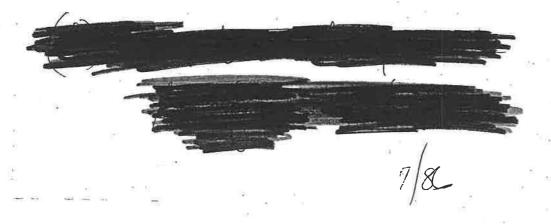
Opry A. Wasserman MD

New (0) 150 Danytown Rd

Manch NH 03103.





### The State of New Hampshire

### Board of Registration in Medicine

ppec: OB/GYN (BC)
plan: Man-OB/GYN
Wayne L. Goldrer, M.D. Application No. 8011

I hereby apply\* for license to practice Medicine in the State of New Hampshire as a Doctor of Medicine [as a Doctor of Osteopathy] \*\* and submit the following proofs, as required by the rules and regulations, formulated in accordance with the laws of the State of New Hampshire, and enclose a certified check or postal or express money order for the regular fee of \$150.00 (U. S. Funds) No Refunds.

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Wasserman
in full Last
(City or town) (County) (State) ZID
Code
of the United States: Date
owed, or Color or word) Color or
Period of Study
Sept/1969 - June/1973
IY at Buffalo 1 973
Years attended with Date
1973-1977
m SUNY at Buffalo Medical Scho
1977
e., 135 Webster St., Hanover,
oad, Braintree, Mass., 1985-198
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(place)
courses of lectures, and
m this institution conferring the degree of
# -     -
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\*\*In filling out this blank indicate clearly whether the application is for a doctor of medicine or doctor of osteopathy by striking out the appropriate words as indicated herein.

† The Board may at its discretion require a slip or leaf from Prospectus of College or School showing what preliminary education is required to enter, and what medical study and standard are required for graduation.

\*5. Certified Copy of State or National Board License or Certificate.

(Give a verbatim thy of License or Certificate certified by the Secretary with seal.)

Certification enclosed.

Secretary  STATE OF		
County of	Secretary	•
ounty of		
ounty of		
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State or National Board License or Certificate No		
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983	(title of official executing this affidavit)
0.1	City, County, Registration District, Province, State) of
	and custodian of the records of birth thereof, and that an official record of birth bearing the name
10 2000	(give name exactly as it appears on the record)
	on
	(month) (day)
	the City of County of State of
	child of
	and is on file in the office of said official, and further that
	(name of mother exactly as it appears on the record)
*.1	appears that said official record of birth was filed on
	Sworn to before me this
**	(SEA
	Notary Public
	10. Affidavit of Physician.
	STATE OF New Hampshire
	County ofss.
	I,Wayne Goldner, M. D. [D. O.] of Bedford, New Hamps
	being duly sworn do hereby certify: that I am acquainted with applicant and have known hi
	(her) for years; that I hold license No. 2440 to practice medicing
	[osteopathy] in the State [Province] of New Hampshire; and that I know applicant pe
	[osteopathy] in the State [Province] of New Hampshire; and that I know applicant personally to be a physician [osteopathic physician] of good moral character and in good profession
8 200	sonally to be a physician [osteopathic physician] of good moral character and in good profession
3 30	sonally to be a physician [osteopathic physician] of good moral character and in good profession standing.  M. D. ED-C
3 ±1	sonally to be a physician [osteopathic physician] of good moral character and in good profession standing.  M. D.   Sworn to before me this 27 and day of Januar 19.
YN C	sonally to be a physician [osteopathic physician] of good moral character and in good profession standing.  M. D. ED  Sworn to before me this day of January Delice Search Public Search
YN C	sonally to be a physician [Osteopathic physician] of good moral character and in good profession standing.  M. D. EDGE  Sworn to before me this day of January M. D. EDGE  ARCHAMBAULT, Notary Public Seralary C. Orclambault Notary Public. [SEA
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YN C	sonally to be a physician [Osteopathic physician] of good moral character and in good profession standing.  M. D. D. Sworn to before me this day of Johnson 19 ARCHAMBAULT, Notary Public Seralay C. Orclambault Notary Public. [SEA 11. Affidavit of Physician. Notarized affidavit enclosed STATE OF County of ss.
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YN C	Sworn to before me this day of January Notary Public. [SEA CARCHAMBAULT, Notary Public Seratury C. Orclambault Notary Public. [SEA COUNTY OF Physician. Notarized affidavit enclosed STATE OF SS. I. M. D. [D. O.] of being duly sworn do hereby certify: that I am acquainted with applicant and have known he (her) for search of physician in Sea County of Sea County of State I am acquainted with applicant and have known he (her) for sea County of Sea Co
YN C	Sworn to before me this day of January Notary Public Levalury C. Orclambautt Notary Public. [SEA nission Expires June 26, 1990  11. Affidavit of Physician. Notarized affidavit enclosed STATE OF  County of ss.  I, M. D. [D. O.] of being duly sworn do hereby certify: that I am acquainted with applicant and have known he (her) for state [Province] of state [Province] of state in good profession moral character and in good profession moral character and in good profession standing.  M. D. [D. O.] of state [Province] of state in good moral character and in good profession moral character and in good profession moral character and in good profession standing.  M. D. [D. O.] of state [Province] of state [Province] of state in good moral character and in good profession moral character and in good profession moral character and in good profession standing.
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12. Affidavit of Officer of Medical [Osteopathic] Societ	t <del>y</del> :	
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STATE OF		
County of ss.	91 No 10 10	200
	M. D. [D. O.] of	
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being duly sworn, says that he is President or Secretary	of the	
Medical [Osteopathic] Society, and that	***************************************	. M. D. [D. O.] o
	is at present a member in g	and standing of the
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said Medical [Osteopathic] Society and that he is an et	hical practitioner of good mo	oral character.
		M. D. [D. O.]
Sworn to before me this	day of	19
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[SEAL]		. Notary Public.
13. Affidavit of the Applicant:	- 4	
STATE OF Massachusetts	2	
County ofss.		7 7
Gary A. Wasserman, M.D.	of Massa	e husetts
being duly sworn says that he is the person referred	to in the above application for	or a license to prac
tice medicine as a Doctor of Medicine [as a Doctor of	Exi i no "s	31
		1
that he is a citizen of the United States [of Canada in		
Gary A. Wasserman	fidavit of Registrar, wherein l	his name appears as
	***************************************	
[or proof of citizenshiphe has studied the treatment of human ailments not less		
degree of Doctor of Medicine [Osteopathy]; that all th	he statements herein contair	ned respecting age
citizenship, residence, academic and medical educatio	n, internship, state or nation	nal board examina
tion and license, good professional standing, and any of tached hereto are each and all true in every respect, an		
against him by any State, county or local medical soci	lety.	
He further says that he has never been an inmate i	n an institution for treatmen	it for insanity, drug
addiction, or inebriety, except as follows:None		
and that he has never been convicted, nor fined, nor in ever forfeited collateral for breach or violation of any l		
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except as follows: None		*
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[SEAL] Sualden C arch	musult Notan	Public.
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GERALDYN C. ARCHAMBAULT, Notary Public My Commission Expires June 26, 1990

