



AVA R. MOSKIN, MD

11/21/2012 7:38:10 AM

DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION
BOARD OF LICENSURE IN MEDICINE

MEDICAL DOCTOR

License Number: **MD15890**
Status: **Active**
First Licensure: **09/01/2002**
Expiration Date: **04/30/2013**

History

Detailed license history prior to November 14, 2011 is unavailable online.

License Type	Start Date	End Date
MEDICAL DOCTOR	03/03/2011	04/30/2013

Supervised PA

All supervisory relationships expire on the license expiration date.

No Records.

Specialty (1 record) [hide](#)

The Board does not verify current specialties. To determine if a physician has been board certified by the American Board of Medical Specialties please visit www.abms.org.

Description	Origin
Family Practice	ABMS Board Member certified

License/Disciplinary Action

No Records.

GENERAL INFORMATION

Gender: **Female**

Other Addresses (1 record) [hide](#)

Address	Type
700 MOUNT HOPE AVE STE 420 BANGOR, ME 04401-5678	Business

Other Phone Numbers (1 record) [hide](#)

Phone Number	Type
+1 (207) 947-5337	Work

Education (1 record) [hide](#)

Type	Completion Date	Provider
MD	06/01/1999	ALBERT EINSTEIN COLLEGE OF MEDICINE, BRONX, NY

Education and Training Note: Information up to the date of initial licensure is verified by the Board. Information provided by the licensee after this date is not verified by the Board.

Please Note: Despite our efforts to be accurate, these pages may contain errors. We present this website to you with a good-faith representation that the information it contains is generally reliable. Information on this site should not be relied upon for legal purposes. The information may not show a complete history. If you need further information, we would encourage you to contact us directly (207-287-3601) or seek the advice of a professional.



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the reported blackouts were those taken voluntarily by Mrs. Fitzgerald. Therefore the Board determined that Dr. Andrews was not culpable. The motion passed 7-0-1.

D. CR 05-216 AVA R. MOSKIN, M.D.

MOTION was made by Ms. Clukey to dismiss the complaint filed by Gay Guptil against Ava R. Moskin, M.D. Dr. Dreher seconded the motion. Ms. Guptil, who is not a patient of Dr. Moskin, alleges unethical conduct by Dr. Moskin in that she worked in Attleboro Massachusetts in 2002 but failed to register her license with the city clerk as Massachusetts law requires. Dr. Moskin replies that she did a four week rotation as part of her training in Family Medicine during residency at the 4-Women in Attleboro Massachusetts. Dr. Moskin quotes the Massachusetts law, Chapter 112, Section 8, entitled Recording of Certificate of Registration by City or Town Clerk Fee Records "No person shall enter upon, or continue in, the practice of medicine within the commonwealth until he has presented to the clerk of the city or town where he has, or intends to have, an office or his usual place of business, his certificate of registration as a physician in the commonwealth...", and states that she was there on a temporary, part-time basis as part of her residency program and did not have an office or usual place of business in Attleboro, and that there was no requirement to register. The Board found no validity in the complaint. The motion passed 8-0.

E. CR 06-008 HAROLD H. SULLIVAN, JR., M.D.

MOTION was made by Dr. Oldham to dismiss the complaint filed by Angela Parisi against Harold H. Sullivan, Jr., M.D. Dr. Onion seconded the motion. Ms. Parisi alleges that Dr. Sullivan made an improper diagnosis and that she was on inappropriate medication for a period of eighteen months. A review of the medical records shows that Dr. Sullivan's initial assessment of the situation and his diagnosis seem to be clinically appropriate. The Board recognizes that sometimes the final diagnosis is achieved by caring for the patient over an extended period of time. Dr. Sullivan's care and conclusions were thought to be appropriate when he saw the patient. The motion passed 8-0.

F. CR 06-009 DANIEL M. FRIEDLAND, M.D.

MOTION was made by Dr. Hatfield to dismiss with a letter of guidance the Board complaint against Daniel M. Friedland, M.D. Dr. Onion seconded the motion. In this case Dr. Friedland had multiple charts reviewed due to concerns over his prescribing and managing narcotics. This review revealed generally appropriate prescription of narcotics as well as other approaches to pain management; however several concerns were raised by the review and the letter of guidance will address these which will include:

1. the need for pain contracts with all chronic narcotic users;
2. the need to randomly check narcotic levels in all chronic narcotic users and other appropriate broad based screening;
3. the need to increase by small increments when increases in narcotics are needed; and,
4. the need to use benzodiazepines sparingly when using narcotics.

The motion passed 8-0.

G. CR 06-010 DERMOT N. KILLIAN, M.D.

MOTION was made by Dr. Nyberg to dismiss the Board complaint against Dermot N. Killian, M.D. Dr. Hatfield seconded the motion. The Board reviewed information that Dr. Killian had agreed to pay \$203,000 to resolve a billing dispute with Medicare. The matter has been resolved to the Board's satisfaction. The motion passed 5-3.

