

TEL. (603) 271-1203

State of New Hampshire

BOARD OF REGISTRATION IN MEDICINE

2 INDUSTRIAL PARK DRIVE SUITE 8 CONCORD, NH 03301-8520

TDD Access: Relay NH 1-800-735-2964

BOARD MEMBERS

ALBERT M. DRUKTEINIS, M.D., J.D.
PRESIDENT

LAWRENCE W. O'CONNELL, Ph. D. VICE PRESIDENT, PUBLIC MEMBER MARCEL R. DUPUIS, M.D. ROBERT C. CHARMAN, M.D. CYNTHIA S. COOPER, M.D. MAUREEN P. KNEPP, PA-C PARAMEDICAL PROFESSIONAL

March 1, 1995



Dear Dr. Siegfried:

This is to certify that you have been granted licensure to practice medicine in the State of New Hampshire. Your license number 9388 is dated March 1, 1995.

As soon as your engrossed certificate is received in this office, which should take approximately one year, it will be forwarded to you. Until such time, this letter is your full authorization for the privilege of practicing medicine in this state.

Please keep this office informed of any change in home or office address.

Sincerely,

Karen laCroix Administrator

KL/dg Enc.



TEL. (603) 271-1203

1. PERSONAL INFORMATION:

obs(bc) State of New Hampshire

BOARD OF REGISTRATION IN MEDICINE

2 INDUSTRIAL PARK DRIVE SUITE 8 CONCORD, NH 03301-8520

TDD Access: Relay NH 1-800-735-2964

BOARD MEMBERS ALBERT M. DRUKTEINIS, M.D., J.D. PRESIDENT LAWRENCE W. O'CONNELL, Ph. D. VICE PRESIDENT, PUBLIC MEMBER MARCEL R. DUPUIS, M.D. ROBERT C. CHARMAN, M.D. CYNTHIA S. COOPER, M.D. MAUREEN P. KNEPP, PA-C

PARAMEDICAL PROFESSIONAL

Application No. 10056

I hereby apply for a license to practice medicine in the State of New Hampshire as a Doctor of Medicine or 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 enclosed a certified check or postal or express money order for the application fee of \$250.00, check made payable to the "Treasurer, State of New Hampshire" - U.S. Funds only. Application fees are non-refundable.

Name VI	CEINIA	ANN	SIEGERI	ED
First		Middle	Last	Maiden
Home Address	5		- n	
Office Addre			erton Blvd.	
	Beve	rly Hills,	Calif. 90.	211
Date of Bir		, ,	Place of Birth	
Social Secu	rity Number_			
2. ACADEMI	C EDUCATION:			
Name and Lo			Dates Attended	Degree Awarded
Santa Cla			9/71-6/73	
	Santa (lava, Calif		
Stanfor	ed Univ	evsity	9/13-6/75	3.5.
	Stanto	vel, Calif.		

Name and Location of Institutions	Dates Attended 9/15-6/79	Degree Awarded
NY NY	· 3	

3. MEDICAL EDUCATION:

5. FOREIGN MEDICAL GRADUATES.

- (a) Foreign graduates must submit a transcript of grades and proof of graduation from medical school. Certified copies of these documents with certified english translation is required.
- (b) Foreign medical graduates must also submit original verification directly from ECFMG documenting that the applicant currently holds standard certification by ECFMG.

_	DOOM	CHARICACIO	THEFT
6.	PUST	GRADUATE	EDUCATION.

(a) Internship		11-70
NCLA	LA, CAL	IF 6/79-6/
Program	Location	Dates
(b) Residency	***	,
UCLA	LA CAL	IF 7/80-6
Program	Location	Dates
original letter from residency is required.	m the residency program	uate training. An official, m verifying internship and/o
EXAMINATION:		
	. 1	
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Name of Examination	Date of Completion	on Score
Name of Examination A National Board of official transcript examination is by U	FLEX score report for t of your scores sent d JSMLE, LMCC or state ex s and have an official	m is enclosed. Please have
Name of Examination A National Board of official transcript examination is by these organizations	FLEX score report for t of your scores sent d JSMLE, LMCC or state ex s and have an official	m is enclosed. Please have irectly to the Board. If amination, you must contact
Name of Examination A National Board on official transcript examination is by these organizations directly to the Board LICENSURE:	FLEX score report for t of your scores sent d JSMLE, LMCC or state ex s and have an official ard.	m is enclosed. Please have irectly to the Board. If amination, you must contact
Name of Examination A National Board on official transcript examination is by these organizations directly to the Board LICENSURE:	FLEX score report for t of your scores sent d JSMLE, LMCC or state ex s and have an official ard.	m is enclosed. Please have irectly to the Board. If amination, you must contact transcript of your scores se

You must obtain a verification from all states where you hold, or have ever held a license. Verifications must be received directly from the licensing authority. A form is enclosed for your convenience. Please make copies as necessary.

