marked subgaleal congestion. The anterior and posterior fontanelles are open. The calvaria is removed and there are no epidural collections of blood or exudate. The dura is not under tension and on reflection there is no subdural collection of blood or exudate. The gyri show no evidence of edema and there is no blood or exudate in the subarachnoid space. The brain is removed and found to weigh 490 gm. The cerebral hemispheres show a convolitional pattern compatible with age. There is no evidence of hydrocephalus. Cerebellar hemispheres are symmetrically well developed and show a normal pattern of foliation. There is no evidence of herniation.

Microscopic Examination

Placenta, Membranes, Cord, 5 slides H&E (A15, C1-4): Sections of the umbilical cord show three vessels without inflammation. Sections of the fetal membranes show few macrophages containing pigment consistent with meconium. Sections of the placenta show variably sized villi with villous edema. The smaller villi show increased syncytial knots. There is no inflammation seen.

Thymus, 1 slide H&E (A1): Section from the thymus shows lymphocyte depletion within the cortex. There are scattered macrophages giving a starry sky appearance.

Children's Hospital Medical Center
Department of Pathology

Patient Name: [REDACTED]
(INFANT)
Med. Rec. # [REDACTED]
DOB: [REDACTED]
DOD: 07/18/06

Autopsy Report

Heart, 2 slides H&E (A2,7): Sections of the myocardium show no degenerative changes in the myofibers. There is no interstitial inflammation or evidence of necrosis or fibrosis. The endocardium is normal in thickness. There are no lesions in the blood vessels.

Final Autopsy Report

Adrenals, 2 slides H&E (A13,16): Sections of the adrenals demonstrate vacuolization in the fetal cortex and pseudofollicular change in the permanent cortex. There is no cytomegaly noted. There is no evidence of hemorrhage or necrosis.

Kidneys, 13 slides H&E (A17-23, A25-32): Sections from both kidneys show absence of proximal convoluted tubules in the cortex. The tubular segments present are lined by cuboidal epithelium consistent with distal tube morphology. The glomeruli are crowded together and show focal atrophy associated with cystic dilatation. The collecting ducts demonstrate narrowing. The interstitium appears expanded and shows loose mesenchyme. Scattered areas of extramedullary hematopoiesis are seen. There are partially calcified organizing thrombi in large veins.

Lung, 2 slides H&E (A5-6): Sections show immature lungs which demonstrate the saccular phase of lung maturation. There is no evidence of inflammation.

Liver, 1 slide H&E (A9): Sections of the liver demonstrate appropriate extramedullary hematopoiesis with no inflammation or hepatocellular degeneration.

Spleen, 1 slide H&E (A8): Sections of the spleen show depleted white pulp with marked red pulp congestion.

Pancreas, 1 slide H&E (A10): Sections of the pancreas show intact architecture. There is no hyperplasia of the islets. There is no evidence of inflammation or cytomegaly.

Intestinal Tract, 2 slides H&E (A11-12): The colonic, small intestinal and gastric architecture is preserved. There are no epithelial lesions. The lamina propria contains the usual cellularity.

Testis, 1 slide H&E (A3): Section of testis is unremarkable with no inflammation or structural abnormalities.

Rib, Vertebra, 2 slides H&E (A14, 24): Both structures show cartilage with normal cellularity.

Brain, 10 slides H&E, (B1-B10): The brain shows overall normal architecture. The frontal lobe shows hemorrhage and focal necrosis. Necrosis is also noted in the periventricular areas. The hippocampus has morphologically normal neurons. There are no red neurons or hypoxic changes. The basal ganglia show

neurons with no morphological abnormalities. The pons show no loss of neurons or gliosis. The Purkinje cells and dentate nucleus neurons appear normal in number and morphology.

Spinal Cord, 1 slide H&E (A4): Sections of the spinal cord show no degenerative or inflammatory lesions.

Final Autopsy Report

Clinical Summary

This male fetus was born to a 31 year old G3P2002 mother at 35 4/7 weeks gestation by menstrual dates and 20 week ultrasound. Her past obstetrical history was significant for preeclampsia and two full-term vaginal births. She has hypertension controlled with medication. Her prenatal laboratory studies were unremarkable including blood type B+, antibody screen negative, normal glucose tolerance test. She presented in labor on 07/17/06. An emergency cesarean section was performed for fetal bradycardia, delivering a 3447 edematous male fetus, Apgars of 0, 0, 0 despite resuscitative efforts. 5% placental abruption was noted. Permission for an autopsy was obtained.

Summary and Discussion

At autopsy multiple dysmorphic features and congenital anomalies were seen. There was severe bilateral nephromegaly. Both kidneys lacked proximal tubular differentiation and showed bilateral venous thrombosis and abnormal collecting ducts. Sequelae of oligohydramnios were seen including dysmorphic features (flat nasal bridge, simplified ears, limb contractures) and pulmonary hypoplasia. In addition, there was mild to moderate anasarca and serous effusions.

The constellation of anomalies seen in this fetus has been described in renal tubular dysgenesis, a condition manifested by absent proximal tubules, oligohydramnios sequence and congenital anemia. The condition has been described as genetic (autosomal recessive) as well as acquired due to intrauterine ischemia. Maternal use of ACE inhibitors and NSAIDs have similar but non identical tubular abnormalities to that seen in the heritable renal tubular dysgenesis. The presence of renal vein thrombosis has been reported in other cases and is speculated to be a secondary phenomenon to the renal dysfunction. It is likely the cerebral infarction is a complication of this thrombosis. The renin-angiotensin system, together with aldosterone, induce retention of salt and water, accounting for the anasarca.

In summary, this fetus died of complications of renal tubular dysgenesis.

References:

Children's Hospital Medical Center
Department of Pathology

Patient Name: [REDACTED]
(INFANT)
Med. Rec. # [REDACTED]
DOB: [REDACTED]
DOD: 07/18/06

Autopsy Report

1. Allanson JE, Hunter AGW, Mettler GS, Jimenez C. Renal tubular dysgenesis: not uncommon autosomal recessive syndrome: A review. *Am J Med Genet* 1992;43:811-814.
2. Metzman RA, Husson MA, Dellers EA. Renal tubular dysgenesis; a description of early renal maldevelopment in siblings. *Pediatr Pathol* 1993;13:239-248

Danny M. Clark, M.D.

P.O. Box 1779

Somerset, KY 42502

(606) 274-4701

Aug. 30, 2009

Dear Mr. Tout:

I have reviewed all the records you sent to me, and would offer the following comments.

By history, Dr. Bowers first saw the patient Jan. 2, 2006. She had a history of hypertension, according to Dr. Bower's letter to you, treated by her Internist with Atenolol and Benicar. Dr. Bowers says her Internist managed her hypertension. The records do not indicate whether or not Dr. Bowers discussed her treatment with her Internist, but Dr. Bowers is ultimately responsible for evaluating all medications his pregnant patient takes

I assume Dr. Bowers knew she was taking Benicar, and it was his responsibility to decide if its use was appropriate. The Obstetrician has to identify all medications a pregnant patient is taking, and decide if its use is appropriate.

The package insert says Benicar should be discontinued as soon as pregnancy is detected; that it does cause renal problems. *Drugs In Pregnancy and Lactation*, authored by Briggs, Freeman, and Yaffe, says the use of the drug in the second and third trimesters may cause teratogenicity and severe fetal and neonatal toxicity. It is a drug labeled as a risk factor of D in the third trimester. This means there is positive evidence of human fetal risk, but the benefits from use in pregnant women may be acceptable despite the risk [e.g. if the drug is needed in a life threatening situation or for a serious disease for which safer drugs cannot be used or are ineffective].

At delivery, the infant had multiple abnormalities, including renal tubular dysgenesis. I do not know if the drug was the direct cause of the infant's abnormalities; I suspect you could find experts to testify to both sides of this issue.

It is clearly below the standard of care for an Obstetrician to allow a pregnant patient to continue Benicar, even though it was prescribed by another Physician, without a documented discussion of the risks and benefits. If the drug was to be continued, a consultation with a Perinatologist would have been in order. To ignore the warnings in the package insert without serious discussion with the patient, and an absolute need for the drug, is a failure to conform to the standards of acceptable and prevailing medical practice within the Commonwealth of Kentucky.

This borders on gross ignorance, and is malpractice. Dr. Bowers may benefit from further training in the medical treatment of hypertension in pregnancy, and better

EXHIBIT # 2

Walter T. Bowers II, M.D.
Incorporated
Female Medicine, Reproduction, Laser/Micro Surgery

September 9, 2009

Mr. Eric V. Tout
Kentucky Board of Medical Licensure
570 Fawns Lane
Mt. Sterling, Kentucky 40353

RE: Grievance #10030

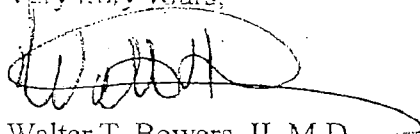
Dear Mr. Tout:

I am in receipt of your correspondence dated September 3, 2009 regarding response to findings pertaining to the malpractice case regarding patient [REDACTED]. I have reviewed your expert review work sheet and the opinion letter from your expert. The facts are as delineated in the letter. As previously related, there was an agreement between the patient's internist and me that this pregnancy would be managed jointly as it related to the prescribing of anti-hypertensive medication. According to the expert's letter, he suggested that experts could be found to testify on both sides of the issue and indeed, this was the case. We were fully prepared to go to trial. However, the internal medicine physicians agreed to settle out of court. Upon advice of my attorneys and to minimize exposure, settlement was obtained. The terms of the settlement states that our position was found to be a non admission of malpractice.

It should be noted that remedy for the expert's gross ignorance finding is that all hypertensive complications of pregnancy will be managed with a perinatologist.

I trust that this response will satisfy your request for submission to the Board of Medical Licensure.

Very truly yours,



Walter T. Bowers, II, M.D.
WTB/jab

3131 Harvey Ave. • Suite 204 • Cincinnati, Ohio 45229 • (513) 381-6161

EXHIBIT #

3

Danny M. Clark, M.D.
P.O. BOX 1779
Somerset, Ky. 42502

Jan. 13, 2010

Dear Mr. Tout:

I have reviewed the five records you sent me from Dr. Bower's practice. His care for all five patients is within minimal standards in the Commonwealth of Kentucky. His record keeping is poor with very few notes in the charts, and nothing to indicate his plan of care for complicated patients. There is apparently no effort made to obtain information about prior complicated pregnancies or medical illnesses.

He would have a hard time explaining to someone else his thought process or care based on his records.

I cannot comment on the outcome of these pregnancies since I do not have the hospital records. If you have questions, please feel free to call me.

Sincerely,



Danny M. Clark, M.D.

EXHIBIT # 2

KENTUCKY BOARD OF MEDICAL LICENSURE

EXPERT REVIEW WORKSHEET

(Please type)

This format does not have to be used, but in order for the Board to make an informed decision all questions must be answered, if they apply.

Case No. 10030

Patient Name [REDACTED]

Expert's Name Danny M. Clark,
M.D.

1. Brief description of symptom, dx and course of treatment: _____

The patient is a 37 year old g2, p0, seen 3/18/09 at 6 weeks pregnant. She had a history of lupus and hypertension. The initial note says that Benicar and Plaquenil were stopped, and Aldomet started. There is no other history of the duration or severity of the lupus obtained by Dr. Bowers. A perinatal consult was obtained. A c-section was done at 37 weeks for hyperten4nsion, poor fetal growth, failed induction, and a non-reassuring fetal tracing with delivery of a 4# 4 oz. infant. _____

1. Can you form an opinion? Based on your background and experience and review of all information provided you, and assuming that the treatment as documented was provided, can you form an opinion as to whether the care rendered by the care provider, including diagnosis, treatment or record keeping, departed from or failed to conform to the minimal standards of acceptable and prevailing medical practice (in the medical community at large)?

X Yes, I can form an opinion.

_____ No, I cannot form an opinion.

_____ I need more information (specify): _____

1. What is your opinion? Please use the definitions below as "guidelines" to be used in defining standard of practice. You are not limited to these guidelines in forming your opinion, but please state your own additional criteria if applicable.

a. **Diagnosis.** Evaluation of a medical problem using means such as history, physical examination, laboratory, and radiographic studies, when applicable.

_____ Below minimum standards

 X Within minimum standards

a. **Treatment.** Use of medications and other modalities based on generally accepted and approved indications, with proper precautions to avoid adverse physical reactions, habituation or addiction.

_____ Below minimum standards

 X Within minimum standards

a. **Records.**

Maintenance of records which should contain, at a minimum, the following: (1) appropriate history and physical and/or mental examination for the patient's chief complaint relevant to the physician's specialty; (2) results of diagnostic tests (when indicated); (3) a working diagnosis; (4) notes on treatment(s) undertaken; (5) a record by date of all prescriptions for drugs, with names of medications, strengths, dosages, quantity, and number of refills; and (6) a record of billings.

_____ Below minimum standards

 X Within minimum standards

a. **Overall Opinion.** Based on the foregoing, what is your overall opinion?

_____ Clearly below minimum standards.

X Clearly within minimum standards

 Borderline Case

- a. **Gross Ignorance, Gross Negligence, Gross Incompetence.** If you found that this physician did not meet the minimum standards of care in treating a patient(s), did you also conclude that any of these departures from the minimum standards of care were so serious that you consider them to exhibit gross ignorance, gross negligence, and/or gross incompetence on the physician's part. If "yes," please identify each of these instances, classify it appropriately and explain your reasoning in reaching that conclusion(s). If "yes," please also indicate whether you found a pattern of gross ignorance, gross negligence and/or gross incompetence in this physician's practice as evidenced by the records reviewed and explain your conclusion(s).

 none

Other questions from the Medical Board: (ignore if blank)

4. **Explain your opinion.** If you opined that practice was below minimum standard for any of the above reasons, state the correct minimal standard of practice (NOTE: It is not sufficient to say "I would have..., or I would have not...", you should be able to testify that "the minimal standard of practice in the medical community at large would be to...") Use extra sheets as necessary to explain your opinion and complete this report.

 Care was appropriate, although more history of the lupus should have been obtained by Dr.

Bowers _____

5. Specifically, we ask that you address the following substandard of care issues in your report:

a. Has the named physician engaged in conduct which departs from or fails to conform to the standards of acceptable and prevailing medical practice within the Commonwealth of Kentucky? If so, how?

no _____

b. Has the named physician committed a serious act, or a pattern of acts, during the course of the physician's medical practice which, under the attendant circumstances, would be deemed to be gross incompetence, gross ignorance, gross negligence or malpractice? If so, please describe and categorize the act(s).

no _____

c. Is it your opinion that the standard of practice violations you have identified may be addressed by the Board in an orderly process, extending over some period of time (6 months to 2-3 years) through remedial education and training, and subsequent monitoring by the Board,

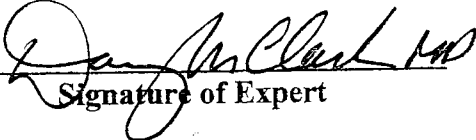
Or,

Are the violations of such a nature that the Board must act immediately to restrict or suspend the doctor's license to protect patients or the public from imminent danger?

d. If you answered that the Board must act immediately to avoid imminent danger, please identify the imminent danger involved and examples of the violations that create such a danger.

1/13/10

Date of Review


Signature of Expert

KENTUCKY BOARD OF MEDICAL LICENSURE

EXPERT REVIEW WORKSHEET

(Please type)

This format does not have to be used, but in order for the Board to make an informed decision all questions must be answered, if they apply.

Case No. 10030 _____ Patient Name _____


Expert's name
Danny M. Clark, M.D.

-
1. Brief description of symptom, dx and course of treatment: The patient is a 39 year old G4,P2,A1, seen initially 9/02/09. Her weight was 260 pounds, and BP130/80. Initial diagnosis was IUP at 8 weeks, with a history of increased BP. Under problems in the OB history is a note saying post CVA, hypertension. There is no discussion of the CVA, until you get to the Perinatologist's consult of 9/12/09. The last note in the chart from the office is dated 12/02. At her initial visit she was switched to Procardia after a telephone consult, but there is no record of the medication she was on prior to this.
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1. Can you form an opinion? Based on your background and experience and review of all information provided you, and assuming that the treatment as documented was provided, can you form an opinion as to whether the care rendered by the care provider, including diagnosis, treatment or record keeping, departed from or failed to conform to the minimal standards of acceptable and prevailing medical practice (in the medical community at large)?

yes **Yes, I can form an opinion.**

 No, I cannot form an opinion.

 I need more information (specify): _____

1. **What is your opinion? Please use the definitions below as "guidelines" to be used in defining standard of practice. You are not limited to these guidelines in forming your opinion, but please state your own additional criteria if applicable.**

a. **Diagnosis. Evaluation of a medical problem using means such as history, physical examination, laboratory, and radiographic studies, when applicable.**

 Below minimum standards

 yes **Within minimum standards**

a. **Treatment. Use of medications and other modalities based on generally accepted and approved indications, with proper precautions to avoid adverse physical reactions, habituation or addiction.**

 Below minimum standards

 yes **Within minimum standards**

a. **Records.**

Maintenance of records which should contain, at a minimum, the following: (1) appropriate history and physical and/or mental examination for the patient's chief complaint relevant to the physician's specialty; (2) results of diagnostic tests (when indicated); (3) a working diagnosis; (4) notes on treatment(s) undertaken; (5) a record by date of all prescriptions for drugs, with names of medications, strengths, dosages, quantity, and number of refills; and (6) a record of billings.

 yes **Below minimum standards**

 Within minimum standards

a. **Overall Opinion. Based on the foregoing, what is your overall opinion?**

 Clearly below minimum standards.

yes Clearly within minimum standards

 Borderline Case

- a. **Gross Ignorance, Gross Negligence, Gross Incompetence.** If you found that this physician did not meet the minimum standards of care in treating a patient(s), did you also conclude that any of these departures from the minimum standards of care were so serious that you consider them to exhibit gross ignorance, gross negligence, and/or gross incompetence on the physician's part. If "yes," please identify each of these instances, classify it appropriately and explain your reasoning in reaching that conclusion(s). If "yes," please also indicate whether you found a pattern of gross ignorance, gross negligence and/or gross incompetence in this physician's practice as evidenced by the records reviewed and explain your conclusion(s).

 none

Other questions from the Medical Board: (ignore if blank)

4. **Explain your opinion.** If you opined that practice was below minimum standard for any of the above reasons, state the correct minimal standard of practice (NOTE: It is not sufficient to say "I would have..., or I would have not...", you should be able to testify that "the minimal standard of practice in the medical community at large would be to...") Use extra sheets as necessary to explain your opinion and complete this report.

 In a pregnant patient with a history of CVA and hypertension, an effort should have been made to determine the nature of the stroke, whether there were any causative factors, and some discussion of the outcome. There should also have been some information about the patient's hypertension; i.e. duration, prior treatment, etc. There is no information in the chart about the outcome of the

pregnancy. _____

5. Specifically, we ask that you address the following substandard of care issues in your report:

- a. Has the named physician engaged in conduct which departs from or fails to conform to the standards of acceptable and prevailing medical practice within the Commonwealth of Kentucky? If so, how?

no _____

- b. Has the named physician committed a serious act, or a pattern of acts, during the course of the physician's medical practice which, under the attendant circumstances, would be deemed to be gross incompetence, gross ignorance, gross negligence or malpractice? If so, please describe and categorize the act(s).

no _____

c. Is it your opinion that the standard of practice violations you have identified may be addressed by the Board in an orderly process, extending over some period of time (6 months to 2-3 years) through remedial education and training, and subsequent monitoring by the Board,

Or,

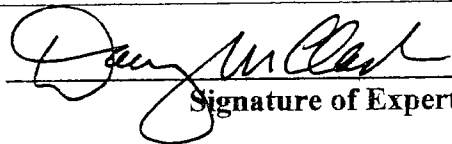
Are the violations of such a nature that the Board must act immediately to restrict or suspend the doctor's license to protect patients or the public from imminent danger?

THEY MAY BE ADDRESSED IN AN
ORDERLY FASHION

d. If you answered that the Board must act immediately to avoid imminent danger, please identify the imminent danger involved and examples of the violations that create such a danger.

1-13-10

Date of Review


Signature of Expert

KENTUCKY BOARD OF MEDICAL LICENSURE

EXPERT REVIEW WORKSHEET

(Please type)

This format does not have to be used, but in order for the Board to make an informed decision all questions must be answered, if they apply.

Case No. 10030 Patient Name [REDACTED]
DANNY M. CLARK
Expert's Name SOMERSET, KY 42502
BOX 1779

1. Brief description of symptom, dx and course of treatment: _____

See ATTACHED SHEET

2. Can you form an opinion? Based on your background and experience and review of all information provided you, and assuming that the treatment as documented was provided, can you form an opinion as to whether the care rendered by the care provider, including diagnosis, treatment or record keeping, departed from or failed to conform to the minimal standards of acceptable and prevailing medical practice (in the medical community at large)?

Yes, I can form an opinion.

No, I cannot form an opinion.

I need more information (specify): _____

3. What is your opinion? Please use the definitions below as "guidelines" to be used in defining standard of practice. You are not limited to these guidelines in forming your opinion, but please state your own additional criteria if applicable.

- a. **Diagnosis.** Evaluation of a medical problem using means such as history, physical examination, laboratory, and radiographic studies, when applicable.

Below minimum standards
 Within minimum standards

- b. **Treatment.** Use of medications and other modalities based on generally accepted and approved indications, with proper precautions to avoid adverse physical reactions, habituation or addiction.

Below minimum standards
 Within minimum standards

- c. **Records.**

Maintenance of records which should contain, at a minimum, the following: (1) appropriate history and physical and/or mental examination for the patient's chief complaint relevant to the physician's specialty; (2) results of diagnostic tests (when indicated); (3) a working diagnosis; (4) notes on treatment(s) undertaken; (5) a record by date of all prescriptions for drugs, with names of medications, strengths, dosages, quantity, and number of refills; and (6) a record of billings.

Below minimum standards
 Within minimum standards

- d. **Overall Opinion.** Based on the foregoing, what is your overall opinion?

Clearly below minimum standards.
 Clearly within minimum standards
 Borderline Case

- e. **Gross Ignorance, Gross Negligence, Gross Incompetence.** If you found that this physician did not meet the minimum standards of care in treating a patient(s), did you also conclude that any of these departures from the minimum standards of care were so serious that you consider them to exhibit gross ignorance, gross negligence, and/or gross incompetence on the physician's part. If "yes," please identify each of these instances, classify it appropriately and explain your reasoning in reaching that conclusion(s). If "yes," please also indicate whether you found a pattern of gross ignorance,

gross negligence and/or gross incompetence in this physician's practice as evidenced by the records reviewed and explain your conclusion(s).

Other questions from the Medical Board: (ignore if blank)

4. Explain your opinion. If you opined that practice was below minimum standard for any of the above reasons, state the correct minimal standard of practice (NOTE: It is not sufficient to say "I would have...", or I would have not...", you should be able to testify that "the minimal standard of practice in the medical community at large would be to...") Use extra sheets as necessary to explain your opinion and complete this report.

See ATTACHED SHEET

5. Specifically, we ask that you address the following substandard of care issues in your report:

- a. Has the named physician engaged in conduct which departs from or fails to conform to the standards of acceptable and prevailing medical practice within the Commonwealth of Kentucky? If so, how?