MAINE MEDICAL LICENSE APPLICATION FLOWSHEET

015890
 LIC # ~~015890~~
 ISSUED: 8-29-02
 EXPIRES: 4-31-03

HOSPITAL, AND E. J. MD
 015890

Permanent * Temporary Locum Tenens Educational
 Time Frame: Letter of need
 Camp Name/Location: _____
 Reinstatement Lapsed/Withdrawn Date: _____ Lapsed Letter: Active: Inactive:

DATE APP REC'D: 01-15-02 APP FEE PD: \$300 ORAL FEE: \$ 50 Rec'd: 01-15-02
 PRORATED LIC FEE PD: \$ 133 Rec'd: 5-13-02

NAME: Moskin, Anna R. SS#: [REDACTED]
 PLACE/DATE OF BIRTH: New York City, NY [REDACTED]
 MEDICAL SCHOOL: Albert Einstein College of Medicine DATE GRAD: 1999
Brenx, NY SPECIALTY: FP

LICENSE EXAM:	BASED ON	ON FILE	NUMBER/PLACE
FMGEMS/ECFMG	_____	_____	_____
FIFTH PATHWAY	_____	_____	_____
AM BD CERT	_____	_____	_____
USMLE	_____	_____	_____
NBME	_____	_____	_____
FLEX	_____	_____	_____
STATE	_____	_____	_____
LMCC	_____	_____	_____
BRITISH ISLES	_____	_____	_____

MALPRACTICE None OTHER PERSONAL DATA _____
 TRANSCRIPT/DIPLOMA _____ INTERN Yr RES Yrs FELLOW Yrs
 STATE VERIFICATIONS _____ SBI _____ FSMB _____ NPDB PGY LTRS _____
 REFERENCE LETTERS _____ 02-08-02

STILL NEED: FEES, Lic
 COMMENTS: _____

APPROVAL
 R. MANNING [Signature] DATE 3/1/02 H. BENNNERT, JR., MD [Signature] DATE 3/1/02
 LIC COM LIST A LIST B LIST C AGENDA DATE _____
 COMMENTS: _____

BOARD APPROVED YES NO APPROVAL DATE _____
 ORAL EXAM DATE 5-13-02 EXAMINER [Signature]

[Signature]



Maine Board of Licensure in Medicine
Medical Practice License Registration

Expiration Date: April 30, 2003

015890

This is to certify that the physician named below is licensed for the practice of medicine and surgery in the State of Maine and that the license is validly registered for the period September 1, 2002 through April 30, 2003 pursuant to Title 32, Maine Revised Statutes of 1964, Chapter 46, as amended. If this registration certificate is marked "inactive", the licensee may not lawfully provide professional services within the borders of the State of Maine without having first satisfied the Board of his/her Continuing Medical Education qualification in compliance with Board Rules, Chapter 1, Section 13.

LICENSEE NAME:

Moskin, Ava R, MD
25 Melbourne St
Portland ME 04101

MAINE LICENSE CERTIFICATE #:


015890



Harry W. Bennett, Jr.
Harry W. Bennett, Jr., M.D. Secretary
Maine Board of Licensure in Medicine


DISPLAY WITH LICENSE

VOID WITHOUT IMPRINTED BOARD SEAL

 Maine Board of Licensure in Medicine
Medical Practice License Registration
Verification

Licensee Name: Ava R Moskin, MD
Maine License #: 015890
Expiration Date: 04/30/2003

The physician named is licensed for the practice of medicine and surgery in the State of Maine. The registration of this license is valid until the expiration date. See reverse side for limitations.

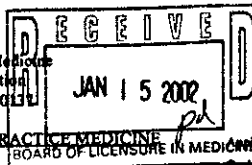
 Harry W. Bennett, Jr., M.D. Secretary
Maine Board of Licensure in Medicine

We are pleased to provide you with this certificate of renewal of registration of your Maine medical practice license which is to be displayed in your primary place of practice with your Maine license certificate and also to provide you with a wallet card evidencing the continuing validity of your Maine license.

Please write to the Board at 137 State House Station, Augusta, ME 04333 if your address changes, if your professional activities alter the basis upon which your Maine license has been renewed and classified in registration, or if you have any questions about your Maine license record.

**Permanent MD
License Application**

State of Maine
Board of Licensure in Medicine
137 State House Station
Augusta, ME 04333-0137



015890

APPLICATION FOR LICENSE TO PRACTICE MEDICINE
BOARD OF LICENSURE IN MEDICINE

APPLICATION DATE: 1/11/02

Application Fee: 330.00
Oral Fee: 714

1. I hereby apply for licensure to practice medicine and/or surgery in the State of Maine and in support of this, submit the following information:

NAME: MOSKIN AVA ROSALIND
Last First Middle

ADDRESS: 500 LOWELL ST
Number and Street (Note: Locum Company addresses will not be accepted.)
LAWRENCE MA 01841
City State Zip/Postal Code

Social Security Number: [REDACTED] Daytime Telephone: (978) 689-6560 Date of Birth: [REDACTED]
MO. DAY YR

Specialty: Family Practice Place of Birth: NEW YORK CITY

Medical School Attended: Albert Einstein College of Medicine 06/03/99
NAME GRADUATION DATE
BRONX, NY 10461 USA
CITY, STATE, COUNTRY

Will you practice in Maine within the next year? Yes No If yes, in what community? Portland / Augusta

2. AFFIDAVIT OF APPLICANT

I, AVA MOSKIN, being duly sworn, depose and say that I am the person described and identified in this application.