9.	Are you certified by an American Specialty Board?	5	ио
	If yes, please provide a notarized photocopy of such certification	ation.	
		Yes	No
10.	Have you ever, for any reason, lost American Specialty Board Certification?		X
11.	Have you been denied required recertification by any specialty boards? If yes, list each such boards and dates denied		X
	NA NA		
12.	Has any medical malpractice claim been made against you in the last ten years (whether or not a lawsuit was filed in relation to the claim)? If so, how many?	X	
13.	Have you ever applied for licensure or to sit for an examination, or taken an examination, under a different name?		X
14.	Have you ever been denied the privilege of taking or finishing an examination or been accused of cheating or improper conduct during an examination since you graduated from high school?		X
15.	Have you ever failed any of the following examinations: the USMLE, the FLEX examination, any state board examination or have you ever failed to gain certification from the National Board of Medical Examiners?		\times
16.	Have you ever failed a foreign licensing or certification examination?	-	\overline{X}
17.	Have you ever been denied a medical license, whether full, limited or temporary, for any reason?		X
18.	Have you ever had staff privileges, employment or appointment in a hospital or other health care institution denied, limite suspended or revoked, or have you ever resigned from a medica staff in lieu of disciplinary action?	d,	X

19.	Is any investigation or disciplinary action pending, or has any investigation or disciplinary action been taken against you in the last ten years by any governmental authority, by any hospital or health care facility, or by any professional medical association (international, national, state or local)?	X
20.	Have you ever voluntarily surrendered a license to practice medicine or any healing art or allowed such a license to lapse in lieu of facing disciplinary investigation or action?	
21.	Have you ever withdrawn an application for medical licensure, hospital privileges or appointment, for any reason?	<u> </u>
22.	Have you ever been a defendant in a criminal proceeding including driving while under the influence or driving while suspended, but not including traffic offenses not classified as misdemeanors?	<u> </u>
23.	Has your privilege to possess, dispense or prescribe controlled substances ever been suspended, revoked, denied, restricted or surrendered, or have you ever been charged, investigated or warned by a state or federal agency based on controlled substance issues?	
24.	Have you ever had any emotional disturbance or mental illness which has impaired or would be likely to impair your ability to practice medicine?	X
25.	Are you now, or have you, during the past 5 years, been dependent upon alcohol or habituating drugs?	X

NOTE ON QUESTIONS 23-25: The harm that befalls physicians and patients alike when impairment goes undetected and untreated by the medical profession is devastating. The Board wants impaired physicians treated in the early stages of impairment before irreparable harm to the physician or patient occurs.

If you have answered "yes" to any of the above, please explain on the reverse side. Attach additional $8\ 1/2$ " x 11" sheets if necessary.

- 26. A current curriculum vitae is required.
- 27. An official certified copy of your birth certificate is required.

28. Applicants must provide proof of commitment to practice medicine in N.H. An original, signed letter on letterhead must be submitted from a N.H. hospital/health care facility or private practice where applicant will be practicing.
29. A total of 4 reference letters are required. Letters of reference shall be provided by the following individuals: (Church of Staff) (Mospital Administration) (Hospital Administration)
30. AFFIDAVIT OF THE APPLICANT:
STATE OF California
COUNTY OF LOS Angeles
I. Vivginia Siegfried of
being duly sworn say that I am the person referred to in the above application for a license to practice medicine as a Doctor of Medicine or Doctor of Osteopathy in the state of New Hampshire; that I have studied the treatment of human ailments not less than four school years, received a degree of Doctor of Medicine or Doctor of Osteopathy; and that all the statements herein respecting age, academic and medical education, internship, state or national board examination and license, good professional standing, and all other statements made on said application are true in every respect, and that no investigation or disciplinary action is pending or has been brought against me by any state, county or local medical society, hospital or health care facility or professional medical association, except as disclosed on this application.
Mayina Auglie 1, M.D., D.O.
Sworn to before me this $29\frac{1}{1}$ day of $888mber$, 1994
[SEAL] A. Baibaia Silver Notary Public
OFFICIAL SEAL





Signature of Applicant

THE STATE OF NEW HAMPSHIRE

BOARD OF REGISTRATION IN MEDICINE

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

Application received	1/4	1995
Fee paid	114	1995
Check Number 198	-	
	,	
License Number 9388		
Date of Issue 3/1/95		

CURRICULUM VITAE VIRGINIA SIEGFRIED, M.D.