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- b. Has the named physician committed a serious act, or a pattern of acts, during the course of the physician's medical practice which, under the attendant circumstances, would be deemed to be gross incompetence, gross ignorance, gross negligence or malpractice? If so, please describe and categorize the act(s).

No

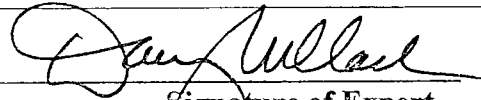
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- c. Is it your opinion that the standard of practice violations you have identified may be addressed by the Board in an orderly process, extending over some period of time (6 months to 2-3 years) through remedial education and training, and subsequent monitoring by the Board,
Or,
Are the violations of such a nature that the Board must act immediately to restrict or suspend the doctor's license to protect patients or the public from imminent danger?

SEE ATTACHED SHEET

d. If you answered that the Board must act immediately to avoid imminent danger, please identify the imminent danger involved and examples of the violations that create such a danger.

1/13/10

Date of Review


Signature of Expert

Case # 10030 patient [REDACTED]

Q.# 1

The patient was first seen 1/29/09 at 6 weeks gestation with a blood pressure of 140/80. She had a history of a vaginal birth in 2000, and a delivery at 18 weeks in May, 2008. A diagnosis of incompetent cervix is on the first visit record, and a circlage is planned. This was to be done 3/10/09, and removal planned at 38 weeks. There are no records of either of these being done. On five visits between 2/24 and 4/21 her BP was elevated. It was then normal until 9/1 [160/100], 9/3 [142/90, 160/88], and 9/8 [143/100]. Three ultrasounds appropriate for dates are in the chart There are no physician notes after 5/19/09.

Q# 4

Dr. Bower's records are sparse, and do not give an indication of the planned treatment, and whether or not the treatment is progressing as planned.. For the last three months of her pregnancy, there are no physician notes, and there is nothing in the chart to suggest that her elevated blood pressures were being considered. You cannot tell from the record whether or not the planned circlage was carried out, or ,indeed, what the justification for it was.

Q # 5c

The only violation in this case is in record keeping.

KENTUCKY BOARD OF MEDICAL LICENSURE

EXPERT REVIEW WORKSHEET

(Please type)

This format does not have to be used, but in order for the Board to make an informed decision all questions must be answered, if they apply.

Case No. 10030 Patient Name [REDACTED]
Expert's Name DANNY M. CLARK
BOX 1779
SOMERSET, KY 42502

1. Brief description of symptom, dx and course of treatment: _____

SEE ITALICED SHEET

1. Can you form an opinion? Based on your background and experience and review of all information provided you, and assuming that the treatment as documented was provided, can you form an opinion as to whether the care rendered by the care provider, including diagnosis, treatment or record keeping, departed from or failed to conform to the minimal standards of acceptable and prevailing medical practice (in the medical community at large)?

+ Yes, I can form an opinion.

_____ No, I cannot form an opinion.

_____ I need more information (specify): _____

1. What is your opinion? Please use the definitions below as "guidelines" to be used in defining standard of practice. You are not limited to these guidelines in forming your opinion, but please state your own additional criteria if applicable.

- a. **Diagnosis.** Evaluation of a medical problem using means such as history, physical examination, laboratory, and radiographic studies, when applicable.

_____ Below minimum standards

X Within minimum standards

- a. **Treatment.** Use of medications and other modalities based on generally accepted and approved indications, with proper precautions to avoid adverse physical reactions, habituation or addiction.

_____ Below minimum standards

X Within minimum standards

- a. **Records.**

Maintenance of records which should contain, at a minimum, the following: (1) appropriate history and physical and/or mental examination for the patient's chief complaint relevant to the physician's specialty; (2) results of diagnostic tests (when indicated); (3) a working diagnosis; (4) notes on treatment(s) undertaken; (5) a record by date of all prescriptions for drugs, with names of medications, strengths, dosages, quantity, and number of refills; and (6) a record of billings.

X Below minimum standards

_____ Within minimum standards

- a. **Overall Opinion.** Based on the foregoing, what is your overall opinion?

_____ Clearly below minimum standards.

X Clearly within minimum standards

_____ Borderline Case

- a. **Gross Ignorance, Gross Negligence, Gross Incompetence.** If you found that this physician did not meet the minimum standards of care in treating a patient(s), did you also conclude that any of these departures from the minimum standards of care were so serious that you consider them to exhibit gross ignorance, gross negligence, and/or gross incompetence on the physician's part. If "yes," please identify each of these instances, classify it appropriately and explain your reasoning in reaching that conclusion(s). If

“yes,” please also indicate whether you found a pattern of gross ignorance, gross negligence and/or gross incompetence in this physician’s practice as evidenced by the records reviewed and explain your conclusion(s).

NO

Other questions from the Medical Board: (ignore if blank)

4. Explain your opinion. If you opined that practice was below minimum standard for any of the above reasons, state the correct minimal standard of practice (NOTE: It is not sufficient to say “I would have..., or I would have not...”, you should be able to testify that “the minimal standard of practice in the medical community at large would be to...”) Use extra sheets as necessary to explain your opinion and complete this report.

5. Specifically, we ask that you address the following substandard of care issues in your report:

- a. Has the named physician engaged in conduct which departs from or fails to conform to the standards of acceptable and prevailing medical practice within the Commonwealth of Kentucky? If so, how?

No

- b. Has the named physician committed a serious act, or a pattern of acts, during the course of the physician's medical practice which, under the attendant circumstances, would be deemed to be gross incompetence, gross ignorance, gross negligence or malpractice? If so, please describe and categorize the act(s).

No

- c. Is it your opinion that the standard of practice violations you have identified may be addressed by the Board in an orderly process, extending over some period of time (6 months to 2-3 years) through remedial education and training, and subsequent monitoring by the Board,

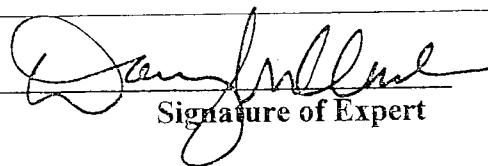
Or,

Are the violations of such a nature that the Board must act immediately to restrict or suspend the doctor's license to protect patients or the public from imminent danger?

ONLY VIOLATION IS POOR DOCUMENTATION

d. If you answered that the Board must act immediately to avoid imminent danger, please identify the imminent danger involved and examples of the violations that create such a danger.

1-13-16
Date of Review


Signature of Expert



q#1

The patient was seen 6/4/08 at 6 weeks gestation. She was a 27 year old g 5, p 2, a 2. The OB history form says she delivered 3# 8 oz. infant by repeat c-section in 9/03 at 36 weeks with hypertension and pre-eclampsia. There is not any other history in the chart as to the nature or severity of the pre-eclampsia, or if she was hypertensive at other times. Her Bps were normal throughout pregnancy, until 11/25 when it was 160/110 [repeated 160/95]. On 12/02 it was 150/110 with 3 plus proteinuria, and she was admitted. Consultation was obtained, and she was delivered two days later after Mag Sulfate therapy failed.

Q # 4

The history is lacking in details of the patient's second delivery complicated by pre-term birth, pre-eclampsia, and hypertension. There are very few notes in the chart, and the only information written when the BP is elevated is a repeat BP, on 11/25, and the word "admit" on 12/02.

DMC

KENTUCKY BOARD OF MEDICAL LICENSURE

EXPERT REVIEW WORKSHEET

(Please type)

This format does not have to be used, but in order for the Board to make an informed decision all questions must be answered, if they apply.

Case No. 10030

Patient name [REDACTED]

Expert's Name Danny M. Clark,
M.D.

1. Brief description of symptom, dx and course of treatment: _____

The patient is a 37 year old p 1 seen first on 8/14/06 at 6 weeks gestation. On the OB form hypertension is checked, but no explanation of this is given .Eight blood pressure readings are in the chart [ranging from 100/60 to 110/70], but none are elevated. Notes in the chart are few in number; there is a note written 11/9/06 "per telephone Dr. Walker-----taper ????? Over one week--replace with aldomet. She will manage" "Spoke with patient on plan of management". There is no information in the chart regarding the type of problem being managed.

1. Can you form an opinion? Based on your background and experience and review of all information provided you, and assuming that the treatment as documented was provided, can you form an opinion as to whether the care rendered by the care provider, including diagnosis, treatment or record keeping, departed from or failed to conform to the minimal standards of acceptable and prevailing medical practice (in the medical community at large)?

X Yes, I can form an opinion.

_____ No, I cannot form an opinion.

_____ I need more information (specify): _____

1. What is your opinion? Please use the definitions below as "guidelines" to be used in defining standard of practice. You are not limited to these guidelines in forming your opinion, but please state your own additional criteria if applicable.

a. **Diagnosis.** Evaluation of a medical problem using means such as history, physical examination, laboratory, and radiographic studies, when applicable.

_____ Below minimum standards

 X Within minimum standards

a. **Treatment.** Use of medications and other modalities based on generally accepted and approved indications, with proper precautions to avoid adverse physical reactions, habituation or addiction.

_____ Below minimum standards

 X Within minimum standards

a. **Records.**

Maintenance of records which should contain, at a minimum, the following: (1) appropriate history and physical and/or mental examination for the patient's chief complaint relevant to the physician's specialty; (2) results of diagnostic tests (when indicated); (3) a working diagnosis; (4) notes on treatment(s) undertaken; (5) a record by date of all prescriptions for drugs, with names of medications, strengths, dosages, quantity, and number of refills; and (6) a record of billings.

_____ Below minimum standards

 X Within minimum standards

a. **Overall Opinion.** Based on the foregoing, what is your overall opinion?

_____ Clearly below minimum standards.

 X Clearly within minimum standards

_____ **Borderline Case**

- a. **Gross Ignorance, Gross Negligence, Gross Incompetence.** If you found that this physician did not meet the minimum standards of care in treating a patient(s), did you also conclude that any of these departures from the minimum standards of care were so serious that you consider them to exhibit gross ignorance, gross negligence, and/or gross incompetence on the physician's part. If "yes," please identify each of these instances, classify it appropriately and explain your reasoning in reaching that conclusion(s). If "yes," please also indicate whether you found a pattern of gross ignorance, gross negligence and/or gross incompetence in this physician's practice as evidenced by the records reviewed and explain your conclusion(s).

_____ none _____

Other questions from the Medical Board: (ignore if blank)

4. **Explain your opinion.** If you opined that practice was below minimum standard for any of the above reasons, state the correct minimal standard of practice (NOTE: It is not sufficient to say "I would have..., or I would have not...", you should be able to testify that "the minimal standard of practice in the medical community at large would be to...") Use extra sheets as necessary to explain your opinion and complete this report.

_____ **The plan of care for the patient is not in the chart, and you cannot tell from the records what type of problem, Dr. Walker was consulted for.** ~~Walker~~ _____

5. Specifically, we ask that you address the following substandard of care issues in your report:

- a. Has the named physician engaged in conduct which departs from or fails to conform to the standards of acceptable and prevailing medical practice within the Commonwealth of Kentucky? If so, how?

no

- b. Has the named physician committed a serious act, or a pattern of acts, during the course of the physician's medical practice which, under the attendant circumstances, would be deemed to be gross incompetence, gross ignorance, gross negligence or malpractice? If so, please describe and categorize the act(s).

no

c. Is it your opinion that the standard of practice violations you have identified may be addressed by the Board in an orderly process, extending over some period of time (6 months to 2-3 years) through remedial education and training, and subsequent monitoring by the Board,

Or,

Are the violations of such a nature that the Board must act immediately to restrict or suspend the doctor's license to protect patients or the public from imminent danger?

_____ The only problem with this chart is the lack of information in it. _____

d. If you answered that the Board must act immediately to avoid imminent danger, please identify the imminent danger involved and examples of the violations that create such a danger.

1/13/10

Date of Review


Signature of Expert

COMMONWEALTH OF KENTUCKY
BOARD OF MEDICAL LICENSURE
CASE NO. IAO-59(D)

IN RE: THE LICENSE TO PRACTICE MEDICINE IN THE COMMONWEALTH OF
KENTUCKY HELD BY WALTER T. BOWERS, II, M.D., LICENSE NO.
32910, 3131 HARVEY AVENUE, #204, CINCINNATI, OHIO 45229

INTERIM AGREED ORDER (DIVERSION)

Come now the Kentucky Board of Medical Licensure (hereafter "the Board"), acting by and through its Inquiry Panel A, and Walter T. Bowers, II, M.D., and, based upon their mutual desire to fully ensure patient safety during the time necessary for the Panel to fully evaluate and determine the appropriate action on a pending grievance against this licensee, hereby ENTER INTO the following **INTERIM AGREED**

ORDER:

1. The license to practice medicine in the Commonwealth of Kentucky held by Walter T. Bowers, II, M.D., SHALL BE SUBJECT TO THE following terms and conditions of this Interim Agreed Order, for an indefinite period of time which shall commence immediately upon the filing of this Interim Agreed Order and shall continue until further Order of the Panel:
 - a. Within twenty (20) days of this Interim Agreed Order, the licensee shall contact CPEP, 7351 Lowry Boulevard, Suite 100, Denver, Colorado 80230 (303) 577-3232, fax: (303) 577-3241, to schedule a clinical skills assessment for the earliest dates available to both CPEP and the licensee;
 - b. Both parties may provide relevant information to CPEP for consideration as part of the clinical skills assessment. In order to permit the Board to provide such

- relevant information, the licensee shall immediately notify the Board's Legal Department of the assessment dates once the assessment is scheduled;
- c. The licensee shall travel to CPEP and complete the assessment as scheduled, at his expense;
 - d. Both parties will be provided a copy of the Assessment Report for their review and action. The licensee shall complete any necessary waiver/release so that the Board may receive a copy of the Assessment Report;
 - e. Once the Board's staff receives its copy of the Assessment Report, this case will be placed on the agenda for the next regularly scheduled meeting of Inquiry Panel A for resolution of the investigation;
 - f. The licensee SHALL pay the costs of the investigation in the amount of \$300.00 within six (6) months from entry of this Interim Agreed Order (Diversion);
 - g. The licensee SHALL NOT violate any provision of KRS 311.595 and/or 311.597.
2. Following review of the licensee's compliance with all requirements and the CPEP Assessment Report, the Panel shall have the following options:
1. Close this investigation without any further action;
 2. Direct additional consultant review(s) at specified periods, for review by the Panel for appropriate action;
 3. Ask the licensee to agree to an amendment of this Interim Agreed Order, to include additional or different conditions determined by the Panel to be appropriate;
 4. Issue a Complaint against the licensee's Kentucky license pursuant to KRS 311.591 and, if appropriate, issue an Emergency Order pursuant to KRS 311.592.
 5. Issue a subsequent Order, pursuant to KRS 311.591(7)(b), in which the Panel finds a violation of KRS 311.595(9) as illustrated by 311.597(3) and (4), based upon the original Consultant reviews, but does not impose discipline because the Panel does not believe discipline to be necessary under the circumstances.

3. If there is information satisfactory to the Panel or its Chair that the licensee has failed to comply with any condition of this Interim Agreed Order, or has failed to comply with a requirement of this Interim Agreed Order within the time specified for such completion, the Panel or its Chair may immediately terminate this Interim Agreed Order and issue a Complaint and if appropriate, an Emergency Order;
4. If the parties must proceed to an evidentiary hearing on this matter at some time in the future, and the Board's consultant(s) becomes unavailable as a witness in the interim, the parties agree that the consultant's written findings of August 30, 2009 and January 13, 2010 may be admitted into evidence, may be fully considered and may constitute the basis for a finding(s) without the live testimony of the consultant. The licensee expressly waives any hearsay objection that may be raised by him or by the Hearing Officer at a future hearing under the provisions of KRS 13B.090(1), as an express consideration to the Board for entering into this Interim Agreed Order and in recognition that, otherwise, the Board's case may be unduly prejudiced by the loss of an essential witness through its effort to resolve this matter in an informal manner. If the Board had to accept the possible loss of relevant evidence due to the passage of time in effectuating this Interim Agreed Order, the Board would not attempt to address the issues raised by the investigation in this informal manner; rather, the Board would issue the Complaint at this time and proceed with the evidentiary hearing to preserve the proof presently available.

5. The parties agree that this Interim Agreed Order does not constitute final action on this matter. Accordingly, it shall not be reported to the National Practitioner's Data Bank.
6. The licensee understands and agrees that any violation of the terms and conditions of this Interim Agreed Order may result in disciplinary action against his Kentucky medical license, including revocation, pursuant to KRS 311.595(13).

SO AGREED on this ____ day of _____, 2010.

FOR THE LICENSEE:

WALTER T. BOWERS, II, M.D.

COUNSEL FOR DR. BOWERS
(IF APPLICABLE)

FOR THE BOARD:

C. WILLIAM BRISCOE, M.D.
CHAIR, INQUIRY PANEL A

C. LLOYD VEST II
General Counsel
Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222
(502) 429-7150

Walter J. Bowers II, M.D.
Incorporated
Female Medicine, Reproduction, Laser/Micro Surgery

June 8, 2010

RECEIVED

C. Lloyd Vest II
General Counsel
Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222

JUN 09 2010

K.B.M.L.

RE: Interim Agreed Order (Diversion)

Dear Mr. Vest:

I am in receipt of your letter dated May 28, 2010 regarding remediation for alleged malpractice and case settlement. Please consider the following in the Board's review of this case. This malpractice settlement is the only adverse entry to thirty years of an unblemished medical career.

The findings of the evaluation panel were consistent in that there was less than adequate record keeping. I was instructed in a telephone conversation with Mr. Eric Tout to submit records and notes pertaining to management of other patients with hypertensive pregnancy disease. The examiners, however, were looking for other information not requested by Mr. Tout (i.e. surgical procedures, reasons for surgery, etc.). Had I known of that requirement these data would have been submitted. All hypertensive pregnancy outcomes were positive without complication or morbidity. All examiners found that I did not impose imminent danger to my patients.

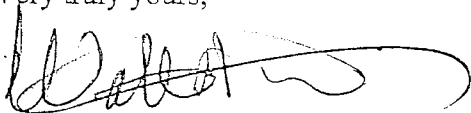
Improvement in record keeping can be immediately accomplished as we move to an electronic method of medical record keeping. In my letter of September 9, 2009 to Mr. Tout, it was stated that all further management of hypertensive pregnancies would be managed with a perinatologist. I submit to the finding that I am ultimately responsible. Corrective action has been initiated. My naivete in not recognizing the value of co-management with a perinatologist is regrettable.

I contacted CPEP to schedule a clinical skills assessment as requested by the Board. This process involves a two day visit to Denver, Colorado. I was told that this had to be an onsite evaluation. Per our telephone discussions, the assessment is normally provided by CPEP and not a local entity. As stated, I am quite willing to be monitored/evaluated locally to meet the concerns of the Board as it relates to the management of pregnancies complicated by hypertension. The cost to Denver and other related expenses are prohibitive in meeting this diversion requirement.

Effective December 1, 2010 I will no longer be engaged in the practice of obstetrics. My practice will be solely gynecology, as I enter semi-retirement. Currently, this office is no longer accepting new obstetrical patients post lmp of February 20, 2010. With this action, the Board can be assured that this practice will no longer be engaged in obstetrical care, thus rendering future concerns moot. If warranted, and to the satisfaction of the Board, my license can be noted for gynecology only.

It is requested that the Board consider an alternative option in meeting the diversion requirement. I await your favorable reply.

Very truly yours,

A handwritten signature in black ink, appearing to read 'Walter T. Bowers, II', with a long, sweeping flourish extending to the right.

Walter T. Bowers, II, M.D.
WTB/jab

STATUTORY OPTIONS CHECKLIST

- I. **POSTPONE DECISION:** If you believe additional information is necessary to make an informed decision, you may find additional investigation is necessary and order:
- the investigator to conduct additional specified investigation;
 - additional review by a specified consultant; and/or;
 - the licensee to appear before the Panel at a later meeting.
- DIVERSION:** For low-level standard-of-care violations, you may consider diversion as an alternative. If you choose this option, you would keep the investigation open a reasonable period of time (12-18 months) to see whether the problem can be corrected without resorting to formal and reportable action. The doctor would be required to enter into an Interim Agreed Order, requiring appropriate remedial CME, followed by one or two favorable consultant review(s) to ensure the problem has been corrected. If so, the investigation can then be closed without formal action. If not, you have all other options available to you.
- II. **MAKE FINDINGS(S):** If you believe sufficient information is available to make an informed decision, the statute provides that you shall make a finding that:
- There is no evidence of a violation of the Medical Practice Act and no further action is necessary;
 - There is insufficient evidence of a violation to warrant the issuance of a Complaint, but there is evidence of a practice or activity that requires modification and the Panel may issue a Letter of Concern;
 - The grievance discloses an instance of misconduct that does not warrant the issuance of a Complaint. In these instances, the Panel may admonish the physician for his misconduct; or
 - The grievance discloses one (1) or more violations of the provisions of the Medical Practice Act that warrant the issuance of a Complaint. It would be helpful if you specify the act(s) of conduct that should be included in the Complaint.
- III. **PRE-COMPLAINT RESOLUTION:** In many instances, the Panel feels that a particular resolution of the case would be satisfactory. If so, please let the General Counsel or Assistant General Counsel know if that resolution should be offered before filing a Complaint.
- IV. **EMERGENCY ORDER OF SUSPENSION/RESTRICTION:** The Panel may vote to enter an Emergency Order of Suspension or Restriction if it finds probable cause to believe:
- that the licensee has violated a condition of an Order of Probation, Agreed Order or regular Order; or,
 - that the licensee's practice constitutes a danger to the health, welfare and safety of patients or the general public.

Suspension should be imposed if a restriction/limitation would not be sufficient.

Walter T. Bowers, M.D., License # 32910

This malpractice case was reviewed by Panel A at their November 2009 meeting, and an additional chart review was recommended. An Investigative Report from Mr. Eric Tout was reviewed by the Panel along with a Board consultant's findings and a response to the consultant's report from Dr. Bowers.

Action: After discussion, a motion was made by Dr. Dave to ask Dr. Bowers to submit to an evaluation, and if he refuses, to file a Complaint. Seconded by Dr. Berberich, the motion carried.

Panel A: 05/20/10

Walter T. Bowers, M.D., License # 32910

Upon review of a malpractice settlement, it was requested that this case be reviewed by a specialist in Obstetrics. Panel members reviewed an investigative report from Mr. Eric Tout, a response from Dr. Bowers, the findings of a Board consultant and Dr. Bower's response to the consultant's report.

Action: Upon discussion, Dr. Mumford moved to further investigate this case and have additional cases reviewed by the consultant. Seconded by Dr. Dave, the motion carried.

November 19, 2009 Panel A

Ernie Fletcher
Governor



Danny M. Clark, M.D.
President

KENTUCKY BOARD OF MEDICAL LICENSURE

Hurstbourne Office Park
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222
Telephone (502) 429-7150
www.kbml.ky.gov

January 10, 2006

Walter T. Bowers II, M.D.
3131 Harvey Ave., #204
Cincinnati, OH 45229

Dear Dr. Bowers:

Our office is in receipt of the check you submitted for payment of the \$400 fine previously imposed against your medical license. The Board has also completed their review of the documentation you submitted regarding the CME requirement. After reviewing this information, it has been determined that you are now in compliance with Board regulation 201 KAR 9:310.