I have carefully read the questions in this application and have answered them completely, without reservations of any kind, and declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of my license to practice medicine and surgery in the state of Maine, or other discipline as the Board may determine.

I hereby authorize all hospitals, medical institutions or organizations, my references, personal physicians, employers (past and recent), business and professional associates (past and present) and all governmental agencies and instrumentalities (local, state, federal, and foreign) to release to this licensing Board any information, files or records required by the Board for its evaluation of any professional and ethical qualifications for licensure in the state of Maine. I hereby release any and all entities from responsibility regarding the information they release to the Board of Licensure in Medicine.

I hereby authorize the Board of Licensure in Medicine to transmit any information contained in the application, or information that may otherwise become available to them, to any agency, organization, hospital, or individual, who, in the judgement of the Board, has a legitimate interest in such information.

AVA MOSKIN
Signature of Applicant
1/11/02
Date
[Signature]
Signature of Notary

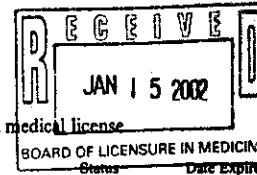


Notary Commission Expires:
Feb. 18, 2005

- 1) APPLICANT MUST SIGN HIS FULL NAME IN THE PRESENCE OF A NOTARY PUBLIC
 - 2) NOTARY PUBLIC MUST COMPLETE THE AFFIDAVIT AND AFFIX NOTARIAL SEAL OVERLAPPING A PORTION OF THE PHOTOGRAPH BUT NOT COVERING ABOVE THE NECK.
- February 18, 2005

3. MEDICAL LICENSURE

015890



List all states, provinces, or countries where you have held, now hold, or have applied for a medical license

State	Cert. #	Status	Date Expires
Mass	8727	WARRANT	6/30/02
Vt	060 000 2775	EXPIRED	6/30/01
ME	EC-01-309	EXPIRED	1/31/01

State	Cert. #	Status	Date Expires

4. PERSONAL DATA

Circle each appropriate response. Every "YES" response must be fully explained by written statement on a separate 8.5" x 11" sheet of white paper. Each such explanation must be referenced by question number, signed, dated, and enclosed with your application.

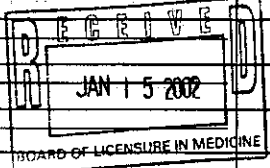
- YES NO 1 Have you EVER had ANY licensing authority (INCLUDING MAINE) deny your application for any type of license, or take any disciplinary action against the license issued to you in that jurisdiction, including but not limited to warning, reprimand, fine, suspension, revocation, restrictions in permitted practice, probation with or without monitoring?
- YES NO 2 Have you EVER been notified of the existence of allegations involving you, filed with or by ANY licensing authority (INCLUDING MAINE), which allegations remain open as of the date of this application?
- YES NO 3 Have you EVER left a medical licensing jurisdiction (INCLUDING MAINE) while a complaint or allegation was pending?
- YES NO 4 Have you EVER been denied registration or had your ability to prescribe or dispense controlled substances modified, restricted, suspended, revoked, or voluntarily suspended by
 - a) U. S. Drug Enforcement Administration (DEA)?
 - b) Any state/territory of U. S. INCLUDING MAINE?
- YES NO 5 Have you EVER received a sanction from Medicare or from any state Medicaid program?
- YES NO 6 Have you EVER suffered from any physical, psychiatric, or addictive disorder that would impair or require limitations on your functioning as a physician, or that resulted in the inability to practice medicine for more than 30 days?
- YES NO 7 Have you EVER been charged, summonsed, indicted, arrested, or convicted of any criminal offense (including motor vehicle offenses but not including minor traffic or parking violations)?
- YES NO 8 Have you EVER applied for hospital, HMO or other health care entity privileges which were denied?
- YES NO 9 Have you EVER had your hospital, HMO, or other health care entity privileges revoked, suspended, restricted, limited in any way, or withdrawn involuntarily?
- YES NO 10 Have you EVER voluntarily surrendered privileges or resigned from staff membership during peer review or investigation or to avoid peer review or investigation?
- YES NO 11 Have you EVER been deselected from a managed care organization physician panel?
- YES NO 12 Have you EVER been disciplined by a professional society or resigned while accusation was pending?
- YES NO 13 Have you EVER had a claim or suit alleging malpractice liability in which you are/were named as a defendant, including nuisance suits settled, adjudicated by a court in favor of the other party, or settled by your insurance company /representatives without your express consent?
- YES NO 14 Do you have any open malpractice claims?
- YES NO 15 Do you intend to practice medicine within the State of Maine without active medical staff privileges at a Maine hospital?