## THE STATE OF NEW HAMPSHIRE BOARD OF REGISTRATION IN MEDICINE

(the following is to be filled out by the board)

Application received	Application approved [denied]
Application examined 19  Candidate interviewed 5989	Accepted without examination 19
Fee paid 1-31- 156	Date
Form of fee P.O. Check Cash Express Other Order	
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MERCHANIS CONTROL OF THE STATE	
3	
Think the second	Applicant Please do not write above this line  The affixed photograph is of
2	Hay G. Wasserwant (Signature of Applicant)

### Curriculum Vitae

Gary A. Wasserman

Phone

### PERSONAL

Born: Place of Birth:

Height:

Weight:

### EDUCATION

East Meadow High School, East Meadow, N.Y. Graduated 1969

State University of New York at Buffalo, 1969-1973

B.A. in Psychology, Pre-Med, Phi Beta Kappa eligible

State University of New York at Buffalo Medical School 1973-1977

Baystate Medical Center, Springfield, Mass. 1977-1981 OB\_GYN Internship and Residency

### LICENSES and AWARDS

National Board of Medical Examiners 1974, 1977, 1978

Board Certification of American College of OB\_GYN 1983

Fellow of American College of OB-GYN 1984

Mass. License Registration No. 43646

### ASSOCIATIONS

Mass. Medical Society

Norfolk County Medical Society

American College of OB-GYN

### WORK EXPERIENCE and APPOINTMENTS

Externship in Family Practice 1974

Instructor, Tufts Medical School 1980-1981

Private Practice, Hanover OB-GYN, INC. 1981-1985 135 Webster Street, Hanover, Mass. 02039

Medical East 1985- present 340 Wood Road, Braintree, Mass.

Mar Land

## Curriculum Vitae of Professional Activities Gary A. Wasserman

August, 1974; Externship in Family Practice (During Med. School)
July, 1981-June, 1985: Private practice

Hanover Ob-Gyn, Inc.

135 Webster Street, Hanover, Mass. 02339

July, 1985-present

Health Maintenance Organization

Medical East

340 Wood Road, Braintree, Mass.

### Hospital Affiliations

South Shore Hospital Fogg Road Weymouth, Mass. July, 1981-present

Active Staff

Quincy City Hospital 114 Whitewell Street Quincy, Mass. July, 1985-present

Active Staff- Associate

#### Postgraduate Training and Courses

Basic Ultrasonography
Yale New Haven Hospital 1979

Cutaneous Diseases of the Vulvar Columbia-Presbyterian Hospital, N.Y. 1981

Board Certification in Ob/Gyn and Fellow of A.C.O.G. Chicago, Illinois Dec., 1983

Gyn. and Ob. Pathological Review St. BarnabasHospital 1983

Basic Microsurgery NJ. Medical School, Newark 1985

Advanced Colposcopy and Laser Surgery Columbia-Presbyterian Hospital, NY 1984

Advanced Microsurgery and Laser U. Mass. Med. School, Worcestor, Mass. 1985 Active Staff- South Shore Hospital, Weymouth, Mass.

Quincy City Hospital, Quincy, Mass.

Courtesy Staff- St. Margarets Hospital, Dorchestor, Mass.

Carney Hospital, Milton, Mass.

### PUBLICATIONS

None

### MILITARY SERVICE

None

### REFERENCES

Laurence Lundy, M.D. Chairman, Dept. OB-GYN Baystate Medical Center 749 Chestnut Street Springfield, Mass.

Wayne Goldner, M.D.

Other references upon request

merican Board of Obstetrics and Com

COMPOSED OF MEMBERS NOMINATED BY THE AMERICAN GYNECOLOGICAL AND OBSTETRICAL SOCIETY AMERICAN MEDICAL ASSOCIATION AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS ASSOCIATION OF PROFESSORS OF GYNECOLOGY-OBSTETRICS CERTIFIES THAT

### GARY ALAN WASSERMAN

HAVING PURSUED AN ACCEPTED COURSE OF GRADUATE STUDY AND CLINICAL WORK. HAS MET THE AND QUALIFICATIONS AND PASSED THE EXAMINATIONS REQUIRED BY THE AMERICAN BOARD OF OR AND GYNEGOLOGY, INC. HE HAS THEREBY DEMONSTRATED TO THE SATISFACTION OF THIS BOARD HE IS POSSESSED OF SPECIAL KNOWLEDGE, AND BY THE AWARD OF THIS DIPLOMA HIS PROFICIE IN THE SPECIALTY OF OBSTETRICS AND GYNECOLOGY IS RECOGNIZED AND HE IS AN ACKNOWLE DIPLOMATE OF THIS BOARD

DECEMBER 9, 1983

William J.D.

