

10/20/10

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

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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

TYPE
01

YOU MUST RENEW YOUR LICENSE/CERTIFICATE BY THE DUE DATE INDICATED. LICENSE/CERTIFICATE NUMBER
RENEWAL FEE: \$565.00 DUE DATE 03/31/11 033753

Profession: PHYSICIAN/SURGEON
LAST NAME (101)
FIRST NAME (102) MI (103)
ADD 1 (111)
ADD 2 (112)
ADD 3 (113)
CITY (114) ST (115)
ZIP (115) COUNTRY

Make Any Changes or Corrections in Box
0007366 FP **PRSRT T9 O 0563 06708
JONATHAN T. FOSTER, MD
60 WESTWOOD AVE STE 100
WATERBURY CT 06708

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

4403375301565000331201100051529742

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 LICENSURE/CERTIFICATION AUTHORITY? NO YES _____ HOURS OF PRACTICE PER WEEK _____
- 2. ARE YOU PRESENTLY WORKING IN YOUR LICENSED/CERTIFIED PROFESSION? NO _____ YES _____
- 3. WHAT IS THE ADDRESS OF YOUR PRIMARY PLACE OF EMPLOYMENT? STREET 60 Westwood Ave
- 4. WHAT IS THE ADDRESS OF YOUR RESIDENCE? STREET 432 High Ridge Rd CITY Southbury STATE CT ZIP 06488
- 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 _____

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- 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 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 _____
- 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 [Signature]

DATE 1/11/11