015890

5. PROFESSIONAL EXPERIENCE/HOSPITAL AFFILIATIONS

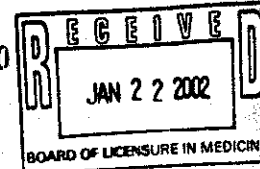
List in chronological order all professional experience including full work history of practice, and all healthcare entities where you have held or now hold privileges. Include all periods of time (Month and Year) from the date of completion of residency to the present, whether or not engaged in activities related to medicine. Be certain to report **COMPLETE** addresses. You may photocopy this page, if necessary.

From Mo./Yr.	To Mo./Yr.	Name of Hospital, Institution, or Practice	Complete Address (Street, City, State, Zip)	Nature of Experience	Office Use Only	
					S	R
N/A						



State of Vermont
Board of Medical Practice
109 State Street
Montpelier, VT 05609-1106
(802) 828-2363

015890



VERIFICATION OF LICENSURE

This is to verify that according to the records of the Board of Medical Practice on 17 January 2002 regarding:

Ava R. Moskin MD
500 Lowell St.
LAWRENCE, MA 01841

The Board of Medical Practice granted this License as a Physician-Limited Temp. Permit numbered 060-0002775 on 17 January 2001.

Current Status: INACTIVE-PER REQUEST
Date of Expiration: 30 June 2001

Our records also indicate the following information:

Date of Birth: [REDACTED]
School/College Education: Albert Einstein College of Medicine
Date of Graduation: 06/03/1999
Degree earned: MD

Basis of Licensure:

Examination Information:

*This licensee met all requirements at the time of licensure in accordance with the appropriate regulations of this state.

Board Action information:

No charges have been preferred against this licensee.

I hereby certify, as a staff assistant to the Board of Medical Practice, to the best of my knowledge, the information above is true and accurate.

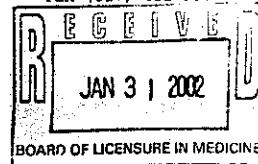

Signature of Staff Assistant

1-17-02
Date



Commonwealth of Massachusetts
Board of Registration in Medicine
10 West Street
Boston, Massachusetts 02111
(617) 727-3086
Fax (617) 451-9568

015890



Date: 01/29/2002

To Whom It May Concern:

This is to certify AVAR. MOSKIN, M.D., a graduate of
Albert Einstein College of Medicine Yeshiva Univ
in the year 0 , has been duly registered by this board as provided by the laws
of the Commonwealth.

Certificate Number 8727 was issued to Dr. MOSKIN on .

THIS LICENSE IS CURRENT. The expiration date is Jun 28 2002.

Our files contain no open complaint information on this physician.

Our files contain no closed complaint information on this physician.

Our files contain no disciplinary information on this physician.

SEAL

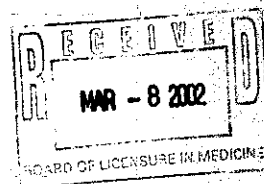
Peter Madras, M.D., Chairman

Please be advised that the above information is based entirely on examination of
our open and closed complaint file. It is not based on a review of the application
for licensure, renewal of licensure, or any reports that the Board is required to
receive by statute (from courts, insurers, hospitals, etc...).

The Federation of State Medical Boards of the United States, Inc.
Federation Credentials Verification Service
Federation Place
400 Fuller Wiser Road, Suite 300
Eules, Texas 76039-3855
Telephone: (817) 868-4000
Fax: (817) 868-4099

015890

Physician Information Profile



This report is compiled exclusively for:

Name: Ava Rosalind Moskin
SSN: [REDACTED]
DOB: [REDACTED]
Recipient: Maine Board of Licensure in Medicine

NOTICE:

The Federation Credentials Verification Service (FCVS) was retained by the above referenced physician to verify his/her medical credentials for submission to your agency/organization. Unless noted otherwise, all documents contained in this report were received directly from the issuing institution per written request made by FCVS. All documents bearing the official FCVS seal are certified to be an exact reproduction of the original. Where required, original documents are provided according to the agreements with the institution issuing such document. FCVS maintains all original documents (excluding third-party examination transcripts) in the physician's source file.

The Physician Information Profile is compiled and published by the Federation of State Medical Boards of the United States, Inc. as a reference source for its member boards and other authorized entities. The Physician Information Profile may not be republished, sold, resold or duplicated, in whole or in part, for commercial or any other purposes, or for purposes of compiling lists or files without the express written consent of the Federation's Executive Vice President as authorized by its Board Of Directors. The use of this Physician Information Profile to establish independent data files or compendiums or information is strictly prohibited.