# STATE UNIVERSITY OF NEW YORK AT BU

ON THE RECOMMENDATION OF THE FACULTY
AND BY VIRTUE OF THE AUTHORITY VESTED IN THEM
THE TRUSTEES OF THE STATE UNIVERSITY OF NEW YOR
HAVE CONFERRED ON

GARY ALAN WASSERMAN

THE DEGREE OF

DOCTOR OF MEDICINE

AND HAVE GRANTED THIS DIPLOMA AS EVIDENCE THERE GIVEN IN THE CITY OF BUFFALO IN THE STATE OF NEW Y IN THE UNITED STATES OF AMERICA ON THE FIRST DAY OF ONE THOUSAND NINE HUNDRED AND SEVENTY-SEVEN

Strave The Live horre Chairman of the Board of Trystees

Chairman of the Council State University at Buffalo

Chandler of the State

President of State University

## Anystate Medical Cent Springfield, Massachusetts

An Associated Hospital of Cufts University School of Medicin University of Massachusetts Medical School

This certifies that

### Gary A. Wasserman, M.I.

has faithfully served

Hirst Postgraduate Year in Obstetrics-Gynecology 7-1-77 to 6-30-78 Second Postgraduate Year in Obstetrics-Gynecology 7-1-78 to 6-30-1 Third Postgraduate Year in Obstetrics-Gynecology 7-1-79 to 6-30-8 Fourth Postgraduate Year in Obstetrics-Gynecology 7-1-80 to 6-30-

In Mitness Mhereof the undersigned have affixed their signatures and the seal of the hospital is hereunto attached this thirticily day of June, 1981.

Hertest & Ala par Chairman

Meel Den Chatrings, Phatete

### STATE OF NEW HAMPSHIRE

	6/30/98	Board of Medi	icine
EXPIRES:			Please check appropriate mailing address.  Name in full <u>Gary A. Wasserman</u> , Mingraphy Mingraphy Mingraphy Roman R
2 20 20 21	GARY A WASSERMAN, MD 150 TARRYTOWN RD MANCHESTER NH 03103-2713		Business Tel: 603-622-3162  Home Address  Home Tel:

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							184	
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	-GYN		yes, 1987		16		RENEWAL FEE:	\$100.00
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### STATE OF NEW HAMPSHIRE

Telephone #: 603-271-6934

BOARD OF MEDICINE
2 Industrial Park Drive, Suite 8
Concord, NH 03301-8520

Totophone II. 665 212 656.		interior learning
For expiration on: 6/30/1999	WAL APPLICATION	Renewal Fee: \$100.00
If you do not wish to renew your license.	, check here.	H O GE TY INVESTIGATION
If you choose not to renew, your license	will be placed on inactive status	s. To reactivate the license,
will be required to file a reinstatement application	on. Prised success so dec	Medical Representation of
The following information represents the information representation represents the information represe		es must inform the Board of
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Please mark the box next to the address you we	ould prefer to list as your mailir	ig address.
License #: 7291	File#: 8011	Ting board rape
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GARY A WASSERMAN, MD		The Hondar Call To Ado
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MANCHESTER, NH: 03103-2713		and the second state of
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Please answer each of the following questions. If your answer to any question is "Yes", you must provide a complete written explanation of the circumstances including any required documents. <u>DO NOT RESUBMIT INFORMATION REPORTED ON A PRIOR RENEWAL APPLICATION.</u>

In the past 12 months:	YES	NO
1. Have you been subject to any disciplinary action, limitation, restriction, or agreement for reason, including rehabilitation by a licensing board?	r any	
2. Have you been denied or have you surrendered a license in any state other than for reloc or retirement?	ation	
3. Have you been subject to any denial, restriction, suspension or loss/revocation of your DEA certificate?	N. M.	<u>.</u>
4. Have you been treated for use or misuse of any chemical substance?	erse signes	<u> </u>
5. Have you had any emotional disturbance or mental or physical illness which has impaire your ability to practice medicine?	d	
6. Have you been found guilty or entered a plea of no contest to any felony or misdemeand	r? :	$_{\sim}$
The Have you been reported to the National Practitioner's Data Bank? If yes, please submit copy of the report.		/ <del>1</del>
8. Have you been the subject of an investigation or disciplinary proceeding?		<u>~</u>
9. Have any hospital privileges been suspended, limited, or denied other than for medical records violations, or have you been placed on administrative or medical leave?	ann is south	<u>سا</u>
10. Have any medical malpractice claims been made against you? See attached reporting fo	rm	<u>/</u>
THEREBY CERTIFY UNDER PENALTY OF PERJURY, THAT ALL INFORMATION CURRENTLY ACCURATE.	ON THIS FO	DRM IS
	12	419 112

Signature of Licensee (Signature Stamp Not Accepted)

### STATE OF NEW HAMPSHIRE

Telephone #: 1603-271-6934



BOARD OF MEDICINE
2 Industrial Park Drive, Suite 8

Concord, NH 03301-8520

#### RENEWAL APPLICATION

		AL APPLICATION	
For expiration or	6/30/2000		Renewal Fee: \$100.00
If you ch	not wish to renew your license, coose not to renew, your license witto file a reinstatement application.	Il be placed on inactive statu	
A-A SASSINGTON CONTRACTOR AND CONTRA	SALES OF THE SALES	to RSA 329:16-f, all licenses within 30 days of the change	es must inform the Board o
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	MANCHESTER, NH 03103-27180. Phone: 603*622-3162	an bothmal to Phone: (	การ แล้วกู้แล้วแล้ก พูช พ. รากร์ รถ แกลเลียงใหญ่ โรย พ. รากร์ รถ แกลเลียงใหญ่
	and Autocomfished Park Sec.	t Applicate of the Other States of	
Hospital	Affiliations: (If not a NH hospita	l, please list city and state v	where hospital is located.)
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Please answer each of the following questions. If your answer to any question is "Yes", you must provide a complete written explanation of the circumstances including any required documents. <u>DO NOT RESUBMIT INFORMATION REPORTED ON A PRIOR RENEWAL APPLICATION.</u>

### In the past 12 months:

YES NO

1. Have you been subject to any disciplinary action, limitation, restriction, or agreement for any beauty reason, including rehabilitation by a licensing board?