Should you have any questions regarding the above, please contact our office at (502) 429-7150.

Sincerely,

A handwritten signature in cursive script that reads "Patty Wacker".

Patty Wacker
CME Coordinator

/pw

cc: C. Lloyd Vest, General Counsel

FILED OF RECORD

OCT 19 2005

COMMONWEALTH OF KENTUCKY
BOARD OF MEDICAL LICENSURE
CASE NO. CME377

K.B.M.L.

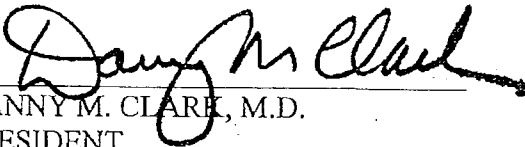
IN RE: THE LICENSE TO PRACTICE MEDICINE IN THE COMMONWEALTH OF
KENTUCKY HELD BY WALTER T. BOWERS, II, M.D., LICENSE NO.
32910, 3131 HARVERY AVE., #204, CINCINNATI, OH 45229

**ORDER OF FINE; GRANTING SIX MONTHS
TO COMPLY WITH 201 KAR 9:310**

Based upon a review of the records of the Kentucky Board of Medical Licensure (hereafter "the Board"), the Board FINDS that the licensee has failed to 1) timely complete the continuing medical education requirements of 201 KAR 9:310; and, 2) obtain an extension of time for completion of the continuing medical education requirements. Accordingly, the Board ORDERS that a FINE of FOUR HUNDRED DOLLARS (\$400.00) is imposed against the licensee, with the fine being due and payable immediately.

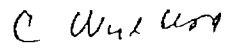
Pursuant to 201 KAR 9:310, Section 7(2)(a), the licensee is GRANTED a period of six (6) months, until April 24, 2006, to come into compliance, by paying the fine imposed and by completing the continuing medical education requirements. NOTICE is hereby given that, if the licensee should fail to come into compliance within that six (6) month period, the license to practice medicine in the Commonwealth of Kentucky held by the licensee shall be immediately suspended and shall remain suspended until the licensee has submitted verifiable evidence that the licensee has completed the continuing medical education requirements.

SO ORDERED this 19th day of October, 2005.


DANNY M. CLARK, M.D.
PRESIDENT

Certificate of Service

I certify that the original of this Order was delivered to C. William Schmidt, Executive Director, Kentucky Board of Medical Licensure, 310 Whittington Parkway, Suite 1B, Louisville, Kentucky 40222, and a copy was mailed, by certified mail return-receipt requested to Walter T. Bowers, III, M.D., 3131 Harvey Ave. #204, Cincinnati, OH 45229 on this 19th day of October, 2005.


C. Lloyd Vest II
General Counsel
310 Whittington Parkway, Suite 1B
Kentucky Board of Medical Licensure
Louisville, Kentucky 40222
(502) 429-7150

Authorized Persons: ✓

TO COMPLETE APPLICATION

- FORM 1 - Medical Education _____
- FORM 2 - Postgraduate Training _____
- FORM 3 - Verification of Licensure: OH, IN _____
- FORM 4 - Hospital Affiliations # 7584621 _____
- FORM 4A - Hospital Affiliations _____
- FORM 5 - References X2 _____
- FORM 6 - Waiver _____
- FORM 7 - AMA ✓ _____
- FORM 8 - DEA ✓ _____
- FORM 9 - Federation ✓ _____
- FORM 10 - Data Bank _____
- EXAMS - FLEX/ABMG/NBOME/USMLE/LMCC/STATE BOARD _____
- Specialty Board Certification: _____
- Photograph _____
- ECFMG- _____
- AIDS Education - Completed Approved Course _____
Reasonable Cause Form _____

TEMPORARY PERMIT INFORMATION

Location - _____

Starting date - _____

MAIL TP to: _____



TP _____

33910 _____ 3-20-97
LICENSE NUMBER DATE ISSUED

BOWERS, Walter T., II _____
NAME DOB & NATIVITY

ADDRESS

University of Michigan (02101)- 1975
MEDICAL SCHOOL, YEAR

OH _____ OBG 4
ENDORSED BY SPEC & STATUS

12/3/96 _____
ACKNOWLEDGED SS#

\$25 APP FEE PAID \$250.00 #4469 _____ DATE RECEIVED 12/2/96

FEE PAID _____ DATE RECEIVED _____

FEE PAID _____ DATE RECEIVED _____

BOARD APPROVAL 3-20-97

BL Dec 12/3/96
BL March 2/27/97

981530

KENTUCKY BOARD OF MEDICAL LICENSURE

310 Whittington Pkwy., Suite 1B
Louisville, Kentucky 40222

Approved ✓ 4469 P 250

RECEIVED

DEC 02 1996

Application for License to Practice Medicine/Osteopathy by Endorsement

Application Must Be Typewritten & Faxes Will Not Be Accepted

R.B.M.L.

"Only applicant and person authorized by applicant may call regarding the credentialing of your application or be given information during the credentialing process". Specify name of authorized person: _____

1. Name in Full Walter Thomas Bowers 11 M.D.
(first) (middle) (last) (degree)

2. Address _____

3. City, State, Zipcode _____

4. Social Security Number _____ 5. Telephone: Home _____ Work 513, 381-6161

6. Place of Birth _____ Date of Birth _____

7. Have you ever applied for or been issued a Kentucky medical license? [YES] [NO] If "Yes", when? _____

8. Specify reason for requiring medical licensure in Kentucky Expansion of Medical Practice

9. Specify address in Kentucky where you will be practicing: Pending

10. Specialty Obstetrics/Gyn American Specialty Board Certification: None # _____ Date: _____

11. Specify your type of practice: Type of Practice: (check one)

- Hospital Base
- Administrative Med.
- Private Practice
- Occupational Medicine
- Research
- Inactive/Semi-Retired
- Instructor
- Resident/Fellow
- Locum Tenens
- Military
- Emergency Medicine

12. Indicate your ECFMG number: (foreign medical graduates only) _____

13. List the name, location and dates of attendance of every college and medical/osteopathic school you have attended:

Name	Location	Dates (From - To)	Degree
Tuskegee Institute	Tuskegee, AL	Sep 63- May 67	B.S.

Okaloosa-Walton Junior College Niceville, FL 1967-68 Further Study

University of Michigan Med School Ann Arbor, MI Aug 71- May 75 M.D.

13. In what state or Canadian province did you receive your original license to practice medicine/osteopathy? OH

State/Province	License #	Date of issuance	Current? Yes/No
OH	39566	16 Jul 76	YES

14. List all other states and Canadian provinces where you currently hold or ever held any type of medical/osteopathic license.

State/Province	Type	License #	Date of issuance	Current? Yes/No
INDIANA IN	Medical	01042496	26 May 94	YES

15. List all internship, residency and fellowship programs you have completed since medical/osteopathic school graduation. Please list in chronological order.

INTERNSHIP: (List U.S. and Canadian only)
Hospital: _____
City, State: _____

Term: Started: (Year & Month) _____ Completed: (Year & Month) _____

RESIDENCY: (List U.S. and Canadian only)
Hospital: University of Cincinnati medical Center

City, State: Cincinnati, Ohio

Term: Started: (Year & Month) 1975 June Completed: (Year & Month) 1979 June

Specialty Field: Obstetrics and Gynecology Happ

RESIDENCY: (List U.S. and Canadian only)
Hospital: _____
City, State: _____

Term: Started: (Year & Month) _____ Completed: (Year & Month) _____
Specialty Field: _____

(over please)

16. In chronological order, list all locations where you have practiced medicine/osteopathy since obtaining your original licensure. Also list and explain dates of all extended absence periods.

Location, City, State	Type of Activity	Dates (From - To)
UCMC Cinti, Ohio	Residency	1976-1979
199 Wm Howard Taft Cinti Ohio	Private Practice	1979 1981
2340 Auburn Ave Cinti Ohio	Private Practice	1981-1986
2328 Auburn Ave Cinti Ohio	Private Practice	1986-1996

17. Indicate which licensing examination(s) you have taken. Include all attempts, locations, scores, and dates: Be Exact, including all attempts and failures.

Type (FTax, NBME, USMLE, LMCC, etc.)	Location	Score	Date
NBME			1976

If you answer "Yes" to any of the following questions, you are required to furnish complete details. Please use separate sheet for your answers.

18. Have you ever been dismissed from, resigned while under investigation or failed to complete an academic year at a medical school or a postgraduate training program?
 YES NO
19. Have you ever been denied a license or denied the privilege of taking a licensure examination by any state or Canadian licensure authority?
 YES NO
20. Has any state or Canadian licensure authority ever revoked, suspended, restricted, limited, reprimanded, placed on probation or otherwise disciplined a medical license issued to you?
 YES NO
21. Has any hospital, hospital medical staff or any other health care facility ever revoked, suspended, restricted, limited, reprimanded, placed on probation or otherwise disciplined your staff privileges?
 YES NO
22. Has the Federal Drug Enforcement Administration or any state or Canadian drug licensure/enforcement authority ever denied, revoked, suspended, restricted, limited, or otherwise disciplined a controlled substance registration certificate issued to you?
 YES NO
23. Have you ever voluntarily or involuntarily surrendered a medical or osteopathic license, or controlled substance registration certificate issued to you?
 YES NO
24. Have you ever been or are you currently under investigation by any state or Canadian licensure authority or any drug licensure/enforcement authority?
 YES NO
25. Are any legal proceedings regarding licensure presently pending against you by any state or Canadian licensure authority or any drug licensure/enforcement authority?
 YES NO
26. Have you ever been charged or been convicted of a felony or misdemeanor by any federal, state or Canadian court?
 YES NO
27. Are any criminal or civil legal actions presently pending against you in any court?
 YES NO
28. Have any malpractice actions or other civil actions relating to your practice been filed against you in the last ten (10) years?
If "Yes" please have your malpractice carrier provide detailed information.
 YES NO
29. Are you currently or have you ever suffered from or been treated for any mental or emotional problems which could affect your fitness to practice; or been adjudged of unsound mind?
If "Yes" please have your treating physician provide detailed information.
 YES NO
30. Have you suffered from or been treated for drug or alcohol dependency during the past ten (10) years?
 YES NO

••• Affidavit of Applicant •••

I hereby state that the information contained in this application is true, accurate, and complete to the best of my knowledge and belief. I understand that under Kentucky law the submission of any false, fraudulent or forged statement, document or other matter in connection with this application is grounds for criminal prosecution and the denial of licensure. I authorize the Board or its agents to obtain from other sources any information necessary for determining my qualifications for licensure. I also authorize them to furnish any information they may now or in the future have concerning my qualifications and fitness to practice medicine/osteopathy to any person, institution, association, school, hospital or government entity.

(Signature of Applicant)

Subscribed and sworn to before me by Wally Bowling this 18 day of November 1996

(Signature of Notary)

My commission expires:

IraDean Lair-Adolph #38627
Notary Public State of Ohio

My Commission Expires April 20, 1997

Seal of Notary

Kentucky Board of Medical Licensure
310 Whittington Pkwy., Sta. 1B
Louisville, KY 40222

RECEIVED
OCT 15 1983
K.B.M.L.

Application Request Form

*** Application Must Be Typewritten & Faxes Will Not Be Accepted ***

I hereby make a request for an application for a license to practice medicine in Kentucky and submit the following information:

1. Name: Walter Thomas Bowers 11 M.D.
(first) (middle) (last) (degree)

2. Address: [REDACTED]
(street) (city) (state) (zip)

3. Medical School: University of Michigan (02101) Country: USA
Medical School Address: Ann Arbor, Michigan
Date Graduated from Medical School: May, 1975

4. Training Completed in US or Canada: ** Do not include Fellowship Training Programs **
(a) Please check one: [] Internship [X] Residency
Hospital Name: University of Cincinnati Medical Center
Hospital Location: Goodman Street Cincinnati, Ohio 45267
Specialty: Obstetrics/Gynecology Dates: July '75-June '79 (no - from)
(b) Please check one: [] Internship [] Residency
Hospital Name: LAPP
Hospital Location: _____
Specialty: _____ Dates: _____ (no - from)
(c) Please check one: [] Internship [] Residency
Hospital Name: _____
Hospital Location: _____
Specialty: _____ Dates: _____ (no - from)

5. List States Where Licensed to Practice Medicine:

State/Province	License#	Date Issued	Current (Yes/No)
Ohio	35-03-9566	July 1976	YES
INDIANA	01042416	May 1994	YES

6. Specify Licensing Exam Passed: National Boards, Flex, State Board, LMCC, USMLE, Other:
Exam: National Boards Date Passed: July 1976

7. Did you pass the above exam in one sitting with an average of 75% or better? [X] Yes [] No
If "NO" please explain: _____

8. Have you ever failed a licensing exam? [] Yes [X] No. If "YES", give dates, locations and the number of repetitions: _____

Bowers, Walter T.

001550

9. Specify reason for requesting medical licensure in Kentucky: Expansion of practice to Kentucky
10. Specify address in Kentucky where you will be practicing: Pending
11. Are you certified by an American specialty board? Yes No
 If "Yes", list specialty certification: _____
12. Foreign Medical Graduates Only: ECFMG # _____

•• If you answer "Yes" to any of the following questions, please explain in detail on a separate sheet ••

- ✓ 13. Has any disciplinary action ever been taken or is any now pending against any medical license issued to you?
 Yes No
- ✓ 14. Have you ever been denied privileges, or been disciplined by, or been requested to withdraw from a hospital and/or medical staff?
 Yes No
- ✓ 15. Have you been convicted of a felony or misdemeanor other than a traffic violation in the past ten (10) years?
 Yes No
- ✓ 16. Have you had any mental or physical illnesses or personal problems that would interfere with your medical practice?
 Yes No

•••• Foreign Medical Graduates Only ••••

17. Were any of your clinical clerkships completed in the United States? Yes No. If "Yes", complete Appendix A and provide the following information:

- (a.) How were your clerkships chosen?

- (b.) Who initiated the contact with each of the institutions where you performed each clerkship?

- (c.) Were each of your clerkships approved in writing by your medical school prior to beginning the clerkship? Yes No
 If "No", please explain in detail.

[Signature] 10 Oct 96
 (Signature of Applicant) (Date)

Fifth Pathway Applicants - [For Foreign Medical Graduates Only] - Submit notarized documentation that you have completed an approved Fifth Pathway program and have successfully passed the ECFMG examination.

••• Verification of Medical Education •••

••No Substitutes will be Accepted in Lieu of This Form••

To Applicant: In applying for a license to practice medicine/osteopathy in the Commonwealth of Kentucky, the Kentucky Board of Medical Licensure requires this form be completed by the Dean or Registrar of the medical school where you graduated. This form must be sent from the reference source directly

Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222

RECEIVED
DEC 06 1996
K.B.M.L.

Name: Walter Thomas Bowers II M.D./D.O. Graduation Date: 1975
(please print)

Address: [REDACTED]

[Signature] M.D./D.O.
(Signature)

To Reference Source: Please complete this form, sign, seal and return to the Board (KBML) at the above stated address. Any fees for completion of this form should be collected from the applicant. If you have any additional information that should be considered by this Board (KBML) prior to issuance of a license to this applicant, please provide this information to the Board (KBML) by writing to the above address. Please affix the Seal of the Medical School or have the form Notarized by a school official.

It is hereby certified that WALTER THOMAS BOWERS II
attended the THE UNIVERSITY OF MICHIGAN MEDICAL SCHOOL
located at 1301 CATHERINE ROAD ANN ARBOR, MICHIGAN for a period of 4 years.
48109
Dates of Attendance: 8/30/71 - 5/23/75 Degree: DOCTOR OF MEDICINE
Date of Graduation: MAY 23, 1975

[Signature]
Signature of Dean or Registrar
LINDA C. YOUNG
REGISTRAR

Seal of The Medical School

Sworn to and subscribed before me this 26TH day of NOVEMBER, 19 96

Seal of Notary
Notary Public
My commission expires: _____

••• Verification of Postgraduate Training •••

--No Substitutes will be Accepted in Lieu of This Form--

Form 2
RECEIVED
NOV 22 1996
K.B.M.L.

To Applicant: In applying for a license to practice medicine/osteopathy in the Commonwealth of Kentucky, the Kentucky Board of Medical Licensure requires this form be completed by the Administrator or Program Director where you completed a minimum amount of training that is required which consists of at least twelve months of clinical experience approved by the ACGME or the National Joint Committee. No other training will be considered. This form must be sent from the reference source directly to:

Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222

Name: Walter Thomas Bowers II M.D.~~XXX~~

(Please print)

Address: [REDACTED]

[Signature] M.D.~~XXX~~
(Signature)

To Reference Source: This form must not be completed more than thirty (30) days prior to the completion of training program if less than one year for American Medical graduates and less than three (3) years for International Medical graduates. Please complete this form, sign, seal and return to the Board (KBML) at the above stated address. Any fees for completion of this form should be collected from the applicant. If you have any additional information that should be considered by this Board (KBML) prior to issuance of a license to this applicant, please provide this information to the Board (KBML) by writing to the above address. Please affix the Seal of the Hospital OR have the form Notarized by a hospital official.

This is to certify that Dr. WALTER BOWERS has satisfactorily served the UNIVERSITY of Cincinnati Hospital from 7/1/75 to 6/30/79.
(name of hospital)

This is a _____ transitional internship, or a specialized residency program in OBSTETRICS & Gynecology
Dr. Bowers was awarded or will be awarded a certificate of completion on June 30, 1979

It is further certified that the above transitional internship and/or residency program (is not) approved by the ACGME or the National Joint Committee and consists of at least 48 months of clinical experience.

[Signature]
Signature of Administrator or Program Director

Seal of Hospital

Sworn to and subscribed before me this 20 day of November, 1996

Seal of Notary

ROSE A. ALDEN
Notary Public, State of Ohio
My Commission Expires Dec. 28, 2006
Recorded in Warren County



STATE OF INDIANA

EVAN BAYH, Governor

RECEIVED

JAN 06 1997

KE-111

HEALTH PROFESSIONS BUREAU

402 West Washington Street Room 041
Indianapolis, Indiana 46204
Telephone: (317) 232-2960
Fax: (317) 233-4236

Equal Opportunity Employer

1/02/97

Kentucky Board of Med Licensure
The Hurstbourne Office Park
319 Whittington Pkwy, Ste 1B
Louisville KY 40222

TO WHOM IT MAY CONCERN:

THIS IS TO CERTIFY THAT: WALTER THOMAS BOWERS II
BECAME A LICENSED: PHYSICIAN
NUMBER: 01042496
ISSUANCE DATE: 5/26/94
EXPIRATION DATE: 6/30/97
STATUS: CURRENT

BASIS OF LICENSURE: ENDORSEMENT OF NATIONAL BOARD SCORES

Unless otherwise indicated this license has not been disciplined by the State of Indiana. If other information is needed, please contact our office by mail or by telephoning (317) 232-2960.

Verified By

Kathy Dishman

Kathy Dishman
Records Division Coordinator

Boards of: Athletic Trainers • Chiropractic Examiners • Dental Examiners • Dietitians • Environmental Health Specialists • Health Facility Administrators • Medical Licensing • Nursing • Optometry • Pharmacy • Podiatry • Psychology • Social Workers and Marriage & Family Therapists • Speech-Language Pathology & Audiology • Veterinary Medical • Controlled Substances Advisory Committee • Hearing Aid Dealer Advisory Committee • Occupational Therapy Committee • Optometric Legend Drug Prescription Advisory Committee • Physical Therapy Committee • Physician Assistant Committee • Respiratory Care Committee

RECEIVED

Form 3

... Verification of Licensure ...

DEC 02 1983

K.B.M.L.

To Applicant: In applying for a license to practice medicine/osteopathy in the Commonwealth of Kentucky, the Kentucky Board of Medical Licensure requires this form be completed by each state or Canadian province where you currently hold or have ever held a medical license. My signature below is your authority to release any and all information in your files, favorable or otherwise regarding myself, directly to:

Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222

Name: Walter Thomas Bowers II M.D./D.O. License No: 35-03-9566
(please print)

Address: [REDACTED]

[Signature] M.D./D.O.
(Signature)

To Reference Source: Please complete this form, sign, seal and return to the Board (KBML) at the above stated address. Any fees for completion of this form should be collected from the physician. All applicants have signed a general release, which relieves anyone of any liability for information furnished in good faith.

... Please Type All Information ...

State of: Ohio License No: 39566

Issue Date: 7/15/76 Expiration Date: 9/30/98

Basis for Licensure: End. Nat'l Bds

Current Status: Current & In Good Standing

Limitations: None

Derogatory: None

Signed: Walter L. Jones

Title: Chief C.M.F. Records Control
11/22/96

STATE OF OHIO
BOARD OF MEDICAL EXAMINERS
RECEIVED
NOV 20 11 1983

RECEIVED

NOV 27 1996
FORM 4A

K.B.M.L.

••• Hospital/Clinic Affiliation Form •••

To Applicant: In applying for a license to practice medicine in the Commonwealth of Kentucky, the Kentucky Board of Medical Licensure requires this form to be completed by the Chief of Staff or physician in charge if no Chief of Staff, in each hospital/clinic where you have practiced medicine during the five (5) years preceding your application. My signature below is your authority to release any and all information in your files, favorable or otherwise regarding myself, directly to:

Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222

Name: Walter T. Bowers, II M.D./D.O. [Signature]
(Please print) (Signature)

Address: [Redacted]

To Reference Source: Please complete this form, sign and return to the Board (K.B.M.L.) at the above stated address. Your response is confidential, pursuant to Kentucky law. All applicants have signed a general release, which relieves anyone of liability for information furnished in good faith. No Substitutions will be accepted in lieu of this form.

•• Please Print or Type all Information ••

Important: The processing time for licensure directly depends on timely receipt of critical forms such as this.

1. What privileges were extended to the applicant? Courtesy - Dec. 17, 06/94
2. Affiliation Dates: From 9/27/99 To Present
3. Were any limitations imposed on such privileges? no If YES, please explain briefly and attach certified copies of any documentation pertaining to such action.
4. Were privileges ever revoked, suspended, restricted, limited, reprimanded, placed on probation or otherwise disciplined? no If "Yes", please explain briefly and attach certified copies of any documentation pertaining to such action.

Derogatory Information, if any: _____

Comments, if any: _____

Chief of Staff: Paul C. [Signature] M.D. Hospital/Clinic: Berkshire Hospital, Inc.

Address: 619 Oak St., Cincinnati, Ohio 45206

Date: 11/26/96 Signature of Chief of Staff: [Signature]
(Seal of Hospital)
(If none, so indicate)

RECEIVED

Form 4A

••• Hospital/Clinic Affiliation Form ••• DEC 02 1996

To Applicant: In applying for a license to practice medicine in the Commonwealth of Kentucky, the Kentucky Board of Medical Licensure requires this form to be completed by the Chief of Staff or physician in charge if no Chief of Staff, in each hospital/clinic where you have practiced medicine during the five (5) years preceding your application. My signature below is your authority to release any and all information in your files, favorable or otherwise regarding myself, directly to:

Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40223

Name: Walter T. Sowers, II M.D./D.O. [Signature]
(Please print) (Signature)

Address: [Redacted]

To Reference Source: Please complete this form, sign and return to the Board (KBML) at the above stated address. Your response is confidential, pursuant to Kentucky law. All applicants have signed a general release, which relieves anyone of liability for information furnished in good faith. No Substitutions will be accepted in lieu of this form.