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- C. Board Action Data Bank Search Results

II. Identity

- A. Affidavit and Release
- B. Certified Birth Certificate or Photocopy of Original Passport

III. Medical Education

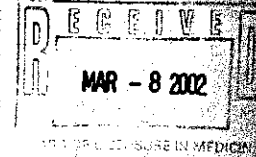
- A. Verification of Medical Education Form(s)
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- G. Photocopy of ECFMG Certificate

IV. Postgraduate Medical Education

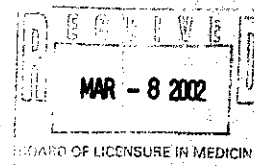
- A. Verification of Postgraduate Medical Education Form(s)

V. Examination History / Score Transcripts (State Licensing Authorities Only)

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- B. FLEX Transcript
- C. NBME Record of Scores
- D. NBME Endorsement of Certification
- E. NBOME Transcript
- F. LMCC Transcript
- G. State Board Exam Transcript



015890



Section I

* FCVS Reports

FEDERATION CREDENTIALS VERIFICATION SERVICE

Physician Information Report

015890

Identity:

Name: Ava Rosalind Moskin
Other Name Used: N/A

Gender: Female

Date of Birth: [REDACTED]

Place of Birth: New York, NY USA

SSN: [REDACTED]

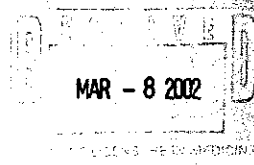
Current Address: 500 Lowell Street
Lawrence, MA 01841

Permanent Address: 565 West End Avenue
New York, NY 10024

Telephone Numbers: Bus: 978-689-6560
Fax: N/A
Home: [REDACTED]
Other: 508-426-3066

Physical Description: Height: 5' 6"
Weight: 130 lbs
Eye Color: Brown
Hair Color: Brown

Physical Marks: Description: N/A
Location: ** N/A



Premedical Education (Reported by physician. Not verified by FCVS):

Institution: Brown University, Providence, RI 02912

Dates of Attendance: 09/1990 - 12/1991

Degree Awarded: None

Institution: College of the Atlantic, Bar Harbor, ME 04609

Dates of Attendance: 08/1992 - 06/1995

Degree Awarded: Bachelor of Arts

Medical Education:

Current, valid ECFMG: N/A

ECFMG Number: N/A

Date Issued: N/A

Medical School: Albert Einstein College of Medicine of Yeshiva University
Office of the Registrar
Jack & Pearl Resnick Campus
1300 Morris Park Avenue
Bronx, NY 10461

Dates of Attendance: 08/16/1995 - 05/24/1999

Graduation Date: 06/03/1999

Degree Awarded: Doctor of Medicine

Unusual Circumstance: None

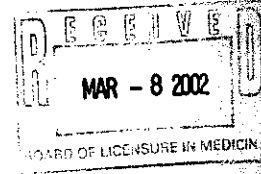
015890

Post Graduate Medical Education:

Institution: Lawrence Family Practice Residency
Department of Family Practice
34 Haverhill Street
Lawrence, MA 01841

Post Graduate Year: 1-3
Program Type: Internship/Residency
Department: Family Practice
Dates of Attendance: 06/17/1999 - 06/21/2002
Completion: To Be Completed On 06/21/2002
Accreditation: ACGME

Unusual Circumstance: None



Fifth Pathway:

N/A

Examination History:

Transcripts Enclosed For: USMLE Step 1
USMLE Step 2
USMLE Step 3

Board Action:

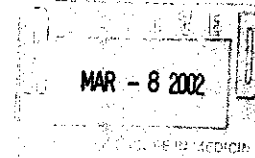
A Report of the results from a search of the Board Action Data Bank is enclosed.

015890

Omission / Discrepancy Report

Physician Identification:

Name: Ava Rosalind Moskin
DOB: [REDACTED]
SSN: [REDACTED]
Packet ID: 23085
Request ID: 8175628



REPORT OF OMISSIONS

There are none identified.

REPORT OF DISCREPANCIES

There are none identified.

MISCELLANEOUS INFORMATION

Miscellaneous 1:

Section of Profile: Continuity of Education

Issue: There is a gap of approximately 1/2 year between premedical education at Brown Univ (ends 12/1991) and College of the Atlantic (begins 08/1992).

Follow-Up: This information is provided as information only. No follow up performed.

End of report for Ava Rosalind Moskin

Packet Id: 23085

Request Id: 8175628

Report Created By: LTN

Board Action Databank Search

015890

State Queried For: **Maine Board of Licensure in Medicine**
Physician's Name: **Moskin, Ava Rosalind**
Date of Birth: **[REDACTED]**
Medical School: **033020 - Albert Einstein Col Med**
Year of Graduation: **1999**
Social Security Number: **[REDACTED]**
ECFMG Number: **N/A**

MAR - 8 2002

BOARDS OF LICENSURE IN MEDICINE

Results:

WE HAVE NO UNFAVORABLE INFORMATION
REGARDING THE ABOVE NAMED PHYSICIAN

MAR 06 2002

Dale L. Austin
DALE L. AUSTIN
DEPUTY EXECUTIVE VICE PRESIDENT
AND CHIEF OPERATING OFFICER

015890

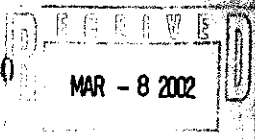
MAR - 8 2002

BOARD OF LICENSURE IN MEDICINE

Section II

Identity

015890



AFFIDAVIT AND RELEASE

I, the undersigned, hereby certify under oath that I am the person named in this application, that all statements I have or shall make with respect hereto are true, that I am the original and lawful possessor and person named in the various forms and credentials furnished or to be furnished with respect to my application and that all documents, forms or copies thereof furnished or to be furnished with respect to my application are strictly true in every aspect.