- 2. Have you been denied or have you surrendered a license in any state other than for relocation university or retirement?
- 3. Have you been subject to any denial, restriction, suspension or loss/revocation of your DEA certificate?
- 4. Have you been treated for use or misuse of any chemical substance?
- 5. Have you had any emotional disturbance or mental or physical illness which has impaired your ability to practice medicine?
- 6. Have you been found guilty or entered a plea of no contest to any felony or misdemeanor?
- Have you been reported to the National Practitioner's Data Bank? If yes, please submit a
  copy of the report.
- 8. Have you been the subject of an investigation or disciplinary proceeding?
- 9. Have any hospital privileges been suspended, limited, or denied other than for medical records violations, or have you been placed on administrative or medical leave?
- 10. Have any medical malpractice claims been made against you? See attached reporting form:

THEREBY CERTIFY UNDER PENALTY OF PERJURY, THAT ALL INFORMATION ON THIS FORM IS CURRENTLY ACCURATE.

Signature of Licensee (Signature Stamp Not Accepted)

Date

If you do not wish to renew your license, check here.

### STATE OF NEW HAMPSHIRE



BOARD OF MEDICINE

2 Industrial Park Drive, Suite 8 Concord, NH 03301-8520 Telephone #: 603-271-6934

For expiration on:	6/30/2001		Renewal Fee: \$100.00
If you choose	wish to renew your license, che not to renew, your license will be a reinstatement application.	ll be placed on inactive status.	CONTRACTOR OF THE PROPERTY OF
	· · · · · · · · · · · · · · · · · · ·	to RSA 329:16-f, all licensees within 30 days of the change.	s must inform the Board of
Specialty.	OBG	Board Certified: (Y/N) Y Please list ABMS Board Sp	ceialty: OBG
	he states of: (2 letter state abbr	ev.)	
	next to the address you woul		
License #: 7291	t be any following true with the edit	File #1-8011	standarding eved not have
A. v	Vork Address	Home Address	o of the page report in the contract of the co
	ARY A WASSERMAN, MD 50 TARRYTOWN RD	utquati sa pahajbana ina l	e projetive and massia orthogal
	ANCHESTER, NH 03103-2713 hone: 603*622-3162	Education of Phone: E	en farmjørfilme val Vari in knoplificer sombæ Aceros vrojelfore, in far
-10	of gettings the frank has fue	to distinct facilities in general	i sejahin lasiban da ker
Hospital Aff	iliations: (If not a NII hospita	I, please list city and state w	here hospital is located.)
E	LLIOT HOSPITAL- MANCHESTE	R, NH CATHOLIC MEDICA	AL CTR-
* PANACHERAN	ANCHESTER, NH.	EMALINATE SOLVENS SERVICES	REDY CERTIFY UNDER SENTEVACCURATE

Andrew Hate Drive: Suite Please answer each of the following questions. If your answer to any question is "Yes", you must provide a complete written explanation of the circumstances including any required documents. DO NOT RESUBMIT INFORMATION REPORTED ON A PRIOR RENEWAL APPLICATION.

In the	past 1	2 m	onths:
THE STATE OF STREET	STATISTICS TO CHE	\$4500 PAGE 48500	A 19 CO

If viral do soot wish to renow word fillends

- 1.4Have you been subject to any disciplinary action, limitation, restriction, or agreement for any reason, including rehabilitation by a licensing board?
- 2. Have you been denied or have you surrendered a license in any state other than for relocation mor retirement?
- 3. Have you been subject to any denial, restriction, suspension or loss/revocation of your DEA certificate?
- Have you been treated for use or misuse of any chemical substance?
- 5. Have you had any emotional disturbance or mental or physical illness which has impaired your ability to practice medicine?
- 6. Have you been found guilty or entered a plea of no contest to any felony or misdemeanor?
- 7. Have you been reported to the National Practitioner's Data Bank? If yes, please submit a copy of the report.

- 8. Have you been the subject of an investigation or disciplinary proceeding? SELECTED, VIT CHET
- 9. Have any hospital privileges been suspended, limited, or denied other than for medical records violations, or have you been placed on administrative or medical leave?
- 10. Have any medical malpractice claims been made against you? See attached reporting form

HEREBY CERTIFY UNDER PENALTY OF PERJURY, THAT ALL INFORMATION ON THIS FORM IS CURRENTLY ACCURATE.

### STATE OF NEW HAMPSHIRE

Telephone #: 603-271-6934

BOARD OF MEDICINE
2 Industrial Park Drive, Suite 8
Concord, NH 03301-8520

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	For expiration on	The same of the sa	RENEWAL API	LICATION	Renewal Fee: \$150.00
	If you cho	NOT wish to renew yo ose not to renew, your leading a reinstatement app	icense will be pla	SECURITION OF THE PERSON OF TH	To reactivate the license,
	The following in any necessary ch	anges. Please note that	pursuant to RSA	ile for you with the Bo 329:16-f, all licensees 0 days of the change.	pard of Medicine. Please m must inform the Board of
	Specialty:	OBG TOTAL AND A	eol a rom Board Please	Certified: (Y/N) Y	cialty: OBG
語の解析	Licensed i	n the states of: (2 letter	state abbrev.)	Track pyto	
	Please mark the	oox next to the address	you would prefer	to list as your mailing	g address.
A CONTRACTOR OF THE PERSON NAMED IN	License #: 72	91 Work Address		File#; 8011  Home Address	
		GARY A WASSERMAN, 150 TARRYTOWN RD	MD (2)		y or the read storress of
	41.0	MANCHESTER, NH 0310	03-2713	Phone: 4	a de la company
		Phone: 603*622-3162			
	Hospital A	Affiliations: (If not a NE ELLIOT HOSPITAL-MAI MANCHESTER, NH	NCHESTER, NH		ere hospital is located.)
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Please answer each of the following questions. If your answer to any question is "Yes", you must provide a complete written explanation of the circumstances including any required documents. DO NOT RESUBMIT INFORMATION REPORTED ON A PRIOR RENEWAL APPLICATION.