Current Position

Attending Obstetrician/Gynecologist Cedars-Sinai Medical Center (CSMC) Los Angeles, California

Clinical Instructor University of California, Los Angeles (UCLA)

Committee Appointments, CSMC

• Medical Executive Committee (1993-present)

 Advisory Committee, Department of Obstetrics and Gynecology (1988-1989, 1993-present)

• Risk Management Committee (1993-present)

• Joint Practice Committee, Departments of Obstetrics and Gynecology/Pediatrics/Nursing (1987-1988, 1993-present)

• Reappointment and Peer Review Committee (1991-1992)

Professional Practice and Training

• Private Practice, Obstetrics and Gynecology (1983-present)

• Attending Obstetrician/Gynecologist, CSMC (1983-present)

• Clinical Instructor, UCLA (1983-present)

Women's Clinic, Beverly Hills, CA (1983-84)
Los Angeles County Prenatal Clinics (1981-1982)

Planned Parenthood (1980-1982)

Obstetrics and Gynecology Residency
 University of California, Los Angeles School of Medicine
 (July, 1980-June, 1983)

Obstetrics and Gynecology Internship

University of California, Los Angeles School of Medicine (July, 1979-June, 1980)

Medical Education

M.D. (1979)

Columbia University

College of Physicians and Surgeons

New York, New York

Undergraduate Education

B.S. Biology (1975) Stanford University

Palo Alto, California

Specialty Training

- Laser Surgery
- · Pelviscopy

Teaching Experience

- Family Planning Clinic, Staff Physician, CSMC (1990-present)
- Gynecology Clinic, Staff Physician, UCLA (1983-1989)

Awards and Honors

- American Medical Women's Association Honors Citation (1985)
- Alpha Omega Alpha (1979)

Board Certification

- National Board of Medical Examiners (1980)
- American College of Obstetrics and Gynecology (1985)

Licensure

- California
- G42637

Organizations/Societies

- American Association of Gynecologic Laparoscopists
- Fellow, American College of Obstetrics and Gynecologists
- American Medical Association
- California Medical Association
- Los Angeles County Medical Association
- Los Angeles County Women's Medical Association
- Los Angeles County Obstetrical and Gynecologic Society

American Board of Obstetrics and Cynecology



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

VIRGINIA SIEGFRIED

HAVING PURSUED AN ACCEPTED COURSE OF GRADUATE STUDY AND CLINICAL WORK, HAS MET THE STANDARDS AND QUALIFICATIONS AND PASSED THE EXAMINATIONS REQUIRED BY THE AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY, INC. SHE HAS THEREBY DEMONSTRATED TO THE SATISFACTION OF THIS BOARD THAT SHE IS POSSESSED OF SPECIAL KNOWLEDGE, AND BY THE AWARD OF THIS DIPLOMA HER PROFICIENCY IN THE SPECIALTY OF OBSTETRICS AND GYNECOLOGY IS RECOGNIZED AND SHE IS AN ACKNOWLEDGED DIPLOMATE OF THIS BOARD

DECEMBER 13, 1985



06/30/1997

EXPIRES:

Board of Medicine

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Home Tel:		Home Address	Business Telt	TX	. Place of e	Name in fi	Filodos Cire
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EXETER HAMPTON OB-GYN
3 ALUMNI DR #302 . EXETER NH 03833-VIRGINIA A SIEGFRIED H OM

IN 1 397

EXPIRES:

STATE OF NEW HAMPSHIRE

10256

Board of Medicine

6/30/98

			X	\	
Home Address	Business Tel: '722-+778-0557	Exeter NH 03833	Place of employment 3 Alumni TY #32	Name in full WAIMA SIEGMED MID	Please check appropriate mailing address.

