

Account: [REDACTED] LOCKBOX DPH
Your Field 1: 13026
Your Field 2: 44
Your Field 3: 01

Webster Web-Link®

BOX 1

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

Typ: 01

RENEWAL FEE: \$565.00 DUE DATE 02/29/12
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

BOX 2 Mail Any Changes or Corrections in Box 1
0000284 FP **PRSR T4 0 1663 06001
GARY F. NOBERT, MD
7 BOX WOOD CIRCLE
AVON CT 06001

Physician/Surgeon
LAST NAME (101) [REDACTED]
FIRST NAME (102) [REDACTED] MI (103) [REDACTED]
ADDRESS 1 (101) [REDACTED]
ADDRESS 2 (112) [REDACTED]
ADDRESS 3 (113) [REDACTED]
CITY (114) [REDACTED] ST (115) [REDACTED]
ZIP (116) [REDACTED] COUNTRY [REDACTED]

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

4401302601565000229201200058969000

INSTRUCTIONS ANSWER EACH QUESTION. READ THE STATEMENTS THAT FOLLOW AS THEY RELATE TO YOUR LICENSE, AND SIGN BELOW.
1. 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 LICENSE/CERTIFICATION AUTHORITY? NO YES
2. ARE YOU PRESENTLY WORKING IN YOUR LICENSE/CERTIFIED PROFESSION? NO YES HOURS OF PRACTICE PER WEEK 8
3. WHAT IS THE ADDRESS OF YOUR PRIMARY PLACE OF EMPLOYMENT? STREET 80 Seymour St
CITY Hartford STATE CT ZIP 06106 TYPE OF AGENCY Hartford Hospital # 860-508-7975
4. WHAT IS THE ADDRESS OF YOUR RESIDENCE? STREET 7 Boxwood Circle CITY Avon STATE CT 06001
PHONE # 860-677-4577
5. HIGHEST DEGREE HELD MD 6. 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

020002 0088 0175 01 013026 0054500 122011 5

7. IF YOU ARE AN OPTOMETRIST, ARE YOU QUALIFIED TO HOLD YOURSELF OUT AS AUTHORIZED TO PRACTICE ADVANCED OPTOMETRIC CARE? YES NO
8. IF YOU ARE AN ENT, EMT4, OR EMT, OR HOLD A LICENSE/CERTIFICATE IN A LEAD OR ASBESTOS DISCIPLINE, PROVIDE REFRESHER COURSE COMPLETION DATE AND COURSE APPROVAL NUMBER
9. 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
10. 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: 12-10-2011