I acknowledge that I have read and understand the "INSTRUCTIONS FOR COMPLETING THE FCVS APPLICATION" and have answered all questions contained in the application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to my being prosecuted under appropriate federal and state laws.

I authorize and request every person, hospital, clinic, government agency (local, state, federal or foreign), court, association, institution or law enforcement agency having custody or control of any documents, records and other information pertaining to me to furnish to the Federation Credentials Verification Service any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data and to permit the Federation Credentials Verification Service or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application.

I hereby release, discharge and exonerate the Federation Credentials Verification Service, its agents or representatives and any person furnishing information; of any and all liability of every nature and kind arising out of investigation made by the Federation Credentials Verification Service. I authorize the Federation Credentials Verification Service to release information, material, documents, orders or the like relating to me or this application to any entity at my request.

AVA [Signature]
Applicant's Signature (must be signed in the presence of a notary)

MOSKIN
Applicant's Printed Last Name

AVA R
Applicant's Printed First Name, Middle Initial, and Suffix (e.g., Jr.)

1/11/02
Date of Signature (must correspond to date of notarization)



State of Massachusetts County of Essex

I certify that on the date set forth below the individual named above did appear personally before me and that I did identify this applicant by: (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made in my presence on this form with the signature on his/her identifying document. The statements on this document are subscribed and sworn to before me by the applicant on this 11th day of January, 2002.

Notary Public signature: Dominic M. Valera

My commission expires: February 18, 2005

Notary:
The physician has been instructed to sign the front of the photograph.
Your seal (or stamp) must be partly upon the photo and partly upon the signature of the applicant.

23085

THE CITY OF NEW YORK
VITAL RECORDS CERTIFICATE

CERTIFICATION OF BIRTH

This is a certification of name and birth facts on file in the Office of Vital Records, Department of Health,
City of New York.

DATE OF BIRTH [REDACTED] CERTIFICATE No. 156-71-110381

BOROUGH MANHATTAN DATE FILED 04-12-71 DATE ISSUED 01-11-02

NAME AVA ROSALIND MOSKIN ***

SEX FEMALE

MOTHER'S MAIDEN NAME HANNA RUTH COHEN

FATHER'S NAME JEFFREY MICHAEL MOSKIN

SEAL
VERIFIED

Steven P. Schwartz
Steven P. Schwartz, Ph.D.
City Registrar

Do not accept this transcript unless it bears the security features listed on back.
Reproduction or alteration of this transcript is prohibited by §3.21 of the New York
City Health Code if the purpose is the evasion or violation of any provision of the
Health Code or any other law.

DOCUMENT No. J421371

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Section III

Medical Education

FEDERATION CREDENTIALS VERIFICATION SERVICE (FCVS)
VERIFICATION OF MEDICAL EDUCATION
(This form must be completed by the medical school)

015890

INSTRUCTIONS TO THE DEAN

The individual identified on the attached Authorization For Release of Information, Documents and Records form has authorized your medical school to provide to the Federation Credentials Verification Service (FCVS) any and all information pertaining to their education at your institution. Please complete this form and forward it to FCVS in the enclosed postage-paid, self-addressed envelope.

Please note: If your institution processes transcript requests through another office, FCVS has likely made such a request under separate cover. If your office also processes transcript requests, please attach the individual's official transcript (which indicates courses taken, dates and hours of attendance, and scores, grades, or evaluation).

RECEIVED
MAR - 8 2002

VERIFICATION OF MEDICAL EDUCATION

Name of Institution: Albert Einstein College of Medicine of Yeshiva University

Complete Address: 1300 Morris Park Avenue, Bronx, New York 10461

Street Address: 1300 Morris Park Avenue

City: Bronx State: New York ZIP Code (Postal Code): 10461

If name of institution was different when this individual attended, please note this name below:

Premedical Education: Does your school have a premedical education requirement? Yes No
If yes, include where your records indicate the individual completed his/her premedical education and the basic science courses taken (attach additional pages if necessary):

Premedical Institution(s): College of Atlantic

Check courses taken: Physics Biology/Zoology Organic Chemistry Inorganic Chemistry

*Physics taken at Columbia University

Enrollment and Participation: Our records indicate that Ava R. Moskin

(type/print individual's name: Last, First, Middle, Suffix)

attended our medical school for total of 44 weeks of medical education on the following dates (mm/dd/yy):

From 08 / 16 / 1995 To 05 / 24 / 1999
Month Date Year Month Date Year

This individual (check one):

was awarded the degree of Doctor of Medicine on June 03 / 1999
Month Date Year
 was NOT awarded a degree (please attach an explanation)

Certification: By my signature, I, Lillian Lombardi, certify that the above
(type/print name)
information is an accurate account of the above named individual's official records maintained in this and is true and correct to my knowledge.