VIRGINIA A SIEGFRIED, MD EXETER HAMPTON OB-GYN 3 ALUMNI DR 302 EXETER NH 03833-

Home Te

INCLUDING REHABILITATION BEEN TAKEN OR ENHERED BY A LICENSING BOARDY 2. HAVE YOU BEEN DENIED OR HAVE YOU SUPRENCERED BY A LICENSING BOARDY 3. HAVE YOU BEEN TEATION OR HAVE YOU SUPRENCERED BY A LICENSING BOARDY 4. HAVE YOU BEEN THEATED FOR USE OR MISUSE OF ANY CHEMICAL SUBSTANCEY 5. HAVE YOU BEEN THATED FOR USE OR MISUSE OF ANY CHEMICAL SUBSTANCEY 6. HAVE YOU BEEN FOUND GUILTY OR ENTERED A PLEA OF NO CONTEST TO ANY FELOWY, OR TO A MISUSEMANOR? 7. HAVE YOU BEEN FOUND GUILTY OR ENTERED A PLEA OF NO CONTEST TO ANY FELOWY, OR TO A MISUSEMEANOR? 8. HAVE YOU BEEN FOUND GUILTY OR ENTERED A PLEA OF NO CONTEST TO ANY FELOWY, OR TO A MISUSEMEANOR? 9. HAVE YOU BEEN FOORTED TO THE NATIONAL PRACTITIONER PACTOR BOARD ANY FELOWY, OR TO A MISUSEMEANOR? 10. HAVE YOU BEEN THE SURJECT OF AN INVESTIGATION OR DISCIPLINARY PROCEEDING? 11. HAVE YOU BEEN FOLDED ON ADMINISTRATIVE LEXUE? 12. HAVE ANY NEDUCAL MALPRACTICE CLAIMS BEEN MADE AGAINST YOU? SEE ATTACHED REPORTING FORM IF THE ANISHER IS YES TO ANY OF TRESS QUESTIONS, PLEASE FILE A WRITTEN EXPLANATION. 11. HEREBY OF THE YES TO ANY OF TRESS QUESTIONS, PLEASE FILE A WRITTEN EXPLANATION.	EMONDE C	8. HAVE WIND SERVINE SHOULD OF AN INVESTIGATION OR DISCIPLINARY PROCEEDINGS. 9. THAVE WIND HOSEN'S LIBERT OF AN INVESTIGATION OR DISCIPLINARY REPORT THAN FOR MEDICAL RECORDS VIOLATIONS, OR HAVE YOU SEEN FULLED OF ADJAMSTRATIVE LEAVE? 10. MAVE ANY MEDICAL BALLPRYOTICE CLAMS SEEN HADE AGAINST YOU? SEE ATTACHED REPORTING FORM IF THE ANSWERS HE YOU NEED AND OF HASE QUESTIONS, PLEASE FILE A WRITTEN EXPLANATION. 11. HERE'S CERTIFY THAVER PENALTY OF WERLEN THAT ALL INFORMATION ON THIS FORM IS CURRENTLY ACCURATE. 51. June 2. D. LEWIS SOURCE OF SHAPE HAD GROWN THAT ALL INFORMATION ON THIS FORM IS CURRENTLY ACCURATE. 52. June 2. D. LEWIS SOURCE OF SHAPE HAD GROWN THAT ALL INFORMATION ON THIS FORM IS CURRENTLY ACCURATE. Date	HAVE YOU BEEN CONTRIGUENTLY ENGINEED IN THE ACTIVE PRACTICE OF MEDICINE? YES NO IF NO, PLEASE EXPLAIN SPECIALLY OF ACTIVE WITEHO TO RENEW MY LICENSE. PLEASE PLACE MY LICENSE ON INACTIVE STATUS. LIST ALL NOSPIYAL AFFILIATIONS IN WHAT OTHER STATES DO YOU HOLD LICENSE. ACTION, LIMITATION, RESTRICTION, OR AN AGREEMENT FOR ANY REASON IN THE PAST IS INDUSTRIA. AFFILIATION DEED TAKEN OR ENTERED BY A LICENSING BOARD? IN THE PAST IS INDUSTRIA. AFFILIATION OF BEEN TAKEN OR ENTERED BY A LICENSING BOARD? IN THE PAST IS INDUSTRIA. AFFILIATION SUSPENSION OR LOCKING IN ANY STATE OTHER THAN FOR RELOCATION OR RETIREMENT? IN THEM ENTER BEEN ANY DEBUT TAKEN OR ENTERED BY A LICENSING BOARD? IN THEM ENTER BEEN ANY DEBUT TAKEN OR BUSINESON OR LOCKING IN ANY STATE OTHER THAN FOR RELOCATION OR RETIREMENT? IN THEM ENTER BEEN ANY DEBUT TAKEN OR BUSINESON OR LOCKING IN ANY STATE OTHER THAN FOR RELOCATION OR RETIREMENT? IN THEM ENTER BEEN ANY DEBUT TAKEN OR BUSINESON OR LOCKING IN ANY STATE OTHER THAN FOR PACTICE MEDICINE? HAVE YOU BEEN TRACES OR HASDING OR HAVEN ALLENSES WHICH HAS IMPARTED YOUR ABUILTY TO PRACTICE MEDICINE? HAVE YOU BEEN TO BE ANY DEBUT TO A PLEA OF NO CONTEST TO ANY FELONY, OR TO A MISDEMEANOR?
	LACYLO RENE		
1. YES X NO 2. YES X NO 4. YES X NO 5. YES X NO 7. YES X NO 9. YES X NO 9. YES X NO 10. YES X NO	RENEWAL FEE: \$100.00	7. — YES — XN 10. — YES — XN 10. — YES — XN 10. — YES — XN	RENEWAL FEE: \$10000



