



SOC. SEC. NO. xxx-x- [REDACTED] FED. EMPLOYER ID. NO.
 IF SOC. SEC. NO. IS MISSING OR DIFFERENT THAN ABOVE
 PLEASE ENTER BELOW

TYPE
01

YOU MUST RENEW YOUR LICENSE/CERTIFICATE BY THE DUE DATE INDICATED. LICENSE/CERTIFICATE NUMBER:
 RENEWAL FEE: \$565.00 DUE DATE 02/28/11 013026

IF FED. EMPLOYER ID. NO. IS MISSING OR DIFFERENT THAN ABOVE
 PLEASE ENTER BELOW

IF YOU HAVE NEITHER A S.S.N. NOR A F.E.I.N., INDICATE REASON
 ___ APP. FOR NO. PENDING
 ___ NOT U.S. CITIZEN ___ OTHER

Make any changes or corrections in Box 2
 0000208 FP **PRSRT T3 O 1663 06001
 GARY F. NOBERT, MD
 7 BOX WOOD CIRCLE
 AVON CT 06001

Profession: PHYSICIAN/SURGEON

Print or Type Changes in Space Provided at the Right

BOX 1
 LAST NAME (101)

BOX 2
 FIRST NAME (102) MI (103)

ADD 1 (111)

ADD 2 (112)

ADD 3 (113)

CITY (114) ST (115)

ZIP (116) COUNTRY

Check appropriate address box: Office Residence

STATE OF CONNECTICUT
 DEPARTMENT OF PUBLIC HEALTH
 DIVISION OF HEALTH SYSTEMS REGULATION
 POST OFFICE BOX 1080 HARTFORD, CT 06143-1080

4401302601565000228201100050540010

INSTRUCTIONS ANSWER EACH QUESTION. READ THE STATEMENTS THAT FOLLOW AS THEY RELATE TO YOUR LICENSE, AND SIGN BELOW.

- WITHIN THE LAST YEAR HAVE YOU BEEN CONVICTED OF A FELONY OR HAVE YOU HAD ANY DISCIPLINARY ACTION TAKEN AGAINST YOU OR ANY SUCH ACTIONS PENDING BY ANOTHER STATE'S LICENSURE/CERTIFICATION AUTHORITY? NO YES
- ARE YOU PRESENTLY WORKING IN YOUR LICENSED/CERTIFIED PROFESSION? NO YES HOURS OF PRACTICE PER WEEK ~12
- WHAT IS THE ADDRESS OF YOUR PRIMARY PLACE OF EMPLOYMENT? STREET 1 Main ST.
 CITY Hartford STATE CT ZIP 06001 TYPE OF AGENCY GYN Clinic # 860-525-1900
- WHAT IS THE ADDRESS OF YOUR RESIDENCE? STREET 7 Boxwood Circle CITY AVON STATE CT ZIP 06106
 PHONE # 860-677-4547
- HIGHEST DEGREE HELD MD
- IF YOU HAVE BEEN CERTIFIED BY ANY AMERICAN SPECIALTY BOARD IN THE PAST YEAR, PLEASE SPECIFY BOARD AND DATE

↓ DO NOT WRITE IN THIS AREA ↓

020001 0008 001501 013026 0056500 121410 S

- IF YOU ARE AN OPTOMETRIST, ARE YOU QUALIFIED TO HOLD YOURSELF OUT AS AUTHORIZED TO PRACTICE ADVANCED OPTOMETRIC CARE? YES NO
- IF YOU ARE AN EMT, EMT-I, OR MRT, OR HOLD A LICENSE/CERTIFICATE IN A LEAD OR ASBESTOS DISCIPLINE, PROVIDE REFRESHER COURSE COMPLETION DATE AND COURSE APPROVAL NUMBER
- IF YOU ARE A CHIROPRACTOR, DENTAL HYGIENIST, OCCUPATIONAL THERAPIST OR ASSISTANT, OPTICIAN, OPTOMETRIST, OR SOCIAL WORKER, YOU MUST COMPLY WITH MANDATORY CONTINUING EDUCATION REQUIREMENTS FOR LICENSE RENEWAL: PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE RNs MUST MAINTAIN CERTIFICATION FROM THE NATIONAL CERTIFYING BODY THAT QUALIFIED THEM FOR INITIAL LICENSURE, IN ORDER TO RENEW SUCH LICENSES.
- IF YOU ARE LICENSED AS AN APRN, DENTAL HYGIENIST, CHIROPRACTIC, NATUROPATHIC, PODIATRIC, OSTEOPATHIC OR HOMEOPATHIC PHYSICIAN, OPTOMETRIST OR PHYSICIAN/SURGEON WHO PROVIDES DIRECT PATIENT CARE SERVICES, YOU MUST MAINTAIN PROFESSIONAL LIABILITY INSURANCE OR OTHER INDEMNITY AGAINST LIABILITY FOR PROFESSIONAL MALPRACTICE, IN ACCORDANCE WITH CT GENERAL STATUTES.

I HAVE REVIEWED THE INFORMATION PROVIDED AND REQUESTED ON THIS CARD. I VERIFY THAT IT IS ACCURATE AND THAT I SATISFY THE REQUIREMENTS LISTED ABOVE AS THEY APPLY TO MY LICENSE/CERTIFICATE.

SIGNATURE Gary F. Nobert MD

DATE 12-11-2010