

RENEWAL APPLICATION

I hereby apply for the renewal of my License AS

A Physician

for the period from 02/01/1989 to 11/30/1990

under the provisions of Title 26 Chapter 23 V.S.A.

LICENSE NUMBER 42-0005990

I enclose the correct fee as follows: \$ 96.00

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

SMITH SUSAN MD  
UNIV ASSOC IN OB/GYN  
87 MAIN ST  
ESSEX JCT

VT 05452

END HERE --

READ REVERSE FIRST

SPECIAL INSTRUCTIONS

DURING THE PREVIOUS 2 YEARS, HAVE YOU: A YES REQUIRES AN EXPLANATION  
please circle either yes or no  
had any treatment for mental illness? [REDACTED]  
Had any convictions other than for minor traffic violations? YES (NO)  
had an addiction to or been treated for drug or alcohol abuse? [REDACTED]  
Had any jurisdiction deny or take action against your license? YES (NO)  
Had any final liability judgments or settlements? YES (NO)  
Had any hospital privileges denied, conditioned or revoked? YES (NO)  
Recently started practicing in Vermont? YES (NO)  
to distribute workload renewal period has been adjusted fee created

...the taxpayer certifies that he or she has paid all taxes due; the tax liability is not being contested by the Commissioner of the State of New York, except an unreasonable

...of the State of New York

...

...with respect to or in full  
...of this application.

12/8/88

*Eileen Smith*

...to check with us

...name