Telephone #: 603-271-6934

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

	RENE	WAL APPLICATION
For expiration on	6/30/1999	Renewal Fee: \$100.00
If you cho	not wish to renew your license, ose not to renew, your license of file a reinstatement application	will be placed on inactive status. To reactivate the license, you
	nanges. Please note that pursua	nation on file for you with the Board of Medicine. Please make and to RSA 329:16-f, all licensees must inform the Board of any ss within 30 days of the change.
Specialty:	OBG	Board Certified: (Y/N) Y Please list ABMS Board Specialty: OB
		obrev.) A,MA ould prefer to list as your mailing address.
License #: 93	888	File #: 10256
Work Add	lress:	Home Address:
ivers for mons Heacol P.A	VIRGINIA A SIEGFRIED, MD EXETER HAMPTON OB-GYN 3 ALUMNI DR 302 EXETER, NH 03833-	Have you been the subject of an investigation or disciplinary; Have any hospital privileges been suspended, limited, or desire
		Have any medical maigractice claims been made against you?
Hospital A	Affiliations: (If not a NH hosp i	ital, please list city and state where hospital is located.)
Hospital A	Affiliations: (If not a NH hosp i	
Hospital A		

In	the past 12 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?	4	
2.	Have you been denied or have you surrendered a license in any state other than for relocation or retirement?	1	1
3.	Have you been subject to any denial, restriction, suspension or loss/revocation of your DEA certificate?	•	1
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?	Location .	/
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.	hA xho	1
8.	Have you been the subject of an investigation or disciplinary proceeding?	349	
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.		
	Afflictions: (If not a NH hospital, please list city and state where hospital is located.)	. letique	H
	IEREBY CERTIFY UNDER PENALTY OF PERJURY, THAT ALL INFORMATION ON TURRENTLY ACCURATE.	HIS FO	RM IS
	Mignia Maylaid 5-8-98	,	
Sig	gnature of Licensee (Signature Stamp Not Accepted) Date		



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

Telephone #: 603-271-6934

RENEWAL APPLICATION Renewal Fee: \$100.00 For expiration on: 6/30/2000 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, you 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 licensees must inform the Board of any change in address within 30 days of the change. Specialty: Board Certified: (Y/N) OBG Please list ABMS Board Specialty: OBG Licensed in the states of: (2 letter state abbrev.) CAMA Please mark the box next to the address you would prefer to list as your mailing address. File #: 10256 License #: 9388 VIRGINIA A SIEGFRIED, MD PARTNERS FOR WOMENS HEALT 3 ALUMNI DR 302 EXETER, NH 03833-Phone: 603*778-0557 Hospital Affiliations: (If not a NH hospital, please list city and state where hospital is located.)

60 113		Care S	Jack Kieria
Date	(betq)	south August	Licensee (Signifilms

EXECUTED HOODERAL EXECUTED MIT

In	the past 12 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?	eti udiy you ets	X
2.	Have you been denied or have you surrendered a license in any state other than for relocation or retirement?	i gaix	X
3.	Have you been subject to any denial, restriction, suspension or loss/revocation of your DEA certificate?	y III saa	X
4.	Have you been treated for use or misuse of any chemical substance?		X
5.	Have you had any emotional disturbance or mental or physical illness which has impaired your ability to practice medicine?	boses:	X
6.	Have you been found guilty or entered a plea of no contest to any felony or misdemeanor?		X
7.	Have you been reported to the National Practitioner's Data Bank? If yes, please submit a copy of the report.		X
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?		X
10	. Have any medical malpractice claims been made against you? See attached reporting form.		X
	Affiliations: (If not a NR hospital, picase list city and state where hospital is incased.)	letina	oH.
	HEREBY CERTIFY UNDER PENALTY OF PERJURY, THAT ALL INFORMATION ON TURRENTLY ACCURATE.	THIS F	ORM IS
	Journal Married 4-16-90	7	
Si	gnature of Licensee (Signature Stamp Not Accepted) Date		



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

Telephone #: 603-271-6934

	RENEWAL APPLICAT	ION	
For expiration on: 6/30/2001		Re	newal Fee: \$100.00
If you do not wish to renew y If you choose not to renew, you will be required to file a reinstatement	our license will be placed on in	nactive status. To	reactivate the license, you
The following information represent any necessary changes. Please note chan		f, all licensees mus	
Specialty: OBG	Board Certifie Please list AB	d; (Y/N) Y MS Board Special	ty:_OBG
Licensed in the states of: (2 le	CA,MA	s your mailing ad	dress.
License #: 9388	File #:	10256	
Work Address VIRGINIA A SIEGFI PARTNERS FOR WO 3 ALUMNI DR 302 EXETER, NH 03833 Phone: 603*778-05 Hospital Affiliations: (If not a	RIED, MD DMENS HEALT 357 a NH hospital, please list city	Home Address y and state where	hospital is located.)
OF MUSEUM CONTRACTOR OF STATE			HERENTE V ACCERATI
		Table 1	Nieral Color