•• Please Print or Type all Information ••

Important: The processing time for licensure directly depends on timely receipt of critical forms such as this.

1. What privileges were extended to the applicant? Courtesy
2. Affiliation Dates: From 1979 To Present
3. Were any limitations imposed on such privileges? No IF YES, please explain briefly and attach certified copies of any documentation pertaining to such action.
4. Were privileges ever revoked, suspended, restricted, limited, reprimanded, placed on probation or otherwise disciplined? No If "Yes", please explain briefly and attach certified copies of any documentation pertaining to such action.

Derogatory information, if any: _____

Comments, if any: _____

Chief of Staff: Andrew Lowmy, MD Hospital/Clinic: The Jewish Hospital of Cin

Address: 3200 Burnet Ave. Cin., D 45229

Date: 11/23/96 Signature of Chief of Staff: [Signature]
(Seal of Hospital)
(If none, attach)

RECEIVED

Form 4A
NOV 27 1996

••• Hospital/Clinic Affiliation Form •••

To Applicant: In applying for a license to practice medicine in the Commonwealth of Kentucky, the Kentucky Board of Medical Licensure requires this form to be completed by the Chief of Staff or physician in charge if no Chief of Staff, in each hospital/clinic where you have practiced medicine during the five (5) years preceding your application. My signature below is your authority to release any and all information in your files, favorable or otherwise regarding myself, directly to:

Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222

Name: Walter T. Sowers, II M.D./D.O. [Signature]
(Please print) (Signature)

Address: [Redacted]

To Reference Source: Please complete this form, sign and return to the Board (KBML) at the above stated address. Your response is confidential, pursuant to Kentucky law. All applicants have signed a general release, which relieves anyone of liability for information furnished in good faith. No Substitutions will be accepted in lieu of this form.

•• Please Print or Type all Information ••

Important: The processing time for licensure directly depends on timely receipt of critical forms such as this.

1. What privileges were extended to the applicant? Surgery - Gynecology
2. Affiliation Dates: From 02/23/89 To 03/31/95
3. Were any limitations imposed on such privileges? NO If YES, please explain briefly and attach certified copies of any documentation pertaining to such action.
4. Were privileges ever revoked, suspended, restricted, limited, reprimanded, placed on probation or otherwise disciplined? NO If "Yes", please explain briefly and attach certified copies of any documentation pertaining to such action.

Derogatory Information, if any: _____

Comments, if any: _____

Chief of Staff: John M. Collins Hospital/Clinic: Deaconess Hospital
Address: 511 Straight Street Cincinnati, OH 45219

Date: 11-21-96 Signature of Chief of Staff: [Signature]
(Seal of Hospital)
(If none, so indicate)

RECEIVED

DEC 04 1998 Form 4A

... Hospital/Clinic Affiliation Form ...

K.B.M.L.

To Applicant: In applying for a license to practice medicine in the Commonwealth of Kentucky, the Kentucky Board of Medical Licensure requires this form to be completed by the Chief of Staff or physician in charge if no Chief of Staff, in each hospital/clinic where you have practiced medicine during the five (5) years preceding your application. My signature below is your authority to release any and all information in your files, favorable or otherwise regarding myself, directly to:

Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222

Name: Walter T. Bowers, II M.D./D.O. [Signature]
(Please print) (Signature)

Address: [Redacted]

To Reference Source: Please complete this form, sign and return to the Board (KBML) at the above stated address. Your response is confidential, pursuant to Kentucky law. All applicants have signed a general release, which relieves anyone of liability for information furnished in good faith. No Substitutions will be accepted in lieu of this form.

.. Please Print or Type all Information ..

Important: The processing time for licensure directly depends on timely receipt of critical forms such as this.

1. What privileges were extended to the applicant? OB/Gyn - County
2. Affiliation Dates: From 5/84 To Present
3. Were any limitations imposed on such privileges? No If YES, please explain briefly and attach certified copies of any documentation pertaining to such action.
4. Were privileges ever revoked, suspended, restricted, limited, reprimanded, placed on probation or otherwise disciplined? No If "Yes", please explain briefly and attach certified copies of any documentation pertaining to such action.

Derogatory Information, if any: _____

Comments, if any: _____

Chief of Staff Andrew F. Robb Hospital/Clinic Good Samaritan Hospital
Address: 375 Dixmyth Ave, Cent, OH 45220 2489

Date 12/3/98 Signature of Chief of Staff: [Signature]
(Seal of Hospital)
(If none, so indicate)

RECEIVED

Form 4A

DEC 05 1996

KBML

••• Hospital/Clinic Affiliation Form •••

To Applicant: In applying for a license to practice medicine in the Commonwealth of Kentucky, the Kentucky Board of Medical Licensure requires this form to be completed by the Chief of Staff or physician in charge if no Chief of Staff, in each hospital/clinic where you have practiced medicine during the five (5) years preceding your application. My signature below is your authority to release any and all information in your files, favorable or otherwise regarding myself, directly to:

Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222

Name: Walter T. Bowers, II M.D./D.O. [Signature]
(Please print) (Signature)

Address: [Redacted]

To Reference Source: Please complete this form, sign and return to the Board (KBML) at the above stated address. Your response is confidential, pursuant to Kentucky law. All applicants have signed a general release, which relieves anyone of liability for information furnished in good faith. No Substitutions will be accepted in lieu of this form.

•• Please Print or Type all Information ••

Important: The processing time for licensure directly depends on timely receipt of critical forms such as this.

1. What privileges were extended to the applicant? Associate, Surgery - Obstetrics & Gynecology
2. Affiliation Dates: From 1-22-90 To Present
3. Were any limitations imposed on such privileges? no If YES, please explain briefly and attach certified copies of any documentation pertaining to such action.
4. Were privileges ever revoked, suspended, restricted, limited, reprimanded, placed on probation or otherwise disciplined? no If "Yes", please explain briefly and attach certified copies of any documentation pertaining to such action.

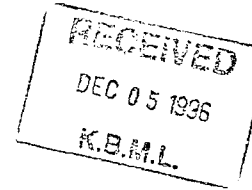
Derogatory Information, if any: none

Comments, if any: Please see letter

Chief of Staff: Michael Farrell, M.D. Hospital/Clinic: CHMC Medical Center

Address: 3333 Burnet Avenue Cincinnati, Ohio 45229

Date: 11/21/96 Signature of Chief of Staff: [Signature]
(Seal of Hospital)
(If none, so indicate)



November 25, 1996

Chairman, Credentials Committee

Kentucky Board of Medical Licensure

RE: Walter T. Bowers, M.D.
STATUS: Current
STAFF CATEGORY: Associate
DEPARTMENT/DIVISION: Obstetrics and Gynecology
ORIGINAL APPOINTMENT: 01/22/90
CURRENT APPOINTMENT: 01/01/95 TO 12/31/96

Based on a review of the credentials file, the above-named professional is/was a member in good standing of the Medical and Dental Staff at Children's Hospital Medical Center. The file reveals no disciplinary action or involuntary restriction of clinical privileges.

Sincerely,

Michelle B. Stultz

Michelle B. Stultz, R.N.
Manager
Medical and Dental Staff Office

3333 Burnet Avenue
Cincinnati, Ohio 45229-3039

An Equal Opportunity Employer

RECEIVED

Form 4A

... Hospital/Clinic Affiliation Form JAN 10 1987

To Applicant: In applying for a license to practice medicine in the Commonwealth of Kentucky, the Kentucky Board of Medical Licensure requires this form to be completed by the Chief of Staff or physician in charge if no Chief of Staff, in each hospital/clinic where you have practiced medicine during the five (5) years preceding your application. My signature below is your authority to release any and all information in your files, favorable or otherwise regarding myself, directly to:

Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222

Name: Walter T. Bowers, II M.D./D.O. [Signature]
(Please print) (Signature)

Address: [Redacted]

To Reference Source: Please complete this form, sign and return to the Board (KBML) at the above stated address. Your response is confidential, pursuant to Kentucky law. All applicants have signed a general release, which relieves anyone of liability for information furnished in good faith. No Substitutions will be accepted in lieu of this form.

•• Please Print or Type all Information ••

Important: The processing time for licensure directly depends on timely receipt of critical forms such as this.

1. What privileges were extended to the applicant? Active / OB-GYN
2. Affiliation Dates: From 7-1-77 To Present
3. Were any limitations imposed on such privileges? No If YES, please explain briefly and attach certified copies of any documentation pertaining to such action.
4. Were privileges ever revoked, suspended, restricted, limited, reprimanded, placed on probation or otherwise disciplined? No If "Yes", please explain briefly and attach certified copies of any documentation pertaining to such action.

Derogatory Information, if any: None

Comments, if any: _____

Chief of Staff: _____ Hospital/Clinic: The Christ Hospital

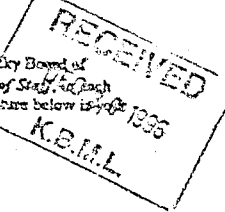
Address: 2139 Auburn Ave. Cincinnati, OH 45219

Date: 1-17-97 Signature of Chief of Staff: [Signature]
(Seal of Hospital) (If none, so indicate)

••• Hospital/Clinic Affiliation Form •••

Form 4A

To Applicant: In applying for a license to practice medicine in the Commonwealth of Kentucky, the Kentucky Board of Medical Licensure requires this form to be completed by the Chief of Staff or physician in charge if no Chief of Staff or hospital/clinic where you have practiced medicine during the five (5) years preceding your application. My signature below is my authority to release any and all information in your files, favorable or otherwise regarding myself, directly to:



Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222

Name: Walter T. Bowers, II M.D./D.O. [Signature]
(Please print) (Signature)

Address: [Redacted]

To Reference Source: Please complete this form, sign and return to the Board (K.B.M.L.) at the above stated address. Your response is confidential, pursuant to Kentucky law. All applicants have signed a general release, which relieves anyone of liability for information furnished in good faith. No Substitutions will be accepted in lieu of this form.

•• Please Print or Type all Information ••

Important: The processing time for license directly depends on timely receipt of critical forms such as this.

1. What privileges were extended to the applicant? Supervised patient care provider (resident)
2. Affiliation Dates: From June 27, 1975 To June 30, 1979
3. Were any limitations imposed on such privileges? No If YES, please explain briefly and attach certified copies of any documentation pertaining to such action.
4. Were privileges ever revoked, suspended, restricted, limited, reprimanded, placed on probation or otherwise disciplined? No If "Yes", please explain briefly and attach certified copies of any documentation pertaining to such action.

Derogatory Information, if any: None

Comments, if any: Dr. Bowers was a resident in the Department of Obstetrics/

Gynecology

Associate
Chief of Staff: Andrew T. Filsk, Jr., M.D. Hospital/Clinic: II, of Cincinnati Hospital

Address: 234 Goodman St., Cincinnati, OH 45267-0796

Date: 12/5/96 Signature of Chief of Staff: [Signature]

(Seal of Hospital)
(If none, so indicate)

FORM 5
3-5-1985
KCBML

• • • Reference Form • • •

• • No Substitutions will be Accepted in Lieu of This Form • • •

To Applicant: The Kentucky Board of Medical Licensure requires completion of two (2) Reference Forms from reference sources. These forms must be sent from the reference source directly to:

Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222

In addition, the forms must meet the following criteria:

- (a) Recent (no older than six months).
- (b) Original signature.
- (c) Sent by licensed physicians familiar with your practice. It is preferable that one be sent by the Program Director for those who recently completed residency training, or the lead hospital where staff privileges were held.

Please be sure to indicate your name below for identification purposes.

Name of Applicant: Walter Thomas Bowers II MD
(please print)

To Reference Source: Please complete this form, sign and return to the Board (KCBML) at the above stated address. Your response is confidential, pursuant to Kentucky law. All applicants have signed a general release, which relieves anyone of any liability for information furnished in good faith.

Please print or type all information.

Important: The processing time for licensure directly depends on timely receipt of critical forms such as this.

From: Tariq A. Siddiqi, M.D., Interim Director, Dept. of OB/Gyn
(Full Name - Please Print)
The Christ Hospital, 2139 Auburn Avenue, Cincinnati, Ohio 45219
(Address) (City, State, Zipcode)

Telephone: (513) 369-2362

1. How long have you known the applicant? 15 yrs
2. In what capacity are you acquainted with him/her? Personal Counselor / Dept Director

- | | | | |
|---|--------------------------|-------------------------------------|--------------------------|
| | Yes | No | Not
Applicable |
| 3. Have you ever received reports of poor practice by this physician or have you discussed concerns you had about his/her practice with medical staff officers at a hospital? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Form 5

-Note: If you answer "No" to questions 10, 11, 13, please give an explanation.

	Yes	No	Not Applicable
4. Have you ever received reports of poor relationships between this physician and other members of hospital medical staff?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Are you aware of any derogatory information about this physician with respect to his/her ability to practice medicine?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Does he/she have, or has he/she had in the past, any mental or physical illnesses or personal problems that interfere with his/her medical practice?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Has he/she ever abused alcohol or drugs or shown signs of chemical dependency?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Are you aware of any lawsuits having to do with his/her medical practice that this physician has either lost or settled out of court?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Are you aware of any restrictions, limitations or other actions of any nature taken against this physician by a hospital or other health related entity?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Does this physician accept medical staff and hospital policies and function willingly according to these policies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Does he/she enjoy professional respect among his/her colleagues and in the community where he/she practices?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Are you sorry to see this physician leave your community?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13. Do you recommend him/her for unrestricted medical licensure in Kentucky?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Wanda A. Allen
Wanda A. Allen
 Interim Director, Dept. of OB/Gyn
 (Signature) The Christ Hospital, Cincinnati, Ohio 45219 (Title) 11/21/96
 (Name of Hospital, if applicable) (Date)

••• Reference Form •••

RECEIVED
DEC 02 1996
K.B.M.L.

•• No Substitutions will be Accepted in Lieu of This Form ••

To Applicant: The Kentucky Board of Medical Licensure requires completion of two (2) Reference Forms from reference sources. These forms must be sent from the reference source directly to:

Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40212

In addition, the forms must meet the following criteria:

- (a) Recent (no older than six months).
- (b) Original signature.
- (c) Sent by licensed physicians familiar with your practice. It is preferable that one be sent by the Program Director for those who recently completed residency training, or the last hospital where staff privileges were held.

Please be sure to indicate your name below for identification purposes.

Name of Applicant: Walter Thomas Bowers II MD

(Please print)

To Reference Source: Please complete this form, sign and return to the Board (KEM.L.) at the above stated address. Your response is confidential, pursuant to Kentucky law. All applicants have signed a general release, which relieves anyone of any liability for information furnished in good faith.

Please print or type all information.

Important: The processing time for licensure directly depends on timely receipt of critical forms such as this.

From: Isaiah Washington MD FACOG

(Full Name - Please Print)

2911 Reading Rd Cincinnati Ohio 45206 1118

(Address)

(City, State, Zip/Postal Code)

Telephone: (513) 861-3161

1. How long have you known the applicant? July 1975 - Present
2. In what capacity are you acquainted with him/her? I was one year ahead of him for three years as a resident internist at UC General Hospital CO 45206
 Yes No Applicable
1. Have you ever received reports of poor practice by this physician or have you discussed concerns you had about his/her practice with medical staff officers at a hospital?

Note: If you answer "No" to questions 10, 11, 13, please give an explanation.

- | | Yes | No | Not Applicable |
|---|-------------------------------------|-------------------------------------|-------------------------------------|
| 4. Have you ever received reports of poor relationships between this physician and other members of hospital medical staff? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you aware of any derogatory information about this physician with respect to his/her ability to practice medicine? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Does he/she have, or has he/she had in the past, any mental or physical illnesses or personal problems that interfere with his/her medical practice? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Has he/she ever abused alcohol or drugs or shown signs of chemical dependency? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Are you aware of any lawsuits having to do with his/her medical practice that this physician has either lost or settled out of court? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. Are you aware of any restrictions, limitations or other actions of any nature taken against this physician by a hospital or other health related entity? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Does this physician accept medical staff and hospital policies and function willingly according to these policies? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Does he/she enjoy professional respect among his/her colleagues and in the community where he/she practices? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Are you sorry to see this physician leave your community? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 13. Do you recommend him/her for unrestricted medical licensure in Kentucky? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

RECEIVED
 DEC 02 1996
 K.B.M.L.

I am not aware of any at this time.

I think so but with hospitals

same as above

Good beyond this community to help.

I am not aware of any plans to leave the area.

Comments: -- Du Bowen, Sr. L.S. Tolson & Institute, A

As a student has continued to work and provide care to the most vulnerable and low income pt

(Signature) Bill Ruppel, Jr. (Title) Attending

(Name of Hospital, if applicable) Cincinnati Ohio 45206 (Date) 11/20/96

513-861-3161

RECEIVED

DEC 02 1996

Form 6

K.B.M.L.

• • • Release and Waiver of Rights Form • • •

I, Walter T. Sowers, hereby authorize the following individuals and entities to release all information (documented, oral or other) about me in their possession to the Kentucky Board of Medical Licensure or its agents:

1. All medical/osteopathic schools which I have attended.
2. All hospitals or other health care facilities at which I have ever held staff privileges, whether full or limited, temporary or permanent, and all hospitals or other health care facilities at which I have ever received training.
3. All medical/osteopathic societies, specialty boards, and other medical/osteopathic organizations with which I have been associated.
4. All other state or Canadian licensure boards, federal health agencies, and federal and state drug control agencies.
5. All licensed physicians, nurses or other health care professionals of any state or Canadian province.
6. All attorneys who have participated in civil or criminal actions in which I was named party.

I hereby release the above-named individuals and entities from all liability for the release of information to the Board (K.B.M.L.) or its agents.

I further authorize the Kentucky Board of Medical Licensure or any of its duly authorized agents to make any investigations that they deem necessary to secure information concerning me which is relevant to the requirements for licensure, and I further authorize them to release such information they may now or in the future have concerning me to (i) any federal, state, county or local governmental entity, (ii) any hospital or other health care facility, or (iii) any other person upon a showing that the release of the information is vital to the health, safety and welfare of the general public.

I hereby make this release and waiver of rights for the purpose of allowing the Kentucky Board of Medical Licensure to carry out its duties pursuant to my request for a license to practice medicine/osteopathy in the Commonwealth of Kentucky, and further, for the purpose of allowing the Board (K.B.M.L.) to carry out its duties in regard to my continued licensure.

This release and waiver of rights has no expiration date and shall remain effective during my licensure in the Commonwealth of Kentucky.

18 Nov 96
Date

[Signature]
Applicant

Sworn to and Subscribed Before Me By Walter Sowers
on this the 18 day of November, 1996.

Seal

[Signature]
Notary Public

My Commission expires: Notary Public, State of Ohio
My Commission Expires April 20, 1997

RECEIVED

JAN 09 1997

K.B.M.L.



Physician Profile Service

515 North State Street
Chicago, Illinois 60610

Division of Survey and Data Resources
Department of Data Services

Name and Address:

WALTER THOS BOWERS II MD

Phone: UNKNOWN

Birthdate: [REDACTED]

Birthplace: [REDACTED]

Physician's Major Professional Activity: OFFICE BASED PRACTICE

Self Designated Practice Specialties (SDPS):

Primary: OBSTETRICS AND GYNECOLOGY

Secondary: UNSPECIFIED

AMA membership: NOT A MEMBER

Following Data Provided by the Primary Source:

Medical School:

UNIV OF MI MED SCH. ANN ARBOR MI 48109

Year of Graduation: 1975

Current and/or Prior Medical Training or Fellowship:

Institution: UNIV CINCINNATI HOSP
RESIDENT

State: OHIO
(VERIFIED)

Specialty: OBSTETRICS AND GYNECOLOGY

07/01/1976 - 06/30/1979

Institution: UNIV CINCINNATI HOSP
INTERM

State: OHIO
(VERIFIED)

Specialty: OBSTETRICS AND GYNECOLOGY

07/01/1975 - 06/30/1976

Note: Additional information on physicians in graduate medical training is not solicited, nor is it received from the residency program directors. If you feel additional information may be available, contact the program director(s).

National Board Certification Year: MD: 1976

ECFMG Certification:

Number	Certificate Date	Status
--------	------------------	--------

NOT APPLICABLE

AMA Files Checked 1/3/97 09:41:38

Profile for: Walter Thos Bowers II MD

Page 1 of 3

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AMA Physician Profile (continued)

It is mutually agreed between the American Medical Association (AMA) and the requesting organization that this Physician Profile (see reverse) is provided to the requesting organization with the understanding that (1) the information on the Profile will be treated with total confidentiality; (2) that such information is granted solely to the requesting organization and is granted as a non-exclusive limited license, consistent with and limited to the specific purposes set forth on the Physician Profile request form or other agreement; and (3) that no Physician Profile or information contained therein will be sold, provided to, released, copied, extracted or otherwise usurped for use by any other party, entity, organization or government agency: Disclosure, sale or reuse of Physician Profiles or the information contained therein to any third party, whether or not affiliated with the requesting organization, is strictly prohibited unless otherwise agreed to in writing by the AMA. Upon a breach of any of the foregoing covenants or upon the effective date of any statute, regulation or court decision mandating any disclosure whatsoever of such Profile information by the requesting organization, such license to use and possess the Profile shall be automatically and immediately terminated and the Profile and any information or data contained thereon or, in any way, derived therefrom shall be returned to the AMA immediately, but, in no event, later than 48 hours after such automatic termination.

American Medical Association

Physicians dedicated to the health of America

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JAN 09 1997

K.B.M.L.



Physician Profile Service

515 North State Street
Chicago, Illinois 60610

Division of Survey and Data Resources
Department of Data Services

License(s) : State	MD/ DO	Date Granted	Expiration Date	Status	License Type	As of
INDIANA	MD	05/26/1994	06/30/1997	ACTIVE	UNLIMITED	04/05/1996
OHIO	MD	07/15/1976	09/30/1996	ACTIVE	UNLIMITED	04/06/1996

Federal Drug Enforcement Administration:

AS OF 7/5/96 FEDERAL DEA REGISTRATION IS VALID.

Note: Many states require their own controlled substances registration/license.
Please check with your state licensing authority as the AMA does not maintain this information.

Specialty Board Certification(s):

Specialty Board Certification(s) by one or more of the 24 boards recognized by the American Board of Medical Specialties (ABMS) and the American Medical Association (AMA) through the Liaison Committee on Specialty Boards, as reported by the ABMS:

Primary Board: NONE REPORTED TO DATE

Effective: Expires:

Subcertification or Certificate of Special Competence: NONE REPORTED TO DATE

Effective: Expires:

Medicare/Medicaid Sanction(s):

TO DATE, THERE HAVE BEEN NO SUCH SANCTIONS REPORTED TO THE AMA BY HCFA.

Other Federal Sanction(s):

TO DATE, THERE HAVE BEEN NO FEDERAL SANCTIONS REPORTED TO THE AMA BY ANY BRANCH OF THE US MILITARY, THE VETERAN'S ADMINISTRATION OR THE US PUBLIC HEALTH SERVICE.