Signature: Lillian Lombardi

Title: Registrar

Date of Signature: February 13, 2002

Phone: (718) 430-2102 Fax: (718) 430-8825

Email: lombardi@aeom.yu.edu



FEDERATION CREDENTIALS VERIFICATION SERVICE (FCVS)

VERIFICATION OF MEDICAL EDUCATION

(continued)

Unusual Circumstances: The following questions apply to unusual circumstances that occurred during any part of the individual's medical education. Please check the appropriate response and provide dates and requested information. "Yes" responses to any of these questions require a copy of explanatory records or a written explanation (attach additional pages as necessary).

015890

1. Do this individual's official records reflect (an) interruption(s) or extension(s) in his/her medical education?

Response YES NO

If YES, please select the reason(s) for, indicate the dates of the interruption(s) or extension(s) and check whether the interruption/extension was approved or unapproved.

	From Mo/Yr	To Mo/Yr	Approved	Unapproved
Personal/Family			<input type="checkbox"/>	<input type="checkbox"/>
Academic remediation			<input type="checkbox"/>	<input type="checkbox"/>
Health			<input type="checkbox"/>	<input type="checkbox"/>
Financial			<input type="checkbox"/>	<input type="checkbox"/>
Participation in joint degree Program (e.g., MD/PhD)			<input type="checkbox"/>	<input type="checkbox"/>
Participation in non-research special study (e.g., fellowship, international experience)			<input type="checkbox"/>	<input type="checkbox"/>
Participation in non-degree research			<input type="checkbox"/>	<input type="checkbox"/>
Other			<input type="checkbox"/>	<input type="checkbox"/>

Please Specify: _____

2. Do this individual's official records reflect that he/she was ever placed on academic or disciplinary probation during his/her medical education? Response YES NO

If YES, please select the reason(s) for the probation, indicate the date(s) of placement on and removal from probation and attach additional documentation to this report.

	From Mo/Yr	To Mo/Yr
Academic Probation		
Probation for unprofessional conduct/behavioral		
Probation for other reason		

Please specify reason: _____

3. Do this individual's official records reflect that he/she was ever disciplined for unprofessional conduct/behavioral reasons by the medical school or parent university? Response YES NO

If YES, please provide detailed documentation/information about the circumstances and outcome(s):

4. Do this individual's official records reflect that he/she was ever the subject of negative reports or an investigation by the medical school or parent university? Response YES NO

If YES, please provide detailed documentation/information about the circumstances and outcome(s):

5. Do this individual's official records reflect that there were any limitations or special requirements imposed on the individual because of questions of academic incompetence, disciplinary problems, or any other reason? Response YES NO

If YES, please provide detailed documentation/information about the nature of the limitations or special requirements.

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ALBEK, EINSTEIN COLLEGE OF MEDICINE
YESHIVA UNIVERSITY
Jack and Pearl Resnick Campus
Office of the Registrar

OFFICIAL COPY 5890

Transcript for: MOSKIN, AVA R.
Matriculated: 1995

Class of: 1999
Printed: 02/13/2002

Year 1

Biochemistry H	Cell Biology H	*Clinical Selective P
*Genetics P	*Gross Anatomy/Embryology . . . P	Histology H
*Immunology P	*Intro to Patient P	Neuroscience P
*Physiology P	*Psychopathology P	

Year 2

Cardiovascular System ^{1,2,3} . . . P	Clinical Examination P	Endocrine System ^{1,2,3} P
GI/Liver System ^{1,2,3} P	Hematology ^{1,2,3} P	Intro Disease Mechanisms ¹ . . . H
Micro/Infect. Disease ¹ H	Nervous System ¹ H	Parasitology ³ P
Pharmacology P	Renal System ^{1,3} P	Reproductive Systems ^{1,2,3} . . . P
Respiratory System ^{1,3} P	Rheumatologic Disease ¹ P	

Year 3

Family Medicine Clerkship . . . HP	Medicine Clerkship H	**Neurology Clerkship P
Obstetrics/GYN Clerkship . . . H	Pediatrics Clerkship HP	Psychiatry Clerkship H
Surgery Clerkship H		

Year 4

Ambulatory Care/Ind.Hea. P	Clin. Rot. Child Prot.Ctr. P	Emergency Med. JMC/WMC P
Family Med. Subinternship . . . P	**Geriatrics Clerkship P	Peds. Ortho Surgery HP
Sub Consult/Liaison Psych. . . . H		

1 - Integrated Pathobiology, Epidemiology/preventive Medicine and Radiology
 2 - Includes Physiology 3 - Includes Pharmacology

MD Degree granted June 03, 1999
Elected to Alpha Omega Alpha.