1.	Have you been subject to any disciplinary action, limitation, restriction, or agreement for any reason, including rehabilitation by a licensing board?	
2.	Have you been denied or have you surrendered a license in any state other than for relocation or retirement?	_
3.	Have you been subject to any denial, restriction, suspension or loss/revocation of your DEA certificate?	9 1
4.	Have you been treated for use or misuse of any chemical substance?	5
5.	Have you had any emotional disturbance or mental or physical illness which has impaired your ability to practice medicine?	-
6.	Have you been found guilty or entered a plea of no contest to any felony or misdemeanor?	듔
7.	Have you been reported to the National Practitioner's Data Bank? If yes, please submit a copy of the report.	
8.	Have you been the subject of an investigation or disciplinary proceeding?	
9.	Have any hospital privileges been suspended, limited, or denied other than for medical records violations; or have you been placed on administrative or medical leave?	
10	. Have any medical malpractice claims been made against you? See attached reporting form.	_
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	TEREBY CERTIFY UNDER PENALTY OF PERJURY, THAT ALL INFORMATION ON THIS JRRENTLY ACCURATE.	F(
	Gault Hammen D 4/8/0)	#
Si	gnature of Licensee (Signature Stamp Not Accepted)  Date	165

### MAR 1 3 2002 STATE OF NEW HAMPSHIRE

**BOARD OF MEDICINE** 2 Industrial Park Drive, Suite 8 Telephone #: 603-271-6934 Concord, NH .03301-8520

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For expiration or	The state of the s	AL APPLICATION Renewal Fee: \$150.00
If you DO	NOT wish to renew your licen	se, check here.
	oose not to renew, your license we file a reinstatement application	ill be placed on inactive status. To reactivate the licens
The following in any necessary c	hanges. Please note that pursuan	ation on file for you with the Board of Medicine. Please t to RSA 329:16-f, all licensees must inform the Board of within 30 days of the change.
Specialty	OBG	Board Certified: (Y/N)  Y Please list ABMS Board Specialty: OBG
Licensed	in the states of: (2 letter state abl	rev.)
Please mark the	box next to the address you wou	ld prefer to list as your mailing address.
License #: 72	91	File #: 8011
	Work Address	Home Address
	GARY A WASSERMAN, MD 150 TARRYTOWN RD	and the state of t
N.	MANCHESTER, NH 03103-2713	to the state of th
<b>)</b>	Phone: 603*622-3162	Phone:
Hospital A	Affiliations: (If not a NH hospit	al, please list city and state where hospital is located.)
	ELLIOT HOSPITAL- MANCHESTE MANCHESTER, NH	R, NH CATHOLIC MEDICAL CTR-
MANUAL PROPERTY.		Commence of the second
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and the second		er victoria de la companya de la co

Please answer each of the following questions. If your answer to any question is "Yes", you must provide a complete written explanation of the circumstances including any required documents. DO NOT RESUBMIT INFORMATION REPORTED ON A PRIOR RENEWAL APPLICATION.

In the past 12 months:	ES NO
1. Have you been subject to any disciplinary action, limitation, restriction, or agreement for any reason, including rehabilitation by a licensing board?	
2. Have you been denied or have you surrendered a license in any state other than for relocation or retirement?	
3. Have you been subject to any denial, restriction, suspension or loss/revocation of your DEA certificate?	
4. Have you been treated for use or misuse of any chemical substance?	
your ability to practice medicine?	
6. Have you been found guilty or entered a plea of no contest to any felony or misdemeanor?	- 4
7. Have you been reported to the National Practitioner's Data Bank? If yes, please submit a copy of the report.	$-\mathcal{U}$
8 Have you been the subject of an investigation or disciplinary proceeding?	<u>.</u> .
9 Have any hospital privileges been suspended, limited, or denied other than for medical records violations, or have you been placed on administrative or medical leave?	- 4
10. Have any medical malpractice claims been made against you? See attached reporting form.	<u></u>
STORAGE AND A	NAME IN
I HEREBY CERTIFY UNDER PENALTY OF PERJURY, THAT ALL INFORMATION ON THIS CURRENTLY ACCURATE.	S FORM IS
Heallanaur 3/5/2	
Signature of Coensee (Signature Stamp Not Accepted)  Date	8

### MAK 19 2003

### STATE OF NEW HAMPSHIRE

Telephone #: 603-271-6934



### BOARD OF MEDICINE

2 Industrial Park Drive, Suite 8

Concord, NH 03301-8520

For expiration on: 06/3	0/04		Renewal Fee: \$150.00
2 Y C Y C Y C YO THE THE SENSE OF THE TANK HE CONTROL TO THE TANK HE SENSE OF THE TANK HE SENSE THE TA	h to renew your license, ch renew, your license will be statement application.	CALL STREET, CONTRACTOR OF THE PROPERTY OF THE	The second secon
The following information any necessary changes. Ple	ease note that pursuant to R		
Specialty: OBG		oard Certified: (Y/N) Y ease list ABMS Board Spe	cialty: OBG
Licensed in the states	s of: (2 letter state abbrev.)	NA	
Please mark the box next to	the address you would pr	efer to list as your mailin	g address.
License #: 7291		File #: 8011	
Work Address		Home Address	
GARY A WASS 150 TARRYTÖV	相对的数据。 第一章		
MANCHESTER	NH 03103-2713	A Harristan Experience	
Phone: 603*6	22-3162	Phoner	$\supset$
Hospital Affiliations	(If not a NH hospital, pl	ease list city and state wh	tere hospital is located.)
ELLIOT HOS MANCHESI	SPITAL- MANCHESTER, NH TER, NH	CATHOLIC MEDICAL Voluntarily g Driviteges	we up So we

Please answer each of the following questions. If your answer to any question is "Yes", you must provide a complete written explanation of the circumstances including any required documents. <u>DO NOT RESUBMIT INFORMATION REPORTED ON A PRIOR RENEWAL APPLICATION.</u>