HII	the past 12 months.	TES	INO
1.	Have you been subject to any disciplinary action, limitation, restriction, or agreement for any reason, including rehabilitation by a licensing board?	you de you dh yan ea	_/
2.	Have you been denied or have you surrendered a license in any state other than for relocation or retirement?	gniw	/
3.	Have you been subject to any denial, restriction, suspension or loss/revocation of your DEA certificate?	-Haron	/
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?	beautisc	/
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.		<u></u>
	Affiliations: (If not a NE bospital, please dat city and state where hespital is located.)	lizilge	ari
	IEREBY CERTIFY UNDER PENALTY OF PERJURY, THAT ALL INFORMATION ON TURRENTLY ACCURATE.	HIS F	ORM IS
	Hunria Meghed 4-20-00	>	
Sig	gnature of Licensee (Signature Stamp Not Accepted) Date		



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

Telephone #: 603-271-6934

RENEWAL APPLICATION

For expiration on	: (date _{\$/30/2002}		Renewal Fee: \$150.00
If you cho	NOT wish to renew your licens oose not to renew, your license was offile a reinstatement application.	Il be placed on inactive status.	To reactivate the license, you
_	formation represents the information represents the information anges. Please note that pursuant change in address	The state of the s	
Specialty:	OBG Canadada	Board Certified: (Y/N) Please list ABMS Board Sp	
Licensed	in the states of: (2 letter state abb		
Please mark the	box next to the address you wou	ld prefer to list as your mailin	g address.
License #: 93	88	File #: 10256	
9	Work Address	Home Address	
lover Proffessional Center wite 201	VIRGINIA A SIEGFRIED, MD PARTNERS FOR WOMENS HEAL' 3-ALUMNI-DR 302 EXETER, NH 03833	of acceptable or decipled in the control of the con	
WITHHUMANDA 5 OLD TEHM OVER, NH 0382E Hospital	Phone: 603*778 0557		here hospital is located.)
	Wentworth - Doug	luss Hapital - I	over, NH
	A District		<u>Miller Marie Miller</u>
	Date	stamp Not Accepted)	Sighatura of Licensee (Signatur

Telephone #: 603-271-6934



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

RENEWAL APPLICATION

For expiration on	: (date _{\$/30/2002}	Renewal Fee: \$150.00
If you cho	NOT wish to renew your license, sose not to renew, your license will offile a reinstatement application.	check here. be placed on inactive status. To reactivate the license, you
0	nanges. Please note that pursuant t	on on file for you with the Board of Medicine. Please make o RSA 329:16-f, all licensees must inform the Board of any within 30 days of the change.
Specialty:	OBG (wantedus)	Board Certified: (Y/N) Y Please list ABMS Board Specialty: OBG
Licensed i	in the states of: (2 letter state abbre CA,M	
Please mark the	box next to the address you would	prefer to list as your mailing address.
License #: 93	88	File #: 10256
P	Work Address	Home Address
over NIT 0382E	VIRGINIA A SIEGFRIED, MD PARTNERS FOR WOMENS HEALT 3 ALUMNI-DR 302 EXETER, NH 03833: Phone: 603*378-0557 Affiliations: (If not a NH hospital EXETER HOSPITAL-EXETER, NH	please list city and state where hospital is located.)
	Wentworth - Dough	ass Hagital - Dover, NH
	3 33 45	Marine Market and a second
	Date	Sighature of Licensee (Signature Stump Not Accepted)

Telephone #: 603-271-6934

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

RENEWAL APPLICATION

For expiration on:	6/30/2003	Renewal Fee: \$150.00
If you choo	NOT wish to renew your license	e, check here. Il be placed on inactive status. To reactivate the license, you
	anges. Please note that pursuant	tion on file for you with the Board of Medicine. Please make to RSA 329:16-f, all licensees must inform the Board of any within 30 days of the change.
Specialty:	OBG	Board Certified: (Y/N) Please list ABMS Board Specialty: OBG
Licensed in	the states of: (2 letter state abbr	ev.)
Please mark the bo	CA,Nox next to the address you woul	AA d prefer to list as your mailing address.
License #: 938	noceomébelor to vouléi yes et v	File #: 10256
X	Work Address	Home Address
	VIRGINIA A SIEGFRIED, MD	
	DOVER PROFFESSIONAL CTR	
	$15\mathrm{OLD}$ ROLLINSFORD RD STE 20	9. Have any bespital privileges been suspended, limited, or I
	DOVER, NH 03820	records violations, or have you been placed on administra
	Phone: 603*749-4963	10. Pave any medical materactice claims been made against
Hospital At	filiations: (If not a NH hospita	l, please list city and state where hospital is located.)
	EXETER HOSPITAL- EXETER, NH	WENTWORTH-DOUGLAS
	. Bate	(bargaron's 1914) quitag Status (Signature Status (Vot Accepted)