Additional Information:

TO DATE, THERE IS NO ADDITIONAL INFORMATION FOR THIS PHYSICIAN ON FILE.

AMA Files Checked 1/3/97 09:41:39

Profile for: Walter Thos Bowers II MD

Page 2 of 3

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AMA Physician Profile (continued)

It is mutually agreed between the American Medical Association (AMA) and the requesting organization that this Physician Profile (see reverse) is provided to the requesting organization with the understanding that (1) the information on the Profile will be treated with total confidentiality; (2) that such information is granted solely to the requesting organization and is granted as a non-exclusive limited license, consistent with and limited to the specific purposes set forth on the Physician Profile request form or other agreement; and (3) that no Physician Profile or information contained therein will be sold, provided to, released, copied, extracted or otherwise usurped for use by any other party, entity, organization or government agency: **Disclosure, sale or resale of Physician Profiles or the information contained therein to any third party, whether or not affiliated with the requesting organization, is strictly prohibited unless otherwise agreed to in writing by the AMA.** Upon a breach of any of the foregoing covenants or upon the effective date of any statute, regulation or court decision mandating any disclosure whatsoever of such Profile information by the requesting organization, such license to use and possess the Profile shall be automatically and immediately terminated and the Profile and any information or data contained thereon or, in any way, derived therefrom shall be returned to the AMA immediately, but, in no event, later than 48 hours after such automatic termination.

American Medical Association
Physicians dedicated to the health of America

RECEIVED
JAN 09 1997
K.B.M.L.



Physician Profile Service

515 North State Street
Chicago, Illinois 60610

Division of Survey and Data Resources
Department of Data Services

AMA Files Checked 1/3/97 09:41:39

Profile for: Walter Thos Bowers II MD

Page 3 of 3

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AMA Physician Profile (continued)

It is mutually agreed between the American Medical Association (AMA) and the requesting organization that this Physician Profile (see reverse) is provided to the requesting organization with the understanding that (1) the information on the Profile will be treated with total confidentiality; (2) that such information is granted solely to the requesting organization and is granted as a non-exclusive limited license, consistent with and limited to the specific purposes set forth on the Physician Profile request form or other agreement; and (3) that no Physician Profile or information contained therein will be sold, provided to, released, copied, extracted or otherwise usurped for use by any other party, entity, organization or government agency: **Disclosure, sale or resale of Physician Profiles or the information contained therein to any third party, whether or not affiliated with the requesting organization, is strictly prohibited unless otherwise agreed to in writing by the AMA.** Upon a breach of any of the foregoing covenants or upon the effective date of any statute, regulation or court decision mandating any disclosure whatsoever of such Profile information by the requesting organization, such license to use and possess the Profile shall be automatically and immediately terminated and the Profile and any information or data contained thereon or, in any way, derived therefrom shall be returned to the AMA immediately, but, in no event, later than 48 hours after such automatic termination.

RECEIVED
DEC 16 1995
K.B.M.L.

RECEIVED
DEC 02 1995
K.B.M.L. Form 8

... Dea Status Request ...

•• Return this form to the Kentucky Board of Medical Licensure for processing ••

To Applicant: In applying for a license to practice medicine in the Commonwealth of Kentucky, the Kentucky Board of Medical Licensure requests a verification of my status with the DEA. My signature below is your authority to release any and all information in your files, favorable or otherwise, regarding myself.

Physician's Signature

Name: Walter Thomas Bowers II MD

Date of Birth : [REDACTED]

DEA #: AB7126382

Attention: Licensure Coordinator

A SEARCH HAS BEEN MADE OF THE FILES OF DEA
NO RECORDS HAVE BEEN FOUND WHICH DISCLOSE A
DRUG-RELATED FELONY OR MISDEMEANOR CONVICTION
FOR THE INDIVIDUAL IDENTIFIED ABOVE.

DEC 13 1995

Marsha R. Jones
MARSHA R. JONES, G/3

RECEIVED

DEC 02 1996

Form 9

... Federation Disciplinary Request ...

K.B.M.L.

DEC 13 1996

.. Return this form to the Kentucky Board of Medical Licensure for processing ..

To Applicant: In applying for a license to practice medicine in the Commonwealth of Kentucky, the Kentucky Board of Medical Licensure requires a disciplinary search from the Federation of State Medical Boards. My signature below is your authority to release any and all information in your files, favorable or otherwise, regarding myself.

Physician's Signature

Walter Thomas Bowers II MD

Name

Address

City, State & Zip

Date of Birth

Social Security Number

University of Michigan Medical School Ann Arbor, MI

Medical School & Location

1975

Date of Graduation

E.C.F.M.G. #

Attention: Licensure Coordinator

WE HAVE NO UNFAVORABLE INFORMATION
REGARDING THE ABOVE NAMED PHYSICIAN

JAN 02 1997

James R. Winn, M.D.

JAMES R. WINN, M.D.
EXECUTIVE VICE-PRESIDENT

National Practitioner Data Bank
P.O. Box 10632
Charlottesville, VA 20151

Voice: (800) 767-6732
FAX: (703) 802-4109
TDD: (703) 802-9395

RECEIVED

DEC 11 1996

K.B.M.L.

DCN# 2500000004391296
Process Date: 11/26/96, 10:23
Page: 1 of 1

2.1

RESPONSE TO INFORMATION DISCLOSURE REQUEST

A. REQUESTOR IDENTIFICATION

Requestor Name: BOWERS, WALTER THOMAS II

Address: [REDACTED]

B. PRACTITIONER ON WHOM DISCLOSURE IS REQUESTED

Practitioner Name: BOWERS, WALTER THOMAS II

Other Name Used:

Gender:

Organization Name: WALTER T. BOWERS II MD INC

Work Address: 2328 AUBURN AVE #17

CINCINNATI, OH 45219-

Home Address: [REDACTED]

Social Security #: [REDACTED]

Date of Birth: [REDACTED]

Professional School(s) & Grad. Year: UNIVERSITY OF MICHIGAN MED SCHOOL (1975)

License #, State, Field, (Code): 01042496 IN

ALLOPATHIC PHYSICIANS (MD) (010)

35039566 OH

ALLOPATHIC PHYSICIANS (MD) (010)

Drug Enforcement # (DEA #): AB7126382

C. NPDB SEARCH RESULTS

Based on the practitioner identification information provided by you in Section B above, a search of the NPDB has located the following number of report(s): 0

Recipients should verify that the practitioner identified in Section B is, in fact, the practitioner of interest.

Copies of these reports are enclosed for restricted/limited use as prescribed by Public Law 99-660 The Health Care Quality Improvement Act of 1988, as amended. Recipients should verify that the practitioner identified in Section B of the report(s) is, in fact, the practitioner of interest. Reports from the NPDB are confidential, disclosure or use for any purpose other than that for which it was disclosed is subject to a civil money penalty of \$10,000 for each violation.

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

**
**



NATIONAL BOARD OF MEDICAL EXAMINERS*

ENDORSEMENT OF CERTIFICATION

Note: The embossed seal of the National Board of Medical Examiners (NBME) in the lower left corner certifies the authenticity of this document.

RECEIVED

DEC 16 1996

K.B.M.L.

Diplomate Name: Walter Thomas Bowers, II, MD

Date of Birth: [REDACTED]

Certification Date: 07/01/1976

Certificate #: 154334

It is certified that the physician named above has successfully completed the examination, education, and training requirements for certification by the NBME as of the certification date shown above.

Exam	Test Date	Total Test	Min. Pass	Pass/Fail	Anat	Phys	Bioc	Path	Micr	Phar	Beh Sci
NBME PART I	Sep 1975	385	380	PASS	380	370	380	360	430	560	340
		75	75		73	72	73	72	76	84	70
					Med	Surg	Ob/Gyn	PM/PH	Ped	Psych	
NBME PART II	Sep 1974	350	290	PASS	320	340	495	395	400	360	
		76	75		73	75	82	77	77	75	
NBME PART III	Mar 1976	375	290	PASS							
		77.6	75								

DATE: 12/10/1996

SEE OTHER SIDE FOR SCORE INFORMATION

PAGE: 1 of 1

KY1060

This *Endorsement of Certification* may include scores for Step 1, Step 2, or Step 3 of the United States Medical Licensing Examination™ (USMLE™). The USMLE, established by the Federation of State Medical Boards (FSMB) and the NBME, is a single, uniform medical licensure examination system comprised of three Step examinations. USMLE replaced both the Federation Licensing Examination (FLEX) and the NBME Parts I, II and III. The NBME accepts passing scores on Part I or Step 1, plus Part II or Step 2, plus Part III or Step 3 as meeting the examination requirements for its certification program. Physicians who have passed at least one NBME Part in combination with one or two USMLE Steps will be certified and endorsed to medical licensing authorities by the NBME. Scores for physicians who pass Steps 1, 2 and 3 will be reported by the FSMB.

INTERPRETATION OF SCORES

NBME Part I and Part II Examinations Prior to June 1991

The most recent total test and subject scores are reported. The total test score is based on the total number of questions answered correctly on the entire examination and is not the average of the subject scores. There are no minimum pass requirements for individual subjects within a Part. Scores are on a three-digit scale with a mean of 500 and a standard deviation of 100, in increments of 5.

NBME Part I and Part II Examinations June 1991 and Thereafter

The most recent total test score is reported. This score is on a three-digit scale with a mean of 200 and a standard deviation of 20, in increments of 1.

USMLE Step 1, Step 2, and Step 3

The complete USMLE examination history is given. A total test score is reported on a three-digit scale with a mean of 200 and a standard deviation of 20, in increments of 1.

All NBME Part III Examinations

The most recent total test score is reported. This score is on a three-digit scale with a mean of 500 and a standard deviation of 100, in increments of 5.

Two-Digit Scores

For all examinations, an equivalent value scale score on a two-digit scale is also provided. The scale score mean is 82 and the minimum pass total scale score is 75. Scale scores are reported in increments of 1.

EXPLANATION OF COMMENTS

For USMLE Steps, this document is annotated to reflect special circumstances regarding the score report.

Indeterminate - Results that cannot be certified as representing a valid measure of the examinee's knowledge or competence as sampled by the examination. Decisions to classify results as indeterminate may be made on the basis of factors that include, but are not limited to, inconsistency of performance within the examination or between administrations within the same Step. No score is reported.

Incomplete - The examinee sat for some but not all of the scheduled test books. No score is reported.

Irregular Behavior - The USMLE Committee on Irregular Behavior determined that the examinee engaged in irregular behavior. Examples of irregular behavior are described in the current edition of the *USMLE Bulletin of Information*. To obtain information regarding the nature of the irregular behavior, the examinee's full record of the deliberations and determination of the Committee on Irregular Behavior can be requested by contacting the USMLE Secretariat.

Score Not Available - Score not available pending further review and/or analysis.

Testing Accommodations - Following review and approval of a request from the examinee, testing accommodations were provided in the administration of the examination.

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DEC 02 1996

K.B.M.L.

Kentucky HIV/AIDS Education
Affidavit of Reasonable Cause

I, Walter T. Bowers II MD, request that the Board of Medical Licensure defer my
(Name)
AIDS education requirement for initial professional licensure (KRS 214.615) for the following
reason: (please explain in detail) Unaware of requirements and approved
curriculum.

I understand that the deferment is valid for a maximum of six (6) months from the date of the issuance of my temporary permit to practice medicine and is *not renewable*. I further understand that within six months I must send to my licensing board a copy of a certificate showing completion of a Kentucky Cabinet for Human Resources' approved HIV/AIDS course.

Signature: [Signature] Date: 19 Nov 96

Printed Name: Walter T. Bowers II MD

Social Security Number: [Redacted]

Note: *This form must be sent to your Kentucky licensure board in order for you to receive a six-month extension. Please retain a copy of this affidavit for your records.*

Mail to your professional licensure board listed below:

Ms. Lana Cinnamon, Licensure Coordinator
KY Board of Medical Licensure
The Hurstbourne Office Park
310 Whittington Parkway, Suite 1B
Louisville, KY 40222
(502) 429-8046



The St. Luke
Hospitals

Certificate of Attendance

RECEIVED

MAR 20 1997

K.P.M.L.

WALTER T. BOWERS II, M.D.

AIDS: The Facts and the Issues

a two (2) hour Category I CME program

CHR Series # 0299--844--M

MARCH 14, 1997

Date

Leslie Gunzenhaeuser, MD - KPH

Leslie Gunzenhaeuser, M.D., Chairman
St. Luke Hospital CME Committee

The St. Luke Hospitals are accredited by the Kentucky Medical Association (KMA) to sponsor continuing medical education for physicians.

The St. Luke Hospitals designates this continuing medical education activity as meeting the criteria for two (2) credit hour in Category I of the Physician Recognition Award of the American Medical Association.

RECEIVED

FEB 26 1998

Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222

5183
100-

K.B.M.98 Application for Registration of Kentucky Medical License - Registration Fee: \$100.00
(Please print or type)

Kentucky License No. 32910 ✓

(1.) Name: Bowers Walter T.
(last) (first) (mi)

(2.) Mailing Address: 2328 Auburn Ave., Suite 17
City & State: Cincinnati, Ohio Zip Code: 45219

(3.) Do you intend to practice medicine in Kentucky? Yes No
If "NO" please specify reason for registering your Kentucky license:

(4.) Principal KY Practice Location:
City: Zip Code:

(5.) Office Telephone No. () E-Mail Address: (Optional Information)

(6.) Principal KY Practice County: Percent of Practice in that county: %

1. List other KY counties in which you practice and percent of practice occurring in each county:
County: % County: % County: %
2. Average total number of hours worked per week: _____

(7.) Specialty: Ob/Gyn (8.) Social Security No: [REDACTED]

(9.) Type of practice: (check one)

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Hospital Based | <input type="checkbox"/> Resident/Fellow | <input type="checkbox"/> Military | <input type="checkbox"/> Inactive/Semi-Retired |
| <input type="checkbox"/> Instructor | <input checked="" type="checkbox"/> Private Practice | <input type="checkbox"/> Research | <input type="checkbox"/> Locum Tenens |
| <input type="checkbox"/> Administrative Medicine | <input type="checkbox"/> Occupational Medicine | <input type="checkbox"/> Emergency Medicine | <input type="checkbox"/> Public Health/Government |

(10.) Do you currently have hospital staff privileges within the Commonwealth of Kentucky? Yes No

*** If you answer "Yes" to questions (11.), (12.), or (13.), please attach a written explanation. ***

(11.) Since you last registered your Kentucky license, have you been disciplined or denied; have you made an act of surrender or resignation; or are you currently under investigation in regard to any of the following:

- a. medical or osteopathic licensure in any state or Canadian province;
 Yes No
- b. membership or association in any medical or osteopathic association, society or specialty board;
 Yes No
- c. controlled substance permit issued by any state or the United States (DEA);
 Yes No

(12.) Since you last registered, has any hospital, hospital medical staff, or any other health care facility revoked, suspended, restricted, limited, reprimanded, placed on probation, or otherwise disciplined your staff privileges?
 Yes No

(13.) Since you last registered, have you been arrested or convicted for violation of any felony or misdemeanor under the laws of any state or of the United States?
 Yes No

I hereby state that the information contained in this application is true, accurate and complete to the best of my knowledge and belief. I understand any false information on my application may subject my license to disciplinary action pursuant to KRS 311.595.

Signature: [Handwritten Signature] Date: 2/20/98

*** Only Completed Applications Will Be Processed; Incomplete Applications Or Applications Received Without Payment Will Be Returned ***

1998 Application for Registration of Kentucky Medical License — Registration Fee: \$100.00

Name: Walter T. Bowers, II, M.D. KY License No: 32910
(Please Type or Print)

See above exemptions

The answers to these questions are exempt from public disclosure under KRS 61.878(1)(a) and KRS 311.619 and shall be subject to inspection only upon order of a court of competent jurisdiction, except that no court shall authorize the inspection by any party of any materials pertaining to civil litigation beyond that which is provided by the Kentucky Rules of Civil Procedure governing pretrial discovery. The answers to these questions may be considered by the Board and may be disclosed in any contested case proceeding, including a Show Cause proceeding, or appeal of a licensing decision based upon them.

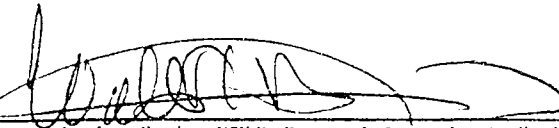
If applicable, these questions should be read to include the clause, "Other than what is known already to the Kentucky Physicians Health Foundation - Impaired Physicians Program..."

"Illegal drug use" means the use of an illegally obtained controlled substance or dangerous drug; the term "illegal drug use" also means the use of a legally obtained controlled substance or dangerous drug which is not taken in accordance with the direction of the licensed health care professional who prescribed the controlled substance or dangerous drug.

*** If You Answer "Yes" To Questions (1), Or (2) Please Attach A Written Explanation. ***

- (1.) Since you last registered, have you suffered from or been treated for any medical condition which might impair your ability to continue to practice medicine? [REDACTED]
- (2.) Since you last registered, have you suffered from or been treated for drug or alcohol dependency? [REDACTED]

I hereby state that the information contained in this application is true, accurate and complete to the best of my knowledge and belief. I understand any false information on my application may subject my license to disciplinary action pursuant to KRS 311.595.

Signature:  Date: 2/20/98

*** Only Completed Applications Will Be Processed; Incomplete Applications Or Applications Received Without Payment Will Be Returned ***

RECEIVED

FEB 22 1999

K.B.M.I.

Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222

\$100.00 Check # 5659
\$150.00 Check #
\$200.00 Check #

1999 Application for Registration of Kentucky Medical/Osteopathic License
Registration Fee \$100.00

If you practice in Kentucky or if you practice outside the Commonwealth and wish to maintain an active Kentucky medical/osteopathic license, complete this form, sign and return with your \$100.00 annual registration fee to this office in the enclosed envelope. The deadline for registration is March 1. Late Registration (After March 1, but before April 1) may be made by payment of an additional \$50.00 penalty fee. Should you fail to register before April 1, 1999, your license will become inactive and subsequent practice in Kentucky will be considered the unauthorized practice of medicine or osteopathy. Anyone registering after April 1, 1999, will be imposed an additional \$100.00 fee. This form must be completed in its entirety.

(Please print or type changes)

Kentucky License No. 32910 ✓

(1) Name: Walter T. Bowers II M.D.

(2) Social Security Number: [REDACTED]

(3) Date of Birth: [REDACTED]

(4) Mailing Address: 2328 Auburn Ave., #17

City: Cincinnati

State: OH

Zip Code: 45219

(5) Please indicate any changes/update to mailing address as listed above:

Street:

(Mailing address must be a street address; Post Office address will no longer be accepted.)

City & State:

Zip Code:

(6) Practice Address if Different from Mailing Address:

City & State:

Zip Code:

(7) Principal KY Practice County:

Percent of Practice in that county: %

(a) List other KY counties in which you practice and percent of practice occurring in each county:

County: %

County: %

County: %

(b) Average total number of hours worked per week:

(8) Office Telephone Number: (513) 381 - 6161

E-Mail Address:

(9) Do you intend to practice medicine in Kentucky? Yes No

If "NO" please specify reason for registering your Kentucky license:

(10) Do you currently have hospital staff privileges within the Commonwealth of Kentucky? Yes No

(11) Specialty: Obstetrics/Gynecology

(12) Type of Practice (Please Indicate Below if Different): Private Practice

Hospital Based

Instructor

Administrative Medicine

Resident/Fellow

Private Practice

Occupational Medicine

Military

Research

Emergency Medicine

Retired/Semi-Retired

Locum Tenens

Public Health/Government

(Over)

1999 Application for Registration of Kentucky Medical/Osteopathic License

Name: Walter T. Bowers II M.D.

XY License Number: 32910

*** If you answer "Yes" to questions (13.), (14.), or (15.), please attach a written explanation. ***

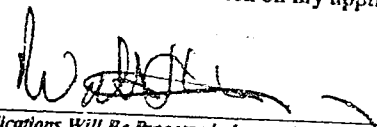
(13.) Since you last registered your Kentucky license, have you been disciplined or denied; have you made an act of surrender or resignation; or are you currently under investigation in regard to any of the following:

- a. medical or osteopathic licensure in any state or Canadian province, including Kentucky;
 Yes No
- b. membership or association in any medical or osteopathic association, society or specialty board;
 Yes No
- c. controlled substance permit issued by any state or the United States (DEA);
 Yes No

(14.) Since you last registered, has any hospital, hospital medical staff, or any other health care facility revoked, suspended, restricted, limited, reprimanded, placed on probation, or otherwise disciplined your staff privileges?
 Yes No

(15.) Since you last registered, have you been convicted for violation of any felony or misdemeanor under the laws of any state or of the United States?
 Yes No

I hereby state that the information contained in this application is true, accurate and complete to the best of my knowledge and belief. I understand any false information on my application may subject my license to disciplinary action pursuant to KRS 311.595.

Applicant Signature: 

Date: 18 February 1999

*** Only Completed Applications Will Be Proceeded; Incomplete Applications Or Applications Received Without Payment Will Be Returned ***

RECEIVED

FEB 22 1999

Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222

K.B.M.L.
1999 Application for Registration of Kentucky Medical/Osteopathic License

Name: Walter T. Bowers II M.D.

KY License No: 32910

See above exemptions

The answers to these questions are exempt from public disclosure under KRS 61.878(1)(a) and KRS 311.619 and shall be subject to inspection only upon order of a court of competent jurisdiction, except that no court shall authorize the inspection by any party of any materials pertaining to civil litigation beyond that which is provided by the Kentucky Rules of Civil Procedure governing pretrial discovery. The answers to these questions may be considered by the Board and may be disclosed in any contested case proceeding, including a Show Cause proceeding, or appeal of a licensing decision based upon them.

If applicable, these questions should be read to include the clause, "Other than what is known already to the Kentucky Physicians Health Foundation - Impaired Physicians Program..."

"Illegal drug use" means the use of an illegally obtained controlled substance or dangerous drug; the term "illegal drug use" also means the use of a legally obtained controlled substance or dangerous drug which is not taken in accordance with the direction of the licensed health care professional who prescribed the controlled substance or dangerous drug.

*** If You Answer "Yes" To Questions (1.), Or (2) Please Attach A Written Explanation. ***

(1.) Since you last registered, have you suffered from or been treated for any medical and/or psychiatric condition which might impair your ability to continue to practice medicine?
[REDACTED]

(2.) Since you last registered, have you suffered from or been treated for drug or alcohol abuse and or dependency?
[REDACTED]

I hereby state that the information contained in this application is true, accurate and complete to the best of my knowledge and belief. I understand any false information on my application may subject my license to disciplinary action pursuant to KRS 311.595.

Applicant Signature: Walter T. Bowers II

Date: 18 February 1999

*** Only Completed Applications Will Be Processed; Incomplete Applications Or Applications Received Without Payment Will Be Returned ***

RECEIVED
FEB 29 2000
K.B.M.L.