In	the past 12 months:	YES NO
ī.	. Have you been subject to any disciplinary action, limitation, restriction, or agreement for any reason, including rehabilitation by a licensing board?	
2.	Have you been denied, or have you surrendered, a license in any state other than for relocation or retirement?	
-3.	Have you been subject to any denial, restriction, suspension or loss/revocation of your DEA certificate?	<u> </u>
4.	Have you been treated, other than through the Physician Health Program, for abuse or misuse of any chemical substance, including alcohol?	
5.	Have you had any emotional disturbance or mental or physical illness which has impaired your ability to practice medicine?	
<u>,</u> 6.	Have you been found guilty or entered a plea of no contest to any felony or misdemeanor?	
7.	Have you been reported to the National Practitioner's Data Bank? If yes, please submit a copy of the report.	
* 8.	Have you been the subject of an investigation or disciplinary proceeding?	
9.	Have any hospital privileges been suspended, limited or denied other than for medical records violations; or have you been placed on administrative or medical leave?	
; 10	). Have any medical malpractice claims been made against you? See attached reporting form.	
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CONTRACTOR OF THE PARTY OF THE	HEREBY CERTIFY UNDER PENALTY OF PERJURY, THAT ALL INFORMATION ON THIS URRENTLY ACCURATE.	FORM IS
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### MAR 23 2004

### STATE OF NEW HAMPSHIRE

Telephone #: 603-271-6934



BOARD OF MEDICINE
2 Industrial Park Drive, Suite 8
Concord, NH 03301-8520

For expiration on:	6/30/06 RENE	WAL APPLICATION	Renewal Fee: \$300.00
If you choose n	T wish to renew your lice not to renew, your license a reinstatement applicati	will be placed on inactive statu	s. To reactivate the license,
	es. Please note that pur	nation on file for you with the B suant to RSA 329:16-f, all licer lress within 30 days of the cha	nsees must inform the Boar
Specialty:	OBG	Board Certified: (Y/N) y Please list ABMS Board S	(日本の本語を表現しています。
Licensed in the	states of: (2 letter state a	ibbrev.)	en Transport de la Problema. Mandala de Maria de Problema
Please mark the box n	NONE next to the address you w	i ould prefer to list as your maili	ng address.
License #: 7291		File #: 8011	
Work Add	iress	Home Address	
150 TARK	WASSERMÁN, MD RYTOWN RD ESTER, NH 03103-2713		
		Phone: (y and state where hospital is long hold for each Hospital)	cated. Check off type of
ELLIO	ospital OTHOSPITAL MANCE Cholic Med Center 1	HESTER NH Manchester NH	l 🕦 🗷

Please answer each of the following questions. If your answer to any question is "Yes", you must provide a complete written explanation of the circumstances including any required documents. <u>DO NOT RESUBMIT INFORMATION REPORTED ON A PRIOR RENEWAL APPLICATION</u>.

In	the past 12 months:	10
1.	Have you been subject to any disciplinary action, limitation, restriction or agreement for any reason, including rehabilitation, by a licensing board?	
2,	Have you been denied, or have you surrendered, a license in any state other than for relocation or retirement?	<u></u>
3.	Have you been subject to any denial, restriction, suspension or loss/revocation of your DEA certificate?	V
4.	Have you been treated, other than through the Physician Health Program, for abuse or misuse of any chemical substance, including alcohol?	V
	Have you had any emotional disturbance or mental or physical illness which has impaired your ability to practice medicine?	
6.	. Have you been found guilty or entered a plea of no contest to any felony or misdemeanor.	V
100	Have you been reported to the National Practitioner's Data Bank? If yes, please submit a copy of the report.  SI THEA MRUGOW II  Have you been the subject of an investigation or disciplinary proceeding?	V
9.	Have any hospital privileges been suspended, limited or denied other than for medical records violations, or have you been placed on administrative or medical leave?	ب
10	). Have any medical malpractice claims been made against you? See attached reporting form. [	<u> </u>
- []	HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT ALL INFORMATION ON THIS FOR	– M IS
	WERENTLY ACCURATE. DE REPRESENTATION DE REPRESEN	
Si	ignature of Licensee (Signature Stamp Not Accepted)  Date	

### STATE OF NEW HAMPSHIRE

Telephone # 603-271-6934 APR 2 0 2006



### BOARD OF MEDICINE

2 Industrial Park Drive, Suite RR 1 0

Concord, NH 03301-8520

RENEWAL APPLICATION For expiration on: 6/30/08 Renewal Fe If you DO NOT wish to renew your license, check here. If you choose not to renew, your license will be place on inactive status. To reactivate the license will be required to file a reinstatement application. The following information represents the information on file for you with the Board of Medicine. Please make any necessary changes. Please note that pursuant to RSA 329:16-f, all ficensees must inform the Board of any change in address within 30 days of the change. Board Certified: (Y/N) Y Please list ABMS Board Specialty: OBG Licensed in the states of: (2 letter state abbrev.) Please mark the box next to the address you would prefer to list as your mailing address. License #: 7291 File #. 8011 Work Address MANCHESTER, NEL 03103-2713 Phone: Business Fax Number / Business Email Arbitess Hospital Affiliations: 53335 Please list city and state where hospital is located. Check off type of privileges you hold for each Hospital Hospital Privilege Courtesy Consult MANCHESTER ONH

Catholic Medical Center Mondester NH

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Please answer each of the following questions. If your answer to any question is "Yes", you must provide a complete written explanation of the circumstances including any required documents. <u>DO NOT RESUBMIT INFORMATION REPORTED ON A PRIOR RENEWAL APPLICATION.</u>

### In the past 24 months:

YES NO

- 1. Have you been subject to any disciplinary action, limitation, restriction, or agreement for any reason, including rehabilitation by a licensing board?
- 2. Have you been denied, or have you surrendered, a license in any state other than for relocation or retirement?
- 3. Have you been subject to any denial, restriction, suspension or loss/revocation of your DEA certificate?
- 4. Have you been treated, other than through the Physician Health Program, for abuse or misuse of any chemical substance, including alcohol?
- 5. Have you had any emotional disturbance or mental or physical illness which has impaired your ability to practice medicine?
- 6. Have you been found guilty or entered a plea of no contest to any felony or misdemeanor that has not been annulled by a court?
- Have you been reported to the National Practitioner's Data Bank? If yes, please submit a copy of the report.
- 8. Have you been the subject of an investigation or disciplinary proceeding?
- Have any hospital privileges been suspended. limited or denied other than for medical records violations, or have you been placed on administrative or medical leave?
- 10. Have any medical malpractice claims been made against you? See affached reporting form.