In	the past 12 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?	1 11007 11 0 11007 11 2 <u>11001</u> 7	
2.	Have you been denied or have you surrendered a license in any state other than for relocation or retirement?	gerbiot <u></u> :	-
3.	Have you been subject to any denial, restriction, suspension or loss/revocation of your DEA certificate?	l <u>alese</u> 2	
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?	seimaid <u>Auto</u> s	
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.		2
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.	1	
	2 CC (Metacol et latigent agraw erate bas with tell ensety distingued HVLs tour H) resolution 2	Sul	-not
	EREBY CERTIFY UNDER PENALTY OF PERJURY, THAT ALL INFORMATION ON TRENTLY ACCURATE.	HIS FC	PRM IS
Sig	nature of Licensee (Signature Stamp Not Accepted) 3-(-02 Date		

MAR 24 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:	06/30/05	ENEWAL API	PLICATION	# /3280 Renewal Fee: \$300.00
	I wish to renew you ot to renew, your licar teinstatement appl	cense will be pl		Renewal Fee: \$300.00 Status. To reactive the license, you
The following information make any necessary characteristics.	ation represents the anges. Please note the of any change in	nat pursuant to	RSA 329:16-f, a	ith the Board of Medicine. Please all licensees must inform the Board hange.
Specialty:	DBG		d Certified: (Y/Ne list ABMS Box	N) Y ard Specialty: OBG
		A,MA		Maye you led any emotional distu year shiftry to practice medicine?
Please mark the box ne	xi to the address yo	vu wouta prejet	r to list as your n	nailing address.
License #: 9388			File #: 10256	
Work Addre	ess		Home Ad	dress
	*			
	A SIEGFRIED, MD			
	OFFESSIONAL CTR			noss sognitum kangkon yak svali
DOVER, N	LLINSFORD RD STE : H 03820	201	roat two bounting that	
Phone: 60	03*749-4963		es services and a	
Hospital Affiliat	ions: (If not a NH l	hospital, pleas	e list city and st	ate where hospital is located)
EXETEI	R HOSPITAL- EXETER	R. NH	WENTWORTH-DO	OLIGI.AS
	OOVER,NH		WILLIAM OKITE DO	
	5183		bakpoo Alieki ga	1 1 KW 1 W V V V V V V V V V V V V V V V V V

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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

RENEWAL APPLICATION

For expiration	on on:	06/30/07					Renewal	Fee: \$300	0.00
If yo	ou choose	OT wish to renew e not to renew, you le a reinstatement	ur license wi			atus. To	o reactivat	te the licer	nse, you
The following any necessa	ng inform ry chang	nation represents the research that the representation represents the research that the representation represents the representation represents the representation represents the representation represents the representation of the representation represents the representation represents the representation represents the representation represents the representation r	iat pursuani	on on file for y to RSA 329: within 30 da	16-f, all lic	ensees	of Medici must info	ne. <u>Pleaso</u> orm the Bo	e make oard of
Spec	cialty:	OBG		Board Certi Please list A	,		ialty: _OB	G	0.83G
Lice	ensed in the	he states of: (2 let		rev.)					
Please mark	the box	next to the addre	CA,MA ss you would	d prefer to list	t as your m	ailing c	nddress.		
License #:	9388			File	#: 1 02 56				
以	— Work A	iddrass			Home Ad	iress			
	_ DOVE 15 OLE	VIA A SIFGFRIED, I R PROFFESSIONAL ROLLINGFORD RI R, NH 03820	CTR	a. C s'reistid antiqueit ro a					Cowell - 2
		603*749-4963 • Fax Number:		l, hustred or d		es deel	si privileg is, or have		
Hosp	oital Affil	liations: *** Pleas privil		nd state wher Ild for each E		s locat	ed. Checl	k off type	of.
		Iospital			Privilege	Full	Courtesy	Consult	
		TTER HOSPUTAL NTWORTH-DOUGLAI	EXETER S DOVER	NEA NEA					

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?	10% 11 10% 13	L
2.	Have you been denied, or have you surrendered, a license in any state other than for relocation or retirement?	ì	
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?	<u>2030.</u> 1	
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?		/
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?	ENABLES CONTRACT	
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.		
CU	IEREBY CERTIFY UNDER PENALTY OF PERJURY, THAT ALL INFORMATION ON THIS JUNIOR ACCURATE. 3-14-05 Date	S FOR	M IS