For Office Only: \$125.00 Check # 2012
\$150.00 Check # _____
\$200.00 Check # _____

Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222

Application for Registration of Kentucky Medical/Osteopathic License for Year 2000
Registration Fee \$125.00

If you practice in Kentucky or if you practice outside the Commonwealth and wish to maintain an active Kentucky medical/osteopathic license, complete this form, sign and return with your \$125.00 annual registration fee to this office in the enclosed envelope. The deadline for registration is March 1. Late Registration (After March 1, but before April 1) may be made by payment of an additional \$50.00 penalty fee. Should you fail to register before April 1, 2000, your license will become inactive and subsequent practice in Kentucky will be considered the unauthorized practice of medicine or osteopathy. Anyone registering after April 1, 2000, will be imposed an additional \$100.00 fee. This form must be completed in its entirety.

(Please print or type changes)

Kentucky License No. 32910

(1.) Name: **Walter T. Bowers, II M.D.**

(2.) Social Security Number: (3.) Date of Birth:

(4.) Mailing Address: **2328 Auburn Ave., #17**
City: **Cincinnati** State: **OH** Zip Code: **45219**
Country: _____

(5.) Please indicate any changes/updates to mailing address as listed above:

Street: _____
(Mailing address must be a street address; Post Office address will no longer be accepted.)

City & State: _____ Zip Code: _____

(6.) Practice Address if Different from Mailing Address: _____

City & State: _____ Zip Code: _____

(7.) Principal KY Practice County: NONE Percent of Practice in that county: _____ %

(a.) List other KY counties in which you practice and percentage of practice occurring in each county:

County: _____ %
County: _____ %
County: _____ %

(b.) Average total number of hours worked per week: _____

(8.) Office Telephone Number: (513) 381-6161 E-Mail Address: _____

(9.) Do you intend to practice medicine in Kentucky? Yes No
If "NO" please specify reason for registering your Kentucky license: _____

(10.) Do you currently have hospital staff privileges within the Commonwealth of Kentucky? Yes No

(11.) Specialty: **Obstetrics/Gynecology**

(12.) Type of Practice:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Hospital Based | <input type="checkbox"/> Resident/Fellow | <input type="checkbox"/> Military | <input type="checkbox"/> Retired/Semi-Retired |
| <input type="checkbox"/> Instructor | <input checked="" type="checkbox"/> Private Practice | <input type="checkbox"/> Research | <input type="checkbox"/> Locum Tenens |
| <input type="checkbox"/> Administrative Medicine | <input type="checkbox"/> Occupational Medicine | <input type="checkbox"/> Emergency Medicine | <input type="checkbox"/> Public Health/Government |

(Over)

Application for Registration of Kentucky Medical/Osteopathic License for Year 2000

Name: Walter T. Bowers II, M.D.

KY License Number: 32910

*** If you answer "Yes" to question (13), please attach a written explanation. ***

(13) Since you last registered your Kentucky medical/osteopathic license:

- (a) Have you had any license, certificate, registration or other privilege to practice as a health care professional denied, revoked, suspended, probated, or restricted by a State, Federal, or International authority, or have you surrendered such credential to avoid action or in connection with disciplinary investigation/action by such jurisdiction?
 Yes No
- (b) Has any hospital, hospital medical staff or any other health care entity revoked, suspended, restricted, limited, reprimanded, placed on probation or otherwise disciplined your staff privileges?
 Yes No
- (c) Have you resigned your privileges or failed to renew privileges at a licensed hospital or from the medical staff of the hospital, while under investigation or while you were subject to disciplinary proceedings by the hospital?
 Yes No
- (d) Have you been removed, suspended, expelled or disciplined by any professional medical association or society?
 Yes No
- (e) Has the Drug Enforcement Administration or any other state or International drug licensure/enforcement authority denied, revoked, suspended, restricted, limited, or otherwise disciplined a controlled substance registration certificate issued to you?
 Yes No
- (f) Have you voluntarily or involuntarily surrendered a medical or osteopathic license, or controlled substance registration certificate issued to you?
 Yes No
- (g) Have you been or are you currently under investigation by any State, Federal or International licensure authority or any drug licensure/enforcement authority?
 Yes No
- (h) Are any legal proceedings regarding licensure presently pending against you by any State, Federal or International licensure authority or any drug licensure/enforcement authority?
 Yes No
- (i) Have you been convicted of a felony or misdemeanor by any State, Federal or International court? Are any criminal charges presently pending against you in any of those courts?
 Yes No
- (j) To your knowledge, are you the subject of an investigation for a criminal act?
 Yes No
- (k) Have you had to pay a judgement in a malpractice action or other civil action against your medical practice or are any malpractice or other civil actions against your medical practice presently pending in any court?
 Yes No

I hereby state that the information contained in this application is true, accurate and complete to the best of my knowledge and belief. I understand any false information on my application may subject my license to disciplinary action pursuant to KRS 311.595.

Applicant Signature: 

Date: 24 Feb 00

*** Only Completed Applications Will Be Processed; Incomplete Applications Or Applications Received Without Payment Will Be Returned ***

Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222

Application for Registration of Kentucky Medical/Osteopathic License for Year 2000

Name: Walter T. Bowers, II M.D.

KY License No: 32910

See above exemptions

The answers to these questions are exempt from public disclosure under KRS 61.878(1)(a) and KRS 311.619 and shall be subject to inspection only upon order of a court of competent jurisdiction, except that no court shall authorize the inspection by any party of any materials pertaining to civil litigation beyond that which is provided by the Kentucky Rules of Civil Procedure governing pretrial discovery. The answers to these questions may be considered by the Board and may be disclosed in any contested case proceeding, including a Show Cause proceeding, or appeal of a licensing decision based upon them.

"Illegal drug use" means the use of an illegally obtained controlled substance or dangerous drug; the term "illegal drug use" also means the use of a legally obtained controlled substance or dangerous drug which is not taken in accordance with the direction of the licensed health care professional who prescribed the controlled substance or dangerous drug.

*** If You Answer "Yes" To Questions (1) Or (2) Please Attach A Written Explanation. ***

(1.) Since you last registered, have you suffered from or been treated for any medical and/or psychiatric condition which might impair your ability to continue to practice medicine?
[REDACTED]

(2.) Since you last registered, have you suffered from or been treated for drug or alcohol abuse and or dependency?
[REDACTED]

I hereby state that the information contained in this application is true, accurate and complete to the best of my knowledge and belief. I understand any false information on my application may subject my license to disciplinary action pursuant to KRS 311.595.

Applicant Signature: Walter T. Bowers, II Date: 24 Feb 00

*** Only Completed Applications Will Be Processed; Incomplete Applications Or Applications Received Without Payment Will Be Returned ***

Kentucky Board of Medical Licensure

310 Whittington Parkway, Suite 1B
Louisville, KY 40222
Telephone: (502) 429-8046

**** Continuing Medical Education Certification Form ****

- 1.) Name: Bowers, Walter T. II, M.D.
- 2.) License Number: 32910
- 3.) Specialty: Obstetrics/Gynecology
- 4.) Current CME Cycle: January 1, 1997 - December 31, 1999

According to the Continuing Medical Education (CME) regulation 201 KAR 9:310, for each (3) year CME cycle, a licensee shall complete:

- (a) A total of sixty (60) hours of CME, if his/her license has been renewed for each year of a CME cycle;
- (b) If his/her license has not been renewed for each year of a CME cycle, licensee shall complete twenty (20) hours of CME for each year for which his/her license has been renewed.
- (c) A licensee whose initial licensure was granted the first year of the CME cycle for which verification is submitted: completion of (80) hours of CME before the end of the cycle;
- (d) A licensee whose initial licensure was granted the second year of the CME cycle for which a verification is submitted: completion of forty (40) hours of CME before the end of the cycle;
- (e) A licensee whose initial licensure was granted the third year of the CME cycle for which verification is submitted: completion of twenty (20) hours of CME before the end of the cycle.

In order to comply with this requirement, please answer the following:

- 1. Have you completed your CME requirements for the current CME cycle noted in item (4)?
 Yes No
- 2. As part of the CME requirement, have you completed the 2 hours in an HIV/AIDS course approved by the Cabinet for Health Services?
 Yes No
- 3. Did you have an active Kentucky medical license during the years of the CME cycle noted in item (4)?
First year of cycle? Yes No
Second year of cycle? Yes No
Third year of cycle? Yes No
- 4. Did you obtain initial licensure in Kentucky during the years of the CME cycle noted in item (4)?
First year of cycle? Yes No
Second year of cycle? Yes No
Third year of cycle? Yes No
- 5. If you are a primary care physician and held a Kentucky license on or before June 30, 1996, did you complete the approved 3 hour domestic violence requirement?
 Yes No Not Applicable


(Signature)

24 Feb 00
(Date)

RECEIVED

JAN 5 2001

K.B.M.L.

For Office Only: \$125.00 Check # 6426
\$175.00 Check #
\$225.00 Check #

Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222

Application for Registration of Kentucky Medical/Osteopathic License for Year 2001
Registration Fee \$125.00

If you practice in Kentucky or if you practice outside the Commonwealth and wish to maintain an active Kentucky medical/osteopathic license, complete this form, sign and return with your \$125.00 annual registration fee to this office in the enclosed envelope. The deadline for registration is March 1. Late Registration (After March 1, but before April 1) may be made by payment of an additional \$50.00 penalty fee. Should you fail to register before April 1, 2001, your license will become inactive and subsequent practice in Kentucky will be considered the unauthorized practice of medicine or osteopathy. Anyone registering after April 1, 2001, will be imposed an additional \$100.00 fee. This form must be completed in its entirety and received with proper payment or it will be returned.

(Please print or type changes)

Kentucky License No. 32910

(1) Name: Walter T. Bowers, II M.D.

(2) Social Security Number: [REDACTED]

(3) Date of Birth: [REDACTED]

(4) Mailing Address: 2328 Auburn Ave., #17
City: Cincinnati State: OH Zip Code: 45219
Country:

(5) Please indicate any changes/updates to mailing address as listed above:

Street: _____
(Mailing address must be a street address; Post Office address will no longer be accepted.)

City & State: _____ Zip Code: _____

(6) Practice Address if Different from Mailing Address: _____

City & State: _____ Zip Code: _____

(7) Principal KY Practice County: _____ Percent of Practice in that county: _____%

(a.) List other KY counties in which you practice and percentage of practice occurring in each county:

County: _____ %
County: _____ %
County: _____ %

(b.) Average total number of hours worked per week: _____

(8) Office Telephone Number: (513) 381 -6161 E-Mail Address: _____

(9) Do you intend to practice medicine in Kentucky? Yes No
If "NO" please specify reason for registering your Kentucky license: _____

(10) Do you currently have hospital staff privileges within the Commonwealth of Kentucky? Yes No

(11.) Specialty: Obstetrics/Gynecology

(12.) Type of Practice:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Hospital Based | <input type="checkbox"/> Resident/Fellow | <input type="checkbox"/> Military | <input type="checkbox"/> Retired/Semi-Retired |
| <input type="checkbox"/> Instructor | <input checked="" type="checkbox"/> Private Practice | <input type="checkbox"/> Research | <input type="checkbox"/> Locum Tenens |
| <input type="checkbox"/> Administrative Medicine | <input type="checkbox"/> Occupational Medicine | <input type="checkbox"/> Emergency Medicine | <input type="checkbox"/> Public Health/Government |

(Over)

Application for Registration of Kentucky Medical/Osteopathic License for Year 2001

Name: Walter T. Bowers II, M.D.

KY License Number: 32910

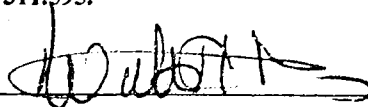
(13) Since you registered your Kentucky medical/osteopathic license for the year 2000:

- (a) Have you had any license, certificate, registration or other privilege to practice as a health care professional denied, revoked, suspended, probated, or restricted by a State, Federal, or International authority, or have you surrendered such credential to avoid action or in connection with disciplinary investigation/action by such jurisdiction?
 Yes No
- (b) Has any hospital, hospital medical staff or any other health care entity revoked, suspended, restricted, limited, reprimanded, placed on probation or otherwise disciplined your staff privileges?
 Yes No
- (c) Have you resigned your privileges or failed to renew privileges at a licensed hospital or from the medical staff of the hospital, while under investigation or while you were subject to disciplinary proceedings by the hospital?
 Yes No
- (d) Have you been removed, suspended, expelled or disciplined by any professional medical association or society?
 Yes No
- (e) Has the Drug Enforcement Administration or any other state or International drug licensure/enforcement authority denied, revoked, suspended, restricted, limited, or otherwise disciplined a controlled substance registration certificate issued to you?
 Yes No
- (f) Have you voluntarily or involuntarily surrendered a medical or osteopathic license, or controlled substance registration certificate issued to you?
 Yes No
- (g) Have you been or are you currently under investigation by any State, Federal or International licensure authority or any drug licensure/enforcement authority?
 Yes No
- (h) Are any legal proceedings regarding licensure presently pending against you by any State, Federal or International licensure authority or any drug licensure/enforcement authority?
 Yes No
- (i) Have you been convicted of a felony or misdemeanor by any State, Federal or International court? Are any criminal charges presently pending against you in any of those courts?
 Yes No
- (j) To your knowledge, are you the subject of an investigation for a criminal act?
 Yes No
- (k) Have you had to pay a judgement in a malpractice action or other civil action against your medical practice or are there any malpractice or other civil actions against your medical practice presently pending in any court?
 Yes No

If you answer "Yes" to question 13 a-k please attach a written explanation.

I hereby state that the information contained in this application is true, accurate and complete to the best of my knowledge and belief. I understand any false information on my application may subject my license to disciplinary action pursuant to KRS 311.595.

Applicant Signature: _____



Date: _____

3 Jan 01

Only Completed Applications Will Be Processed; Incomplete Applications Or Applications Received Without Payment Will Be Returned.

Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222

Application for Registration of Kentucky Medical/Osteopathic License for Year 2001

Name: Walter T. Bowers, II M.D.

KY License No: 32910

The answers to these questions are exempt from public disclosure under KRS 61.878(1)(a) and KRS 311.619 and shall be subject to inspection only upon order of a court of competent jurisdiction, except that no court shall authorize the inspection by any party of any materials pertaining to civil litigation beyond that which is provided by the Kentucky Rules of Civil Procedure governing pretrial discovery. The answers to these questions may be considered by the Board and may be disclosed in any contested case proceeding, including a Show Cause proceeding, or appeal of a licensing decision based upon them.

"Illegal drug use" means the use of an illegally obtained controlled substance or dangerous drug; the term "illegal drug use" also means the use of a legally obtained controlled substance or dangerous drug which is not taken in accordance with the direction of the licensed health care professional who prescribed the controlled substance or dangerous drug.

*** If You Answer "Yes" To Questions (1) Or (2) Please Attach A Written Explanation. ***

- (1.) Since you registered your license for the year 2000, have you suffered from or been treated for any medical and/or psychiatric condition which might impair your ability to continue to practice medicine?
[REDACTED]
- (2.) Since you registered your license for the year 2000, have you suffered from or been treated for drug or alcohol abuse and or dependency?
[REDACTED]

I hereby state that the information contained in this application is true, accurate and complete to the best of my knowledge and belief. I understand any false information on my application may subject my license to disciplinary action pursuant to KRS 311.595.

Applicant Signature:

Walter T. Bowers, II

Date:

3 Jan 01

Only Completed Applications Will Be Processed; Incomplete Applications Or Applications Received Without Payment Will Be Returned

See above exemption

RECEIVED

FEB 13 2002

For Office Use Only: \$125.00 Check # 6846
\$175.00 Check #
\$225.00 Check #

Application for Renewal of Kentucky Medical/Osteopathic License for Year 2002
Registration Fee: \$125.00

Late Registration (After March 1, but before April 1) may be made by payment of an additional \$50.00 penalty fee. After April 1, 2002, you will be imposed an additional \$100.00 fee.

Walter T. Bowers, II, M.D.
3131 Harvey Ave Ste 204
Cincinnati, OH 45229-3007

Kentucky License No. 32910

1) Please indicate any changes/updates to mailing address as listed above:

Street: _____
(Mailing address must be a street address; Post office address will no longer be accepted)

City & State: _____ Zip Code: _____

2) Practice Address if Different from Mailing Address:

_____ *(Practice address must be a street address; Post office address will no longer be accepted)*

City & State: _____ Zip Code: _____

3) Principal KY Practice County: _____ Percent of Practice in that County: _____%

(a.) List other KY counties in which you practice and percentage of practice occurring in each county:

County: _____ %

County: _____ %

County: _____ %

(b.) Average total number of hours worked per week: _____

4) Office Telephone Number: (513) 381-6161

5) E-Mail Address (For Office Use Only): _____

6) Do you intend to practice medicine in Kentucky? Yes No
If "NO" please specify reason for registering your Kentucky license: _____

7) Do you currently have hospital staff privileges within the Commonwealth of Kentucky? Yes No

8) Specialty: **Obstetrics/Gynecology**

9) Type of Practice:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Hospital Based | <input type="checkbox"/> Resident/Fellow | <input type="checkbox"/> Military | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Faculty | <input checked="" type="checkbox"/> Private Practice | <input type="checkbox"/> Research | <input type="checkbox"/> Semi-Retired |
| <input type="checkbox"/> Administrative Medicine | <input type="checkbox"/> Occupational Medicine | <input type="checkbox"/> Emergency Medicine | <input type="checkbox"/> Locum Tenens |
| | | | <input type="checkbox"/> Public Health/Government |

Application for Registration of Kentucky Medical/Osteopathic License for Year 2002

Name: Walter T. Bowers, II, M.D.

KY License No: 32910

- 10) Since you last registered have you had any license, certificate, registration or other privilege to practice as a health care professional denied, revoked, suspended, probated, restricted, reprimanded, limited, or subjected to any other disciplinary action, by a state medical/osteopathic licensing board, or Federal, or International authority?
 Yes No
- 11) Since you last registered have you surrendered such credential, or placed it into an inactive status, to avoid disciplinary action or in connection with or in anticipation of a disciplinary investigation/action by the licensing authority of such jurisdiction?
 Yes No
- 12) Since you last registered have you been or are you currently under investigation by any State medical/osteopathic licensing board, Federal or International licensure authority or any drug licensure/enforcement authority?
 Yes No
- 13) Since you last registered has the Drug Enforcement Administration (DEA), or any state or International drug licensure/enforcement authority denied, revoked, suspended, restricted, limited, or otherwise disciplined a controlled substance registration certificate issued to you?
 Yes No
- 14) Since you last registered have you voluntarily or involuntarily surrendered a medical or osteopathic license, or controlled substance registration certificate issued to you?
 Yes No
- 15) Since you last registered has any hospital, hospital medical staff or any other health care entity revoked, suspended, restricted, limited, reprimanded, placed on probation or otherwise disciplined your staff privileges?
 Yes No
- 16) Since you last registered have you resigned your privileges or failed to renew privileges at a licensed hospital or from the medical staff of the hospital or any other health care entity, while under investigation or while you were subject to disciplinary proceedings by any of the entities notes above?
 Yes No
- 17) Since you last registered are any legal proceedings regarding licensure presently pending against you by any State, Federal or International licensure authority or any drug licensure/enforcement authority?
 Yes No
- 18) Since you last registered have you been removed, suspended, expelled or disciplined by any professional medical association or society?
 Yes No
- 19) Since you last registered have you been convicted of a felony or misdemeanor by any State, Federal or International court? Are any criminal charges presently pending against you in any of those courts?
 Yes No
- 20) Since you last registered to your knowledge, are you the subject of an investigation for a criminal act?
 Yes No
- 21) Since you last registered have you had to pay a judgment in a malpractice action or other civil action against your medical practice or are any malpractice or other civil actions against your medical practice presently pending in any court?
 Yes No

If you answer "Yes" to question 10 - 21, please attach a written explanation.

I hereby state that the information contained in this application is true, accurate and complete to the best of my knowledge and belief. I understand any false information on my application may subject my license to disciplinary action pursuant to KRS 311.195.

Applicant Signature: _____

Date: 28 Jun 02

Only Completed Applications Will Be Processed; Incomplete Applications Or Applications Received Without Payment Will Be Returned.

Application for Registration of Kentucky Medical/Osteopathic License for Year 2002

Name: Walter T. Bowers, II, M.D.

KY License No: 32910

The answers to these questions are exempt from public disclosure under KRS 61.878(1)(a) and KRS 311.619 and shall be subject to inspection only upon order of a court of competent jurisdiction, except that no court shall authorize the inspection by any party of any materials pertaining to civil litigation beyond that which is provided by the Kentucky Rules of Civil Procedure governing pretrial discovery. The answers to these questions may be considered by the Board and may be disclosed in any contested case proceeding, including a Show Cause proceeding, or appeal of a licensing decision based upon them.

"Illegal drug use" means the use of an illegally obtained controlled substance or dangerous drug; the term "illegal drug use" also means the use of a legally obtained controlled substance or dangerous drug which is not taken in accordance with the direction of the licensed health care professional who prescribed the controlled substance or dangerous drug.

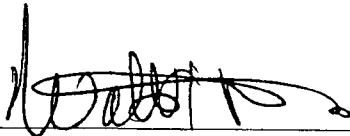
**** If You Answer "Yes" To Questions (1) Or (2) Please Attach A Written Explanation. ****

(1.) Since you last registered, have you suffered from or been treated for any medical and/or psychiatric condition which might impair your ability to continue to practice medicine?
[REDACTED]

(2.) Since you last registered, have you suffered from or been treated for drug or alcohol abuse and/or dependency?
[REDACTED]

I hereby state that the information contained in this application is true, accurate and complete to the best of my knowledge and belief. I understand any false information on my application may subject my license to disciplinary action pursuant to KRS 311.595.

Applicant Signature:



Date:

28 Jan 02

See above exemptions

Only Completed Applications Will Be Processed; Incomplete Applications Or Applications Received Without Payment Will Be Returned.

RECEIVED

FEB 18 2003

K.B.M.L.

Application for Renewal of Kentucky Medical/Osteopathic License for Year 2003

Registration Fee: \$125.00

For Office Use Only: \$125.00 [x] Check# 7223
\$175.00 [] Check#
\$225.00 [] Check#

Late Registration (After March 1, but before April 1) may be made by payment of an additional \$50.00 penalty fee. After April 1, 2003, you will be imposed an additional \$100.00 fee.