I HEREBY CERTIFY UNDER PENALTY OF PERJURY, THAT ALL INFORMATION ON THIS FORM IS CURRENTLY ACCURATE.

Signature of Licensee (Signature Stamp Not Accepted)

Date

3/28/06

### MAR 2 5 2008

## STATE OF NEW HAMPSHIRE MAR 2 1 2008





### BOARD OF MEDICINE 2 Industrial Park Drive, Suite 8 Concord, NH 03301-8520

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Telephone #: 603-271-6934

NH BURENEW	AL APPLICATION
For expiration on: 06/30/2010	Renewal Fee: \$300.00
If you <b>DO NOT</b> wish to renew your licens If you choose not to renew, your license will be required to file a reinstatement application.	ill be placed on inactive status. To reactivate the license,
any necessary changes. Please note that pursua	tion on file for you with the Board of Medicine. <u>Please man to RSA 329:16-f, all licensees must inform the Boars within 30 days of the change.</u>
Specialty: OBG	Currently Board Certified? (Y/N) Y Please list ABMS Board Specialty: OBG
Currently licensed in the states of (2 letter	state abbrev.) NONE
Please mark the box next to the address you wou	ld prefer to list as your mailing address.
License #: 1/7291	File #: 8011
Work Address	Home Address
GARY A WASSERMAN, MD 150 TARRYTOWN RD	
MANCHESTER, NH 03103-2713	Phones
	nd state where hospital is located. Check off type of old for each Hospital
Hospital  ELLIOT BOSPITAL MANCHESTER  CATONIC MED Centre MANCHESTER	

Please answer each of the following questions. If your answer to any question is "Yes", you must provide a complete written explanation of the circumstances including any required documents. <u>DO NOT RESUBMIT INFORMATION REPORTED ON A PRIOR RENEWAL APPLICATION.</u>

### In the past 24 months:

YES NO

- 1. With regard to any and all Boards or licensing bodies with which you hold or have held a license to practice medicine, have you been subject to any disciplinary action, limitation or restriction on your license, or entered into any agreement with a licensing body for any reason, including but not limited to rehabilitation?
- 2. Have you been denied, or have you surrendered or allowed to lapse, a license to practice medicine in any state other than New Hampshire?
- B. Flave you been subject to any investigation or to a demail, restriction, suspension, loss or revocation of your DEA certificate?
- 4. Have you been treated, other than through the Physician Health Program, for abuse or misuse of any chemical substance, including alcohol?
- 5. Have you had any emotional disturbance or mental or physical illness which has impaired your ability to practice medicine?
- 6. Flave you been found guilty or entered a plea of no contest to any felony, misdemeaner or alcohol or drug related offense that has not been annulled by a sourt?
- 7. Have you been reported to the Nanonal Practitioner's Data Bank? If yes, please submit a copy of the report. PCSVIIISU SULSON TOOL 1990.
- 8. Have you been the subject of an investigation or disciplinary proceeding regarding the practice of medicine? Please exclude investigations and disciplinary proceedings conducted by the New Hampshire Board of Medicine.
- 9. Have any hospital privileges been suspended, illumed on denied other than for medical records violations, or have you been placed on administrative or medical leave?
- 10. Have any medical malpractice claims been made against you? See attached reporting form.

\*\*Pursuant to RSA 125:25=c, I, please attach a list of ALL diagnostic and therapeutic services in which you have an ownership interest.

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT ALL INFORMATION ON THIS FORM IS CURRENTLY ACCURATE.

Signature of Licensee (Signature Stamp Not Accepted)

Date

### APR 1 2 2010 RECEIVED

STATE OF NEW HAMPSHIREPR 09 2010

Telephone #: 603-271-6934



### BOARD OF MEDICINE

2 Industrial Park Drive, Suite 8 Concord, NH 03301-8520

#### RENEWAL APPLICATION

For expiration on:

06/30/2012

Renewal Fee \$300.00

If you DO NOT wish to renew your license, check here. If you choose not to renew, your license will be placed on inactive status. To reactivate the license, y will be required to file a reinstatement application.

any necessary changes. Please note that pursuant to RSA 329:16-f, all licensees must inform the Board any change in address within 30 days of the change.

Specialty:

Currently Board Certified? (Y/N) Y Please list ABMS Board Specialty. ORG

Currently licensed in the states of: (2 letter state abbrev.) NONE

You must provide both home and business street address. PO Boxes are not acceptable. Please mark the box next to the address you would prefer to list as your mailing address. License #: 7291 File #: 8011

X

Work Address

Home Address

GARY A WASSERMAN, MID 150 TARRYTOWN RD

MANCHESTER, NH 03103-2713

Phone: 603 622-3162

Business Pak Number

Business Finall Address;

Hospital Affiliations: \*\* Please list city and state where hospital is located. Check off type of privileges you hold for each Hospital

Phones

Hospital

Privilege **Full Courtesy Consult** 

ELLIOT HOSPITAL MH CATHOLIC MEDICAL CE

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Please answer each of the following questions. If your answer to any question is "Yes", you must provide a complete written explanation of the circumstances including any required documents. DO NOT RESUBMIT INFORMATION REPORTED ON A PRIOR RENEWAL APPLICATION.