Telephone #: 603-271-6934 APR 2 4 2007

BOARD OF MEDICINE
2 Industrial Park Drive, Suite 8 2 3 2007
Concord, NH 03301-8520

Collected, NH 03301-8320 NH BOARD

For expiration on:	06/30/2009	RENEWAL A	PPLICATION	Renewal Fe	#2135 e: \$300.00
	e not to renew, yo	w your license, che our license will be j t application.		status. To reactivate	e the license, you
The following informany necessary chan	ges. Please note		RSA 329:16-f, all	l licensees must info	
Specialty:	OBG		rd Certified: (Y/Nase list ABMS Boa	N) Y OBG	4 Have you bee
Licensed in th	ne states of: (2 let	ter state abbrev.)	CA,MA, ME	any emononal dista	5. Have you had
Please mark the box	next to the addr	ess you would prej	fer to list as your i	mailing address.	
License #: 9388			File #: 10256		
Phone: 603*749 Business Fax Nu	14963 Imber: 207 76		en placed on adur	lress	off type of
Tiospitai i iiii	privi	leges you hold for	each Hospital	is located. Check	on type or
Hospital EXETER HOS		TER NH	Privilege Full	Courtesy Consult	
WENTWORT					

No current hospital privileges

(RENEWAL APPLICATION CONTINUED ON REVERSE SIDE)

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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?	nonen	X
2.	Have you been denied, or have you surrendered, a license in any state other than for relocation or retirement?	on ——	X
3.	Have you been subject to any denial, restriction, suspension or loss/revocation of your DEA certificate?	gaiwa 1782ta	X
4.	Have you been treated, other than through the Physician Health Program, for abuse or misuse of any chemical substance, including alcohol?	laiteq?	X
5.	Have you had any emotional disturbance or mental or physical illness which has impaired your ability to practice medicine?	58.9554.	X
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?	An Arme ago	X
7.	Have you been reported to the National Practitioner's Data Bank? If yes, please submit a copy of the report.	ba diol	X
8.	Have you been the subject of an investigation or disciplinary proceeding? Please exclude investigations and disciplinary proceedings conducted by the New Hampshire Board of Medicine:	AGVER	X
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?	25. 0 25.803	X
10.	. Have any medical malpractice claims been made against you? See attached reporting form.	X	
	Pursuant to RSA 125:25-c, I, please attach a list of ALL diagnostic and therapeutic servious have an ownership interest.	ces in v	which
	IEREBY CERTIFY UNDER PENALTY OF PERJURY THAT ALL INFORMATION ON THUS INFORMATION ON THE STRENTLY ACCURATE.	HIS FC	RM IS
	Vininia Negvied 4-16-07		
Sig	gnature of Licensee (Signature Stamp Not Accepted) Date		

Telephone #: 603-271-6934 APR 2 4 2007

BOARD OF MEDICINE 2 Industrial Park Drive, Suite 8 2 3 2007 Concord, NH 03301-8520 NH BOARD

RENEWAL APPLICATION

06/30/2000

42735

For expiration on:			Re	enewal Fee: \$	300.00)
If you DO NOT wish to renew your licens If you choose not to renew, your licens will be required to file a reinstatement applicat	e will be place		tatus. To	reactivate th	e license, y	you
The following information represents the informany necessary changes. Please note that pur	mation on file	for you with the 329:16-f, all	ne Board icensees	of Medicine.	Please m	ake d of
any change in ad						Michigan Co.
Specialty: OBG		ertified: (Y/N) at ABMS Boar	100000000000000000000000000000000000000	ty: OBG	Have you i	
Licensed in the states of: (2 letter state	abbrev.) CA,M	IA, ME	aib feaci	ione yns bad	Have you i	
Please mark the box next to the address you w	vould prefer to	list as your m	ailing ad	dress.		
License #: 9388	F	ile #: ¹⁰²⁵⁶				
VIRGINIA A SIEGFRIED, MD Planned DOVER PROFFESSIONAL CTR 970 15 OLD ROLLINSFORD RD STE-20 POVHLA DOVER, NH-03820 207 797-8881 Phone: 603*749-4963 Business Fax Number: 207 797-509 Hospital Affiliations: ***Please list cit privileges you		ı nere hospital i	ect of an plinary p leges bee	. Check off	type of	
поѕрнаг	Pri	vilege Full	Courtesy	Consult		
EXETER HOSPITAL EXETER WENTWORTH-DOUGLAS DOVER	NH NH	□	V		s sta avad	
23 MSO 2 2011 MO 2001 ANORON AND 12 A 1	ant yana					
No current hospita	•		VEDCE	CIDE)		
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