Name: Walter T. Bowers, II, M.D. Kentucky License No: 32910

Mailing Address: 3131 Harvey Ave Ste 204 Cincinnati, OH 45229-3007

1) Please indicate any changes/updates to mailing address as listed above:

Street: (Mailing address must be a street address; Post office address will no longer be accepted)

City & State: Zip Code:

2) Practice Address if Different from Mailing Address:

(Practice address must be a street address; Post office address will no longer be accepted)

City & State: Zip Code:

3) Principal KY Practice County: Percent of Practice in that County: %

(a.) List other KY counties in which you practice and percentage of practice occurring in each county:

County: %

County: %

County: %

(b.) Average total number of hours worked per week:

4) Office Telephone Number: (513) 381-6161

5) E-Mail Address (For Office Use Only):

6) Do you intend to practice medicine in Kentucky? [x] Yes [] No
If "NO" please specify reason for registering your Kentucky license:

7) Do you currently have hospital staff privileges within the Commonwealth of Kentucky? [] Yes [x] No

8) Specialty: Obstetrics/Gynecology

9) Type of Practice:

- [] Hospital Based [] Resident/Fellow [] Military [] Retired
[] Faculty [x] Private Practice [] Research [] Semi-Retired
[] Administrative Medicine [] Occupational Medicine [] Emergency Medicine [] Locum Tenens
[] Public Health/Government

Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, KY 40222
Telephone: (502) 429-8046
www.kbml.org

Continuing Medical Education Information

Continuing Medical Education (CME) regulation 201 KAR 9:310 requires all medical and osteopathic physicians wishing to maintain their Kentucky medical license to obtain 60 hours of CME every three years. This is the final year of the current three-year cycle (January 1, 2000 through December 31, 2002). Thirty of these required hours must be in Category 1 accredited by the Accreditation Council on Continuing Medical Education or the American Osteopathic Association and thirty hours may consist of non-supervised personal activities. Two of the total 60 hours must be acquired in a HIV/AIDS course approved by the Kentucky Cabinet for Health Services. **Please do not send documentation of your CME credits to the Board unless requested.**

Request For Extension To Complete Required CME Hours

If you have not satisfied the CME requirements as stated above, you may request an extension of time. According to 201 KAR 9:310, section 4, "The Board may grant an extension of time to a physician who for sufficient cause has not yet received continuing medical education requirements for the cycle." In order to request an extension, please complete the section below, sign, date and return to the Board with the enclosed renewal form.

Please grant an extension to complete the Continuing Medical Education hours required for the CME cycle January 1, 2000 – December 31, 2002. I did not complete the required hours because: (please provide explanation)

Printed Name

Kentucky License Number

Signature

Date



Danny M. Clark, M.D.
President

Telephone (502) 429-8046
Fax (502) 429-9923

KENTUCKY BOARD OF MEDICAL LICENSURE

Hurstbourne Office Park
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222
www.kbml.org

Continuing Medical Education Certification Form

(1.) Name: Walter T. Bowers II (2.) License Number: 32910

(3.) Address: ~~225~~ 3131 Harvey Ave #204, Cincinnati, Ohio 45229

According to the Continuing Medical Education (CME) regulation 201 KAR 9:310, for each (3) year CME cycle, a licensee shall complete:

- (a) A total of sixty (60) hours of CME, if his/her license has been renewed for each year of a CME cycle;
- (b) If his/her license has not been renewed for each year of a CME cycle, licensee shall complete twenty (20) hours of CME for each year for which his/her license has been renewed.
- (c) A licensee whose initial licensure was granted the first year of the CME cycle for which verification is submitted: completion of (60) hours of CME before the end of the cycle;
- (d) A licensee whose initial licensure was granted the second year of the CME cycle for which a verification is submitted: completion of forty (40) hours of CME before the end of the cycle;
- (e) A licensee whose initial licensure was granted the third year of the CME cycle for which verification is submitted; completion if twenty (20) hours of CME before the end of the cycle.

In order to comply with this requirement, please answer the following:

1. Have you completed your CME requirements for the CME cycle 1/1/2000 – 12/31/2002?
Yes No

2. Did you have an active Kentucky medical license during the years of the CME cycle 1/1/2000 – 12/31/2002?

First year of cycle	(1/1/2000 – 12/31/2000)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Second year of cycle	(1/1/2001 – 12/31/2001)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Third year of cycle	(1/1/2002 – 12/31/2002)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

3. Did you obtain initial licensure in Kentucky during the years of the CME cycle 1/1/2000 – 12/31/2002?

First year of cycle	(1/1/2000 – 12/31/2000)	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Second year of cycle	(1/1/2001 – 12/31/2001)	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Third year of cycle	(1/1/2002 – 12/31/2002)	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

Signature

Date

** Years of the cycle will change each CME cycle



12 Feb 03

Application for Registration of Kentucky Medical/Osteopathic License for Year 2003

Name: Walter T. Bowers, II, M.D.

License No: 32910

See above exemptions

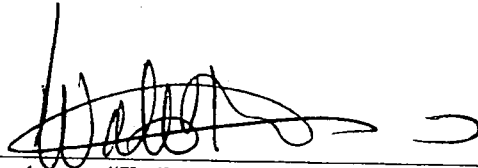
The answers to these questions are exempt from public disclosure under KRS 61.878(1)(a) and KRS 311.619 and shall be subject to inspection only upon order of a court of competent jurisdiction, except that no court shall authorize the inspection by any party of any materials pertaining to civil litigation beyond that which is provided by the Kentucky Rules of Civil Procedure governing pretrial discovery. The answers to these questions may be considered by the Board and may be disclosed in any contested case proceeding, including a Show Cause proceeding, or appeal of a licensing decision based upon them.

"Illegal drug use" means the use of an illegally obtained controlled substance or dangerous drug; the term "illegal drug use" also means the use of a legally obtained controlled substance or dangerous drug which is not taken in accordance with the direction of the licensed health care professional who prescribed the controlled substance or dangerous drug.

- (1.) Since you last registered, have you suffered from or been treated for any medical and/or psychiatric condition which might impair your ability to continue to practice medicine?
[REDACTED]
- (2.) Since you last registered, have you suffered from or been treated for drug or alcohol abuse and/or dependency?
[REDACTED]

I hereby state that the information contained in this application is true, accurate and complete to the best of my knowledge and belief. I understand any false information on my application may subject my license to disciplinary action pursuant to KRS 311.595.

Applicant Signature:



Date:

12 Feb 03

If You Answer "Yes" To Questions (1) Or (2) Please Attach A Written Explanation.

Only Completed Applications Will Be Processed; Incomplete Applications Or Applications Received Without Payment Will Be Returned

Application for Registration of Kentucky Medical/Osteopathic License for Year 2003

Name: Walter T. Bowers, II, M.D.

KY License No: 32910

- 1) Since you last registered have you had any license, certificate, registration or other privilege to practice as a health care professional denied, revoked, suspended, probated, restricted, reprimanded, limited, or subjected to any other disciplinary action, by a state medical/osteopathic licensing board, or Federal, or International authority?
 Yes No
- 2) Since you last registered have you surrendered such credential, or placed it into an inactive status, to avoid disciplinary action or in connection with or in anticipation of a disciplinary investigation/action by the licensing authority of such jurisdiction?
 Yes No
- 3) Since you last registered have you been or are you currently under investigation by any State medical/osteopathic licensing board, Federal or International licensure authority or any drug licensure/enforcement authority?
 Yes No
- 4) Since you last registered has the Drug Enforcement Administration (DEA), or any state or International drug licensure/enforcement authority denied, revoked, suspended, restricted, limited, or otherwise disciplined a controlled substance registration certificate issued to you?
 Yes No
- 5) Since you last registered have you voluntarily or involuntarily surrendered a medical or osteopathic license, or controlled substance registration certificate issued to you?
 Yes No
- 6) Since you last registered has any hospital, hospital medical staff or any other health care entity revoked, suspended, restricted, limited, reprimanded, placed on probation or otherwise disciplined your staff privileges?
 Yes No
- 7) Since you last registered have you resigned your privileges or failed to renew privileges at a licensed hospital or from the medical staff of the hospital or any other health care entity, while under investigation or while you were subject to disciplinary proceedings by any of the entities notes above?
 Yes No
- 8) Since you last registered are any legal proceedings regarding licensure presently pending against you by any State, Federal or International licensure authority or any drug licensure/enforcement authority?
 Yes No
- 9) Since you last registered have you been removed, suspended, expelled or disciplined by any professional medical association or society?
 Yes No
- 10) Since you last registered have you been convicted of a felony or misdemeanor by any State, Federal or International court? Are any criminal charges presently pending against you in any of those courts?
 Yes No
- 11) Since you last registered to your knowledge, are you the subject of an investigation for a criminal act?
 Yes No
- 12) Since you last registered have you had to pay a judgment in a malpractice action or other civil action against your medical practice or are any malpractice or other civil actions against your medical practice presently pending in any court?
 Yes No
- 13) Are you currently in default on any student loan repayment obligations payable to the financial aid programs administered by the Kentucky Higher Education Assistance Authority?
 Yes No

I hereby state that the information contained in this application is true, accurate and complete to the best of my knowledge and belief. I understand any false information on my application may subject my license to disciplinary action pursuant to KRS 311.59.

Applicant Signature: _____

Date: 12 Feb 03

If you answer "Yes" to question 10 - 22, please attach a written explanation.

Only Completed Applications Will Be Processed; Incomplete Applications Or Applications Received Without Payment Will Be Returned

RECEIVED

JAN 22 2004

For Office Use Only: \$125.00 Check # 7555
\$175.00 Check #
\$225.00 Check #

Application for Renewal of Kentucky Medical/Osteopathic License for Year 2004
Registration Fee: \$125.00

Late Registration (After March 1, but before April 1) may be made by payment of an additional \$50.00 penalty fee. After April 1, 2004, you will be imposed an additional \$100.00 fee.

Please answer all questions on this application.

Note: Intentional false answers or misrepresentation in applying for or procuring a license, registration or reactivation in Kentucky are grounds for disciplinary action, including denial or revocation of license, and are reported to the National Practitioner Data Bank and/or appropriate national professional credentialing organization. You must answer "yes" to any question if the event(s) described in that question has actually occurred. You must answer, "yes" in such circumstances even if you have been advised by an attorney or other person that you may answer "no". You must also answer "yes" in such circumstance even if the record of the event has been sealed or expunged by Court order, or has been designated "confidential" by the body involved. After answering "yes" to the appropriate question(s), you may advise the Board of any additional relevant information pertaining to your answer (i.e., record has been sealed or expunged, record is designated "confidential," attorney has advised that you properly answer "no"). The Board will consider this additional information, along with your answer(s), in determining the appropriate action.

If you have any question about whether or not you should answer "yes" to a question, you should err in favor of answering "yes" and providing an explanation, because any non-disclosure violation will likely result in denial of your application or disciplinary action against your license.

Name: Walter T. Bowers, II, M.D. **Kentucky License No:** 32910
Mailing Address: 3131 Harvey Ave Ste 204
Cincinnati, OH 45229-3007

1) Please indicate any changes/updates to mailing address as listed above:

Street: _____
(Mailing address must be a street address; Post office address will no longer be accepted.)

City & State: _____ Zip Code: _____

2) Practice Address if Different from Mailing Address: _____

(Practice address must be a street address; Post office address will no longer be accepted.)

City & State: _____ Zip Code: _____

3) Principal KY Practice County: _____ Percent of Practice in that County: _____ %

Average total number of hours worked per week: _____

4) Office Telephone Number: (513) 381-6161

5) E-Mail Address (For Office Use Only): _____

6) Do you intend to practice medicine in Kentucky? Yes No
If "NO" please specify reason for registering your Kentucky license: _____

7) Do you currently have hospital staff privileges within the Commonwealth of Kentucky? Yes No

8) Specialty: **Obstetrics/Gynecology**

9) Type of Practice:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Hospital Based | <input type="checkbox"/> Resident/Fellow | <input type="checkbox"/> Military | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Faculty | <input checked="" type="checkbox"/> Private Practice | <input type="checkbox"/> Research | <input type="checkbox"/> Semi-Retired |
| <input type="checkbox"/> Administrative Medicine | <input type="checkbox"/> Occupational Medicine | <input type="checkbox"/> Emergency Medicine | <input type="checkbox"/> Locum Tenens |
| | | | <input type="checkbox"/> Public Health/Government |

Application for Registration of Kentucky Medical/Osteopathic License for Year 2004

Name: Walter T. Bowers, II, M.D.

KY License No: 32910

- 10) Since you last registered have you had any license, certificate, registration or other privilege to practice as a health care professional denied, revoked, suspended, probated, restricted, reprimanded, limited, or subjected to any other disciplinary action, by a state medical/osteopathic licensing board, or Federal, or International authority?
 Yes No
- 11) Since you last registered have you surrendered such credential, or placed it into an inactive status, to avoid disciplinary action or in connection with or in anticipation of a disciplinary investigation/action by the licensing authority of such jurisdiction?
 Yes No
- 12) Since you last registered have you been or are you currently under investigation by any State medical/osteopathic licensing board, Federal or International licensure authority or any drug licensure/enforcement authority?
 Yes No
- 13) Since you last registered has the Drug Enforcement Administration (DEA), or any state or International drug licensure/enforcement authority denied, revoked, suspended, restricted, limited, or otherwise disciplined a controlled substance registration certificate issued to you?
 Yes No
- 14) Since you last registered have you voluntarily or involuntarily surrendered a medical or osteopathic license, or controlled substance registration certificate issued to you?
 Yes No
- 15) Since you last registered has any hospital, hospital medical staff or any other health care entity revoked, suspended, restricted, limited, reprimanded, placed on probation or otherwise disciplined your staff privileges?
 Yes No
- 16) Since you last registered have you resigned your privileges or failed to renew privileges at a licensed hospital or from the medical staff of the hospital or any other health care entity, while under investigation or while you were subject to disciplinary proceedings by any of the entities notes above?
 Yes No
- 17) Since you last registered are any legal proceedings regarding licensure presently pending against you by any State, Federal or International licensure authority or any drug licensure/enforcement authority?
 Yes No
- 18) Since you last registered have you been removed, suspended, expelled or disciplined by any professional medical association or society?
 Yes No
- 19) Since you last registered have you been convicted of a felony or misdemeanor by any State, Federal or International court? Are any criminal charges presently pending against you in any of those courts?
 Yes No
- 20) Since you last registered to your knowledge, are you the subject of an investigation for a criminal act?
 Yes No
- 21) Since you last registered have you had to pay a judgment in a malpractice action or other civil action against your medical practice or are any malpractice or other civil actions against your medical practice presently pending in any court?
 Yes No
- 22) Are you currently in default on any student loan repayment obligations payable to the financial aid programs administered by the Kentucky Higher Education Assistance Authority?
 Yes No

I hereby state that the information contained in this application is true, accurate and complete to the best of my knowledge and belief. I understand any false information on my application may subject my license to disciplinary action pursuant to the Medical Practice Act.

Applicant Signature: 

Date: 20 Jan 04

If you answer "Yes" to question 10 - 22, please attach a written explanation

Only Completed Applications Will Be Processed; Incomplete Applications Or Applications Received Without Payment Will Be Returned.

Application for Registration of Kentucky Medical/Osteopathic License for Year 2004

Name: Walter T. Bowers, II, M.D.

License No: 32910

The answers to these questions are exempt from public disclosure under KRS 61.878(1)(a) and KRS 311.619 and shall be subject to inspection only upon order of a court of competent jurisdiction, except that no court shall authorize the inspection by any party of any materials pertaining to civil litigation beyond that which is provided by the Kentucky Rules of Civil Procedure governing pretrial discovery. The answers to these questions may be considered by the Board and may be disclosed in any contested case proceeding, including a Show Cause proceeding, or appeal of a licensing decision based upon them.

"Illegal drug use" means the use of an illegally obtained controlled substance or dangerous drug; the term "illegal drug use" also means the use of a legally obtained controlled substance or dangerous drug which is not taken in accordance with the direction of the licensed health care professional who prescribed the controlled substance or dangerous drug.

See above exemptions

(1.) Since you last registered, have you suffered from or been treated for any medical and/or psychiatric condition which might impair your ability to continue to practice medicine?

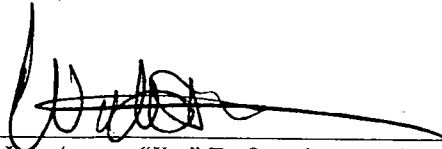
[Redacted]

(2.) Since you last registered, have you suffered from or been treated for drug or alcohol abuse and/or dependency?

[Redacted]

I hereby state that the information contained in this application is true, accurate and complete to the best of my knowledge and belief. I understand any false information on my application may subject my license to disciplinary action pursuant to the Medical Practice Act.

Applicant Signature:



Date:

20 Jun 04

If You Answer "Yes" To Questions (1) Or (2) Please Attach A Written Explanation.

Only Completed Applications Will Be Processed; Incomplete Applications Or Applications Received Without Payment Will Be Returned.

RECEIVED

FEB 24 2005

For Office Use Only: \$125.00 [] Check # 7950
\$175.00 [] Check # _____
\$225.00 [] Check # _____

K.B.M. Application for Renewal of Kentucky Medical/Osteopathic License for Year 2005
Registration Fee: \$125.00

Late Registration (After March 1, but before April 1) may be made by payment of an additional \$50.00 penalty fee. After April 1, 2005, you will be imposed an additional \$100.00 fee.

Please answer all questions on this application.

Note: Intentional false answers or misrepresentation in applying for or procuring a license, registration or reactivation in Kentucky are grounds for disciplinary action, including denial or revocation of license, and are reported to the National Practitioner Data Bank and/or appropriate national professional credentialing organization. You must answer "yes" to any question if the event(s) described in that question has actually occurred. You must answer, "yes" in such circumstances even if you have been advised by an attorney or other person that you may answer "no". You must also answer "yes" in such circumstance even if the record of the event has been sealed or expunged by Court order, or has been designated "confidential" by the body involved. After answering "yes" to the appropriate question(s), you may advise the Board of any additional relevant information pertaining to your answer (i.e., record has been sealed or expunged, record is designated "confidential," attorney has advised that you properly answer "no"). The Board will consider this additional information, along with your answer(s), in determining the appropriate action.

If you have any question about whether or not you should answer "yes" to a question, you should err in favor of answering "yes" and providing an explanation, because any non-disclosure violation will likely result in denial of your application or disciplinary action against your license.

Name: Walter T. Bowers, II, M.D. **License No:** 32910
Mailing Address: 3131 Harvey Ave Ste 204
Cincinnati, OH 45229-3007

1) Please indicate any changes/updates to mailing address as listed above:

Street: _____
(Mailing address must be a street address; Post office address will no longer be accepted.)

City & State: _____ Zip Code: _____

2) Practice Address if Different from Mailing Address: _____

(Practice address must be a street address; Post office address will no longer be accepted.)

City & State: _____ Zip Code: _____

3) Principal KY Practice County: _____ Percent of Practice in that County: _____ %

Average total number of hours worked per week: _____

4) Office Telephone Number: (513) 381-6161

5) E-Mail Address (For Office Use Only): _____

6) Do you intend to practice medicine in Kentucky? Yes [] No
If "NO" please specify reason for registering your Kentucky license: _____

7) Do you currently have hospital staff privileges within the Commonwealth of Kentucky? [] Yes No

8) Specialty: **Obstetrics/Gynecology**

9) Type of Practice:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Hospital Based | <input type="checkbox"/> Resident/Fellow | <input type="checkbox"/> Military | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Faculty | <input checked="" type="checkbox"/> Private Practice | <input type="checkbox"/> Research | <input type="checkbox"/> Semi-Retired |
| <input type="checkbox"/> Administrative Medicine | <input type="checkbox"/> Occupational Medicine | <input type="checkbox"/> Emergency Medicine | <input type="checkbox"/> Locum Tenens |
| | | | <input type="checkbox"/> Public Health/Government |

Application for Registration of Kentucky Medical/Osteopathic License for Year 2005

Name: Walter T. Bowers, II, M.D.

License No: 32910

- 10) Since you last registered have you had any license, certificate, registration or other privilege to practice as a health care professional denied, revoked, suspended, probated, restricted, reprimanded, limited, or subjected to any other disciplinary action, by a state medical/osteopathic licensing board, or Federal, or International authority?
 Yes No
- 11) Since you last registered have you surrendered such credential, or placed it into an inactive status, to avoid disciplinary action or in connection with or in anticipation of a disciplinary investigation/action by the licensing authority of such jurisdiction?
 Yes No
- 12) Since you last registered have you been or are you currently under investigation by any State medical/osteopathic licensing board, Federal or International licensure authority or any drug licensure/enforcement authority?
 Yes No
- 13) Since you last registered has the Drug Enforcement Administration (DEA), or any state or International drug licensure/enforcement authority denied, revoked, suspended, restricted, limited, or otherwise disciplined a controlled substance registration certificate issued to you?
 Yes No
- 14) Since you last registered have you voluntarily or involuntarily surrendered a medical or osteopathic license, or controlled substance registration certificate issued to you?
 Yes No
- 15) Since you last registered has any hospital, hospital medical staff or any other health care entity revoked, suspended, restricted, limited, reprimanded, placed on probation or otherwise disciplined your staff privileges?
 Yes No
- 16) Since you last registered have you resigned your privileges or failed to renew privileges at a licensed hospital or from the medical staff of the hospital or any other health care entity, while under investigation or while you were subject to disciplinary proceedings by any of the entities noted above?
 Yes No
- 17) Since you last registered are any legal proceedings regarding licensure presently pending against you by any State, Federal or International licensure authority or any drug licensure/enforcement authority?
 Yes No
- 18) Since you last registered have you been removed, suspended, expelled or disciplined by any professional medical association or society?
 Yes No
- 19) Since you last registered have you been convicted of a felony or misdemeanor by any State, Federal or International court? Are any criminal charges presently pending against you in any of those courts?
 Yes No
- 20) Since you last registered to your knowledge, are you the subject of an investigation for a criminal act?
 Yes No
- 21) Since you last registered have you had to pay a judgment exceeding \$100,000 in a malpractice action or other civil action against your medical practice?
 Yes No
- 22) Are you currently in default on any student loan repayment obligations payable to the financial aid programs administered by the Kentucky Higher Education Assistance Authority?
 Yes No

I hereby state that the information contained in this application is true, accurate and complete to the best of my knowledge and belief. I understand any false information on my application may subject my license to disciplinary action pursuant to the Medical Practice Act.

Applicant Signature: _____

Date: 21 Feb 05

If you answer "Yes" to question 10 - 22, please attach a written explanation.

Only Completed Applications Will Be Processed; Incomplete Applications Or Applications Received Without Payment Will Be Returned.

Application for Registration of Kentucky Medical/Osteopathic License for Year 2005

Name: Walter T. Bowers, II, M.D.

License No: 32910

The answers to these questions are exempt from public disclosure under KRS 61.878(1)(a) and KRS 311.619 and shall be subject to inspection only upon order of a court of competent jurisdiction, except that no court shall authorize the inspection by any party of any materials pertaining to civil litigation beyond that which is provided by the Kentucky Rules of Civil Procedure governing pretrial discovery. The answers to these questions may be considered by the Board and may be disclosed in any contested case proceeding, including a Show Cause proceeding, or appeal of a licensing decision based upon them.

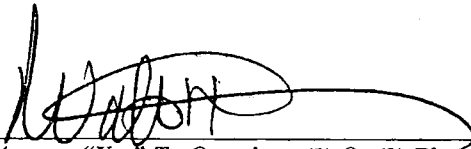
"Illegal drug use" means the use of an illegally obtained controlled substance or dangerous drug; the term "illegal drug use" also means the use of a legally obtained controlled substance or dangerous drug which is not taken in accordance with the direction of the licensed health care professional who prescribed the controlled substance or dangerous drug.

(1.) Since you last registered, have you suffered from or been treated for any medical and/or psychiatric condition which might impair your ability to continue to practice medicine?

(2.) Since you last registered, have you suffered from or been treated for drug or alcohol abuse and/or dependency?

I hereby state that the information contained in this application is true, accurate and complete to the best of my knowledge and belief. I understand any false information on my application may subject my license to disciplinary action pursuant to the Medical Practice Act.

Applicant Signature:



Date: 21 Feb 05

If You Answer "Yes" To Questions (1) Or (2) Please Attach A Written Explanation.