### In the past 24 months:

YES NO

- 1. With regard to any and all Boards or licensing bodies with which you hold or have held a license to practice medicine, have you been subject to any disciplinary action, limitation or restriction on your license, or entered into any agreement with a licensing body for any reason, including but not limited to rehabilitation?
- Have you been denied, or have you surrendered or allowed to lapse, a license to practice medicine in any state other than New Hampshire?
- Have you been subject to any investigation or to a denial, restriction, suspension, loss or revocation of your DEA certificate?
- 4. Have you been treated, other than through the Physician Health Program, for abuse or misuse of any chemical substance, including alcohol?
- 5. Have you had any emotional disturbance or mental or physical illness which has impaired your ability to practice medicine?
- 6. Have you been found guilty or entered a plea of no contest to any felony, misdementor or alcohol or drug related offense that has not been annualled by a court?
- Have you been reported to the National Practitioner's Data Bank? If yes, please submit a
  copty of the report.
- 8. Have you been the subject of an investigation or disciplinary proceeding regarding the practice of medicine? Please exclude trivestigations and disciplinary proceedings conducted by the New Hampshire Board of Medicine.
- Have any hospital privileges been suspended, limited or denied other than for medical records violations, or have you been placed on administrative or medical leave?
- 10. Have any medical malpractice claims been made against you? See altached reporting form.

\*\*Pursuant to RSA 125.25-c, I, please attach a list of ALL diagnostic and therapeutic services in which you have an ownership interest.

I HEREBY CERTIFY UNDER PENALITY OF PERIURY THAT ALL INFORMATION ON THIS FORM IS CURRENTLY ACCURATE. It aeknowledge that I am governed by the Medical Practice Act (RSA 329), the New Hampshire Code of Administrative Rules (Med 100-500), and the American Medical Association's Code of Medical Ethics. I have familiarized myself with these documents and acknowledge that deviation from the standards set therein may subject me to disciplinary action by the New Hampshire Board of Medicine.

Signature of Licensee (Signature Stamp Not Accepted)

Date

RECEIVED

### STATE OF NEW HAMPSHIRE APR 0 6 2012

NH BOARD

BOARD OF MEDICINE 2 Industrial Park Drive, Suite 8 Concord, NH 03301-8520

#### RENEWAL APPLICATION

For expiration on: 06/30/2014

Telephone #: 603-271-6934

Renewal Feet \$350.00

If you DO NOT wish to renew your license, check here. If you choose not to renew, your license will be placed on inactive status. To reactivate the license, will be required to file a reinstatement application.

The following information represents the information on file for you with the Board of Medicine. Please ma any necessary changes. Please note that pursuant to RSA 329:16-f, all licensees must inform the Board any change in address within 30 days of the change.

Specialty: OBG	Currently Board Certified? (Y/N) Y
	Please list ABMS Board Specialty: OBO

Currently licensed in the states of: (2 letter state abbrev.) NONE

You must provide both home and business street address. PO Boxes are not acceptable. Please mark the box next to the address you would prefer to list as your mailing address.

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1000年100日本				MI STATE OF THE ST
NAME OF THE OWNER OWNER OF THE OWNER O	A STATE OF THE STA		STREET, STREET	TT A

GARY A WASSERMAN, MD 150 TARRYTOWN RD

MANCHESTER, NH 03103-2713

Phone: 603\*622-3162 Business Fax Number: Business Email Address

Hospital Affiliations: \*\*\* Please list city and state where hospital is located. Check off type of privileges you hold for each Hospital

Phone:

Hospital		高纖藍	Privilege	Full	Courtesy	Consul	t
ELLIOT HOSPITAL	MANCHESTER	NH		X	差		
CATHOLIC MEDICAL CE	MANCHESTER /	NH			5		no policie
	<b>德国地方的东</b>						
· · · · · · · · · · · · · · · · · · ·		ar Island					
	使制度 在有多种						
			Ville time a		<b>第二国</b>	5.0	DON'T STATE

The Board will deny licensure if you refuse to submit your social security number (SSN). Your professional license will not display your SSN. Your SSN will not be made available to the public. The Board is required to obtain your SSN for the purpose of child support enforcement and in compliance with RSA 161-B:11. This collection of your SSN is mandatory.

Social Security Number:



\*\*Please answer each of the following questions. If your answer to any question is "Yes", you must provide a complete written explanation of the circumstances including any required documents. <u>DO NOT RESUBMIT INFORMATION REPORTED ON A PRIOR RENEWAL APPLICATION.</u>

### In the past 24 months:

YES NO

- 1. With regard to any and all Boards or licensing bodies with which you hold or have held a license to practice medicine, have you been subject to any disciplinary action, limitation or restriction on your license, or entered into any agreement with a licensing body for any reason, including but not limited to rehabilitation?
- 2. Have you been denied, or have you surrendered or allowed to lapse, a license to practice medicine in any state other than New Hampshire?
- Have you been subject to any investigation or to a denial, restriction, suspension, loss or revocation of your DEA certificate?
- 4. Have you been treated, other than through the Physician Health Program, for abuse or misuse of any chemical substance, including alcohol?
- 5. Have you had any emotional disturbance or mental or physical illness which has impaired your ability to practice medicine?
- 6. Have you been found guilty or entered a plea of no contest to any felony, misdemeanor or alcohol or drug related offense that has not been annualled by a court?
- Have you been reported to the National Practitioner's Data Bank? If yes, please submit a
  copy of the report.
- 8. Flave you been the subject of an investigation or disciplinary proceeding regarding the practice of medicine? Please exclude investigations and disciplinary proceedings conducted by the New Hampshire Board of Medicine.
- Have any hospital privileges been suspended, limited or dented other than for medical records violations, or have you been placed on administrative or medical leave?
- 10. Have any medical malpractice claims been made against you? See attached reporting form.

\*\*Pursuant to RSA 125:25-c, I, please attach a list of ALL diagnostic and therapeutic services in which you have an ownership interest.

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT ALL INFORMATION ON THIS FORM IS CURRENTLY ACCURATE. I acknowledge that I am governed by the Medical Practice Act (RSA 329), the New Hampshire Code of Administrative Rules (Med 100-500), and the American Medical Association's Code of Medical Ethics. I have familiarized myself with these documents and acknowledge that deviation from the standards set therein may subject me to disciplinary action by the New Hampshire Board of Medicine.

Signature of Licensee (Signature Stamp Not Accepted)

Date