Only Completed Applications Will Be Processed; Incomplete Applications Or Applications Received Without Payment Will Be Returned.

See above exemptions

12. Since you last registered, have you had to pay a judgment exceeding \$250,000 in a malpractice action or other civil action against your medical practice?

No

13. Since you last registered, are you currently in default on any student loan repayment obligations payable to the financial aid programs administered by the Kentucky Higher Education Assistance Authority?

No

Qualifying Questions, Continued

1. Since you last registered, have you suffered from or been treated for any medical and/or psychiatric condition which might impair your ability to continue to practice medicine?

2. Since you last registered, have you suffered from or been treated for drug or alcohol abuse and/or dependency?

Practice Information

Are you currently retired from the active practice of medicine and do not have a practice address?

No

Gender:

Race/Ethnicity:

Address 1: 3131 Harvey Ave., #204
Address 2: N/A
City: Cincinnati
State: Ohio
Zip Code: 45229
Country: UNITED STATES

Office Telephone Number: 513-381-6161

Email Address:

Are you currently practicing in Kentucky?

No

Do you have plans to practice in Kentucky during the year?

Yes

Continuing Medical Education Certification

Have you completed your CME requirements for the CME cycle 1/1/2003 – 12/31/2005?

Yes

Certification

I hereby state that the information I have provided in this application is true, accurate and complete to the best of my knowledge and belief. I understand that any false information on my application may subject my license to disciplinary action pursuant to the Medical Practice Act. Checking this box serves as my electronic signature. By submitting this application online and checking this box, I waive any claim that my electronic signature is not my actual signature in any disciplinary proceeding based upon an allegation that specific answers in this application are not true. If I refuse to provide this waiver by checking the checkbox, I understand that I must file a paper application which includes my actual signature.

*Exempt pursuant to
KRS 61.878(1)(a) + KRS 311.619*


Application for Renewal of Kentucky Medical/Osteopathic License for Year 2007

Registration Fee: \$150.00

Late Registration After March 1, but before April 1, may be made by payment of an additional \$50.00 fee. After April 1, 2007, you will be imposed an additional \$100.00 fee.

All questions on this application must be answered and received with the correct renewal fee. Applications with unanswered questions will be returned to you, which will create a delay in timely processing.

Note: Intentional false answers or misrepresentation in applying for or procuring a license, registration or reactivation in Kentucky are grounds for disciplinary action, including denial or revocation of license, and are reported to the National Practitioner Data Bank and/or appropriate national professional credentialing organization. You must answer "yes" to any question if the event(s) described in that question has actually occurred. You must answer, "yes" in such circumstances even if you have been advised by an attorney or other person that you may answer "no". You must also answer "yes" in such circumstance even if the record of the event has been sealed or expunged by Court order, or has been designated "confidential" by the body involved. After answering "yes" to the appropriate question(s), you may advise the Board of any additional relevant information pertaining to your answer (i.e., record has been sealed or expunged, record is designated "confidential," attorney has advised that you properly answer "no"). The Board will consider this additional information, along with your answer(s), in determining the appropriate action. If you have any question about whether or not you should answer "yes" to a question, you should err in favor of answering "yes", providing an explanation, because any non-disclosure violation will likely result in denial of your application or disciplinary action against your license.

- 1) Name: II Walter T. Bowers
- 2) KY License No.: 32910
- 3) Mailing Address: 3131 Harvey Ave., #204
Cincinnati, OH 45229
- 4) Practice Address: 3131 Harvey Ave., #204
Cincinnati, OH 45229
- 5) Office Telephone Number: 5133816161
- 6) E-mail Address: 

Application for Renewal of Kentucky Medical/Osteopathic License for Year 2007

7) Are you currently practicing in Kentucky? No

8) Please provide KY County and number of hours worked weekly in this county:

a) County: Out of State

b) Number of hours worked weekly in this county:

If you have additional practice counties in Kentucky, please indicate so below:

a) Additional Practice County in KY:

Number of hours worked weekly in this county:

b) Additional Practice County in KY:

Number of hours worked weekly in this county:

9) Do you currently have hospital staff privileges in Kentucky? No

10) Do you currently have a collaborative agreement with an Advanced Registered Nurse Practitioner (ARNP)?


No

11) Do you have plans to practice medicine in Kentucky during the year? True

12) Specialty: Obstetrics/Gynecology

13) Type of Practice: Private Practice

14) Gender: 

15) Race/Ethnicity: 

Application for Renewal of Kentucky Medical/Osteopathic License for Year 2007

1) Since you last registered have you had any license, certificate, registration or other privilege to practice as a health care professional denied, revoked, suspended, probated, restricted, reprimanded, limited, or subjected to any other disciplinary action, by a state medical/osteopathic licensing board, or Federal, or International authority?

No

2) Since you last registered have you surrendered such credential, or placed it into an inactive status, to avoid disciplinary action or in connection with or in anticipation of a disciplinary investigation/action by the licensing authority of such jurisdiction?

No

3) Since you last registered have you been or are you currently under investigation by any State medical/osteopathic licensing board, Federal or International licensure authority or any drug licensure/enforcement authority?

No

4) Since you last registered has the Drug Enforcement Administration (DEA), or any state or International drug licensure/enforcement authority denied, revoked, suspended, restricted, limited, or otherwise disciplined a controlled substance registration certificate issued to you?

No

5) Since you last registered have you voluntarily or involuntarily surrendered a medical or osteopathic license, or controlled substance registration certificate issued to you?

No

6) Since you last registered has any hospital, hospital medical staff or any other health care entity revoked, suspended, restricted, limited, reprimanded, placed on probation or otherwise disciplined your staff privileges?

No

7) Since you last registered have you resigned your privileges or failed to renew privileges at a licensed hospital or from the medical staff of the hospital or any other health care entity, while under investigation or while you were subject to disciplinary proceedings by any of the entities noted above?

No

8) Since you last registered are any legal proceedings regarding licensure presently pending against you by any State, Federal or International licensure authority or any drug licensure/enforcement authority?

**Application for Renewal of Kentucky Medical/Osteopathic License for
Year 2007**

No

9) Since you last registered have you been removed, suspended, expelled or disciplined by any professional medical association or society?

No

10) Since you last registered have you been convicted of a felony or misdemeanor by any State, Federal or International court? Are any criminal charges presently pending against you in any of those courts?

No

11) Since you last registered to your knowledge, are you the subject of an investigation for a criminal act?

No

12) Since you last registered have you had to pay a judgment of \$250,000 or greater in a malpractice action or other civil action against your medical practice?

No

13) Are you currently in default on any student loan repayment obligations payable to the financial aid programs administered by the Kentucky Higher Education Assistance Authority?

No

Application for Renewal of Kentucky Medical/Osteopathic License for Year 2007

The answers to these questions are exempt from public disclosure under KRS 61.878(1) (a) and KRS 311.619 and shall be subject to inspection only upon order of a court of competent jurisdiction, except that no court shall authorize the inspection by any party of any materials pertaining to civil litigation beyond that which is provided by the Kentucky Rules of Civil Procedure governing pretrial discovery. The answers to these questions may be considered by the Board and may be disclosed in any contested case proceeding, including a Show Cause proceeding, or appeal of a licensing decision based upon them. "Illegal drug use" means the use of an illegally obtained controlled substance or dangerous drug; the term "illegal drug use" also means the use of a legally obtained controlled substance or dangerous drug which is not taken in accordance with the direction of the licensed health care professional who prescribed the controlled substance or dangerous drug.

If you are currently a participant in the Kentucky Physicians Health Foundation Program (Impaired Physicians Program) or a similar program in another state, make note of your involvement and answer the following questions as they are written.

1) Since you last registered, have you suffered from or been treated for any medical and/or psychiatric condition which might impair your ability to continue to practice medicine?

2) Since you last registered, have you suffered from or been treated for drug or alcohol abuse and/or dependency?

I hereby state that the information I have provided in this application is true, accurate and complete to the best of my knowledge and belief. I understand that any false information on my application may subject my license to disciplinary action pursuant to the Medical Practice Act. Checking this box serves as my electronic signature. By submitting this application online and checking this box, I waive any claim that my electronic signature is not my actual signature in any disciplinary proceeding based upon an allegation that specific answers in this application are not true. If I refuse to provide this waiver by checking the checkbox, I understand that I must file a paper application which includes my actual signature.

See above exemptions

Application for Renewal of Kentucky Medical/Osteopathic License for Year 2008

Lic. # 32910

Renewal Date: 2/21/2008 2:42:25 PM


Registration Fee: \$150.00

Late Registration After March 1, but before April 1, may be made by payment of an additional \$50.00 fee. After April 1, 2008, you will be imposed an additional \$100.00 fee.

All questions on this application must be answered and received with the correct renewal fee. Applications with unanswered questions will be returned to you, which will create a delay in timely processing.

Note: Intentional false answers or misrepresentation in applying for or procuring a license, registration or reactivation in Kentucky are grounds for disciplinary action, including denial or revocation of license, and are reported to the National Practitioner Data Bank and/or appropriate national professional credentialing organization. You must answer "yes" to any question if the event(s) described in that question has actually occurred. You must answer, "yes" in such circumstances even if you have been advised by an attorney or other person that you may answer "no". You must also answer "yes" in such circumstance even if the record of the event has been sealed or expunged by Court order, or has been designated "confidential" by the body involved. After answering "yes" to the appropriate question(s), you may advise the Board of any additional relevant information pertaining to your answer (i.e., record has been sealed or expunged, record is designated "confidential," attorney has advised that you properly answer "no"). The Board will consider this additional information, along with your answer(s), in determining the appropriate action.

If you have any question about whether or not you should answer "yes" to a question, you should err in favor of answering "yes", providing an explanation, because any non-disclosure violation will likely result in denial of your application or disciplinary action against your license.

- 1) Name: II Walter T. Bowers
- 2) KY License No.: 32910
- 3) Mailing Address: 3131 Harvey Ave., #204
Cincinnati, OH 45229
- 4) Practice Address: 3131 Harvey Ave., #204
Cincinnati, OH 45229
- 5) Office Telephone Number: 5133816161
- 6) E-mail Address: 

**Application for Renewal of Kentucky Medical/Osteopathic License for
Year 2008**

*Lic. # 32910
Renewal Date: 2/21/2008 2:42:25 PM*

- 7) Are you currently practicing in Kentucky? No
- 8) Please provide KY County and number of hours worked weekly in this county:
- a) County: Out of State
 - b) Number of hours worked weekly in this county:

If you have additional practice counties in Kentucky, please indicate so below:

- a) Additional Practice County in KY:
Number of hours worked weekly in this county:
 - b) Additional Practice County in KY:
Number of hours worked weekly in this county:
- 9) Do you currently have hospital staff privileges in Kentucky? No
- 10) Do you currently have a collaborative agreement with an Advanced Registered Nurse Practitioner (ARNP)?
No
- 11) Do you have plans to practice medicine in Kentucky during the year? True
- 12) Specialty: Obstetrics/Gynecology
- 13) Type of Practice: Private Practice
- 14) Gender: [REDACTED]
- 15) Race/Ethnicity: [REDACTED]

Application for Renewal of Kentucky Medical/Osteopathic License for Year 2008

Lic. # 32910

Renewal Date: 2/21/2008 2:42:25 PM

1) Since you last registered have you had any license, certificate, registration or other privilege to practice as a health care professional denied, revoked, suspended, probated, restricted, reprimanded, limited, or subjected to any other disciplinary action, by a state medical/osteopathic licensing board, or Federal, or International authority?

No

2) Since you last registered, have you surrendered such credential, or placed it into an inactive status, to avoid disciplinary action or in connection with or in anticipation of a disciplinary investigation/action by the licensing authority of such jurisdiction with the exception of the Kentucky Medical Board?

No

3) Since you last registered, have you been or are you currently under investigation by any State medical/osteopathic licensing board, Federal or International licensure authority or any drug licensure/enforcement authority with the exception of the Kentucky Medical Board?

No

4) Since you last registered, has the Drug Enforcement Administration (DEA), or any state or International drug licensure/enforcement authority denied, revoked, suspended, restricted, limited, or otherwise disciplined a controlled substance registration certificate issued to you?

No

5) Since you last registered, have you voluntarily or involuntarily surrendered a medical or osteopathic license with the exception of your Kentucky license, or controlled substance registration certificate issued to you?

No

6) Since you last registered, has any hospital or hospital medical staff removed, suspended, restricted, limited, probated, reprimanded or failed to renew your privileges for cause, or taken any other disciplinary action against your privileges?

No

7) Since you last registered, have you resigned your privileges at any hospital under pressure or investigation or while you were the subject of disciplinary proceedings?

No

Application for Renewal of Kentucky Medical/Osteopathic License for Year 2008

8) Since you last registered, are any legal proceedings regarding licensure presently pending against you by any State, Federal or International licensure authority or any drug licensure/enforcement authority with the exception of the Kentucky Medical Board?

No

9) Since you last registered have you been removed, suspended, expelled or disciplined by any professional medical association or society

No

10) Since you last registered, have you entered a guilty plea, nolo contendere plea or Alford plea, or been convicted, of any felony offense, any misdemeanor offense, or alcohol related offense in any court?

No

11) Since you last registered, have you had to pay a judgment of \$250,000 or greater in a malpractice action or other civil action against your medical practice?

No

12) Since you last registered, to your knowledge, have you become the subject of any criminal investigation or are any criminal charges pending against you?

No

13) Are you currently in default on any student loan repayment obligations payable to the financial aid programs administered by the Kentucky Higher Education Assistance Authority?

No

Application for Renewal of Kentucky Medical/Osteopathic License for Year 2008

Lic. # 32910
Renewal Date: 2/21/2008 2:42:25 PM

The answers to these questions are exempt from public disclosure under KRS 61.878(1) (a) and KRS 311.619 and shall be subject to inspection only upon order of a court of competent jurisdiction, except that no court shall authorize the inspection by any party of any materials pertaining to civil litigation beyond that which is provided by the Kentucky Rules of Civil Procedure governing pretrial discovery. The answers to these questions may be considered by the Board and may be disclosed in any contested case proceeding, including a Show Cause proceeding, or appeal of a licensing decision based upon them. "Illegal drug use" means the use of an illegally obtained controlled substance or dangerous drug; the term "illegal drug use" also means the use of a legally obtained controlled substance or dangerous drug which is not taken in accordance with the direction of the licensed health care professional who prescribed the controlled substance or dangerous drug.

If you are currently a participant in the Kentucky Physicians Health Foundation Program (Impaired Physicians Program) or a similar program in another state, make note of your involvement and answer the following questions as they are written.

1) Since you last registered, have you suffered from or been treated for any medical and/or psychiatric condition which might impair your ability to continue to practice medicine?



2) Since you last registered, have you suffered from or been treated for drug or alcohol abuse and/or dependency?



I hereby state that the information I have provided in this application is true, accurate and complete to the best of my knowledge and belief. I understand that any false information on my application may subject my license to disciplinary action pursuant to the Medical Practice Act. Checking this box serves as my electronic signature. By submitting this application online and checking this box, I waive any claim that my electronic signature is not my actual signature in any disciplinary proceeding based upon an allegation that specific answers in this application are not true. If I refuse to provide this waiver by checking the checkbox, I understand that I must file a paper application which includes my actual signature.

See above exemptions

Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222

2010 Application for Renewal of Kentucky Medical/Osteopathic License -
Renewal Fee: \$150.00

Application Renewed On: 02/18/10

Walter Bowers M.D.

KY License #: 32910

Note: Intentional false answers or misrepresentation in applying for or procuring a license, registration or reactivation in Kentucky are grounds for disciplinary action, including denial or revocation of license, and are reported to the National Practitioner Data Bank and/or appropriate national professional credentialing organization. You must answer 'yes' to any question if the event(s) described in that question has actually occurred. You must answer, 'yes' in such circumstances even if you have been advised by an attorney or other person that you may answer 'no'. You must also answer 'yes' in such circumstance even if the record of the event has been sealed or expunged by Court order, or has been designated 'confidential' by the body involved. After answering 'yes' to the appropriate question(s), you may advise the Board of any additional relevant information pertaining to your answer (i.e., record has been sealed or expunged, record is designated 'confidential,' attorney has advised that you properly answer 'no'). The Board will consider this additional information, along with your answer(s), in determining the appropriate action. If you have any question about whether or not you should answer 'yes' to a question, you should err in favor of answering 'yes', providing an explanation, because any non-disclosure violation will likely result in denial of your application or disciplinary action against your license.

1. Mailing Address: 3131 Harvey Ave., #204

Cincinnati, OH 45229

2. Practice Address: 3131 Harvey Ave., #204

Cincinnati, OH 45229

3. Phone:

4. Email: [REDACTED]

5. Are you retired? No

6. Are you currently practicing in Kentucky? No

7. Please provide KY County and number of hours worked weekly in this county:

a) county None/Retired

b) Hours 0

2010 Application for Renewal of Kentucky Medical/Osteopathic License



Application Renewed On: 02/18/10

Walter Bowers M.D.

KY License #: 32910

If you have additional practice counties in Kentucky, please indicate so below:

a) county	Hours	0
b) county	Hours	0

8. Do you currently have hospital staff privileges in Kentucky? No
9. Do you currently have a collaborative agreement with an Advanced Registered Nurse Practitioner (ARNP)? No
10. Do you have plans to practice medicine in Kentucky during the year?
Yes
11. Type of Practice? Private Practice
12. Specialty? Obstetrics/Gynecology
13. Gender 
14. Race 

2010 Application for Renewal of Kentucky Medical/Osteopathic License

Application Renewed On: 02/18/10

Walter Bowers M.D.

KY License #: 32910

1. Since you last registered, have you had any license, certificate, registration or other privilege to practice as a health care professional denied, revoked, suspended, probated, restricted, reprimanded, limited, or subjected to any other disciplinary action, by a state medical/osteopathic licensing board, or Federal, or International authority with the exception of the Kentucky Medical Board?

No

2. Since you last registered, have you surrendered such credential, or placed it into an inactive status, to avoid disciplinary action or in connection with or in anticipation of a disciplinary investigation/action by the licensing authority of such jurisdiction with the exception of the Kentucky Medical Board?

No

3. Since you last registered, have you been or are you currently under investigation by any State medical/osteopathic licensing board, Federal or International licensure authority or any drug licensure/enforcement authority with the exception of the Kentucky Medical Board?

No

4. Since you last registered, has the Drug Enforcement Administration (DEA), or any state or International drug licensure/enforcement authority denied, revoked, suspended, restricted, limited, or otherwise disciplined a controlled substance registration certificate issued to you?

No

5. Since you last registered, have you voluntarily or involuntarily surrendered a medical or osteopathic license with the exception of your Kentucky license, or controlled substance registration certificate issued to you?

No

6. Since you last registered, has any hospital or hospital medical staff removed, suspended, restricted, limited, probated, reprimanded or failed to renew your privileges for cause, or taken any other disciplinary action against your privileges?

No

7. Since you last registered, have you resigned your privileges at any hospital under pressure or investigation or while you were the subject of disciplinary proceedings?

No

2010 Application for Renewal of Kentucky Medical/Osteopathic License

Application Renewed On: 02/18/10

Walter Bowers M.D.

KY License #: 32910

8. Since you last registered, are any legal proceedings regarding licensure presently pending against you by any State, Federal or International licensure authority or any drug licensure/enforcement authority with the exception of the Kentucky Medical Board?

No

9. Since you last registered, have you been removed, suspended, expelled or disciplined by any professional medical association or society?

No

10. Since you last registered, have you entered a guilty plea, nolo contendere plea or 'Alford' plea, or been convicted, of any felony offense, any misdemeanor offense, or alcohol related offense in any court?

No

11. Since you last registered, have you had to pay a settlement or judgment of \$250,000 or greater in a malpractice action or other civil action against your medical practice?

No

12. Since you last registered, to your knowledge, have you become the subject of any criminal investigation or are any criminal charges pending against you?

No

13. Are you currently in default on any student loan repayment obligations payable to the financial aid programs administered by the Kentucky Higher Education Assistance Authority?

No

X I hereby state that the information I have provided in this application is true, accurate and complete to the best of my knowledge and belief. I understand that any false information on my application may subject my license to disciplinary action pursuant to the Medical Practice Act. Checking this box serves as my electronic signature. By submitting this application online and checking this box, I waive any claim that my electronic signature is not my actual signature in any disciplinary proceeding based upon an allegation that specific answers in this application are not true. If I refuse to provide this waiver by checking the checkbox, I understand that I must file a paper application which includes my actual signature.

Electronic Signature: Walter T. Bowers ll

Date: 02/18/10

2010 Application for Renewal of Kentucky Medical/Osteopathic License

Application Renewed On: 02/18/10

Walter Bowers M.D.

KY License #: 32910

The answers to these questions are exempt from public disclosure under KRS 61.878(1)(a) and KRS 311.619 and shall be subject to inspection only upon order of a court of competent jurisdiction, except that no court shall authorize the inspection by any party of any materials pertaining to civil litigation beyond that which is provided by the Kentucky Rules of Civil Procedure governing pretrial discovery. The answers to these questions may be considered by the Board and may be disclosed in any contested case proceeding, including a Show Cause proceeding, or appeal of a licensing decision based upon them.

Illegal drug use means the use of an illegally obtained controlled substance or dangerous drug; the term illegal drug use also means the use of a legally obtained controlled substance or dangerous drug which is not taken in accordance with the direction of the licensed health care professional who prescribed the controlled substance or dangerous drug.

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(1.) Since you last registered, have you suffered from or been treated for any medical and/or psychiatric condition which might impair your ability to continue to practice medicine?

(2.) Since you last registered, have you suffered from or been treated for drug or alcohol abuse and/or dependency?

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See above exemptions

Electronic Signature: Walter T. Bowers 11
Date: 02/18/10

Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222

2011 Application for Renewal of Kentucky Medical/Osteopathic License -
Renewal Fee: \$150.00

Application Renewed On: 02/21/11

Walter Bowers M.D.

KY License #: 32910

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5. Are you retired? No

6. Are you currently practicing in Kentucky? No

7. Please provide KY County and number of hours worked weekly in this county:

a) county None/Retired

b) Hours 0

2011 Application for Renewal of Kentucky Medical/Osteopathic License

Application Renewed On: 02/21/11

Walter Bowers M.D.

KY License #: 32910

If you have additional practice counties in Kentucky, please indicate so below:

a) county	Hours	0
b) county	Hours	0

8. Do you currently have hospital staff privileges in Kentucky? No
9. Do you currently have a collaborative agreement with an Advanced Registered Nurse Practitioner (ARNP)? No
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11. Type of Practice? Private Practice
12. Specialty? Obstetrics/Gynecology
13. Gender [REDACTED]
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2011 Application for Renewal of Kentucky Medical/Osteopathic License

Application Renewed On: 02/21/11

Walter Bowers M.D.

KY License #: 32910

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No

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2011 Application for Renewal of Kentucky Medical/Osteopathic License

Application Renewed On: 02/21/11

Walter Bowers M.D.

KY License #: 32910

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Electronic Signature: Walter T. Bowers II
Date: 02/21/11

2011 Application for Renewal of Kentucky Medical/Osteopathic License

Application Renewed On: 02/21/11

Walter Bowers M.D.

KY License #: 32910

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Electronic Signature: Walter T. Bowers II

Date: 02/21/11