Grading: (Year 1 & Year 2)
 H-Honors *P=Pass Only
 F-Fail E-Exempt I-Incomplete
 (Year 3 & Year 4)
 H-Honors HP-High Pass P=Pass
 LP=Low Pass F=Fail I-Incomplete
 D=Deferred E-Exempt N=Ungraded
 ** Clerkships 2 weeks or less. Pass/Fail only

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Not valid without seal.
Certified by:

Lillian Lombardi
MRS. LILLIAN LOMBARDI
REGISTRAR

FEB 13 2002

THE FAMILY EDUCATION RIGHTS AND PRIVACY ACT OF 1974, AS AMENDED,
PROHIBITS THE RELEASE OF INFORMATION FROM THIS TRANSCRIPT WITHOUT
PRIOR WRITTEN CONSENT OF THE STUDENT TO WHOM IT MAY CONCERN

SEAL
VERIFIED

YESHIVA UNIVERSITY

IN RECOGNITION OF THE SATISFACTORY FULFILLMENT
OF THE REQUIRED COURSE OF STUDY AT THE

ALBERT EINSTEIN COLLEGE OF MEDICINE

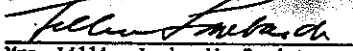
AND UPON THE RECOMMENDATION OF THE FACULTY,
THE TRUSTEES OF YESHIVA UNIVERSITY BY VIRTUE OF THE
AUTHORITY VESTED IN THEM HAVE CONFERRED UPON

AVA ROSALIND MOSKIN



THE DEGREE OF

DOCTOR OF MEDICINE

This is a copy of the original diploma
issued to Ava R. Moskin, M.D. who
graduated as of June 3, 1999




Mrs. Lillian Lombardi, Registrar

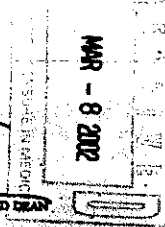
SEAL:
WITH ALL THE RIGHTS, PRIVILEGES, AND HONORS THEREUNTO PERTAINING
IN TESTIMONY WHEREOF THIS DIPLOMA IS GRANTED IN THE CITY OF
NEW YORK ON THE THIRD DAY OF JUNE, 1999.


CHAIRMAN, BOARD OF TRUSTEES

CHAIRMAN, BOARD OF OVERSEERS



SEAL
VERIFIED


PRESIDENT

VICE PRESIDENT FOR MEDICAL AFFAIRS AND DEAN



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Section IV

Postgraduate Training

VERIFIED


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Federation Credentials Verification Service (FCVS)
 Federation Place, 400 Fuller Wear Road, Suite 300, El Paso, TX 78039
 Tel: (817) 868-6000 Fax: (817) 868-6099

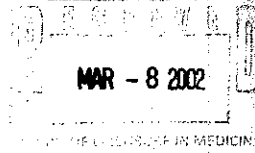
MAR - 8 2002

Verification of Postgraduate Medical Education

Institution: Lawrence Family Practice Residency		Attention: Program Director		
Address: Department of Family Practice Lawrence, MA 01841		Affiliated University: University of Massachusetts Tufts University		
Verification For:	Name: Moskin, Ava Rosalind		RECEIVED FEB 20 2002	
	SSN: [REDACTED]			
	DOB: [REDACTED]			
	Physician's Name on Record (if different from above):			
Program Participation: <input checked="" type="checkbox"/> Internship <input checked="" type="checkbox"/> Residency <input type="checkbox"/> Fellowship <input type="checkbox"/> Research <small>Report incomplete postgraduate years (PGY) separately from those that were successfully completed.</small> <small>If the postgraduate year is currently in progress report the expected completion date in the "To" field.</small> <small>Report Internships, Residencies and Fellowships separately.</small> <small>Use one section per department. If the department is rotating or transitional, please provide a schedule of rotations.</small>	PGY: 1-3	Department: Family Medicine	By: _____	
		From: 6/17/1999	To: 6/21/2002	
		Successfully Completed?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> In Progress	Accredited by: <input checked="" type="checkbox"/> ACGME <input type="checkbox"/> AOA <input type="checkbox"/> Not Accredited Other: _____	
	PGY: _____	Department: _____		
	<input type="checkbox"/> Internship	From: _____ To: _____		
	<input type="checkbox"/> Residency	Successfully Completed?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress		
	<input type="checkbox"/> Fellowship	Accredited by: <input type="checkbox"/> ACGME <input type="checkbox"/> AOA <input type="checkbox"/> Not Accredited Other: _____		
	<input type="checkbox"/> Research			
	PGY: _____	Department: _____		
	<input type="checkbox"/> Internship	From: _____ To: _____		
	<input type="checkbox"/> Residency	Successfully Completed?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress		
	<input type="checkbox"/> Fellowship	Accredited by: <input type="checkbox"/> ACGME <input type="checkbox"/> AOA <input type="checkbox"/> Not Accredited Other: _____		
	<input type="checkbox"/> Research			
Unusual Circumstances: <small>Circle the correct response. Omitted responses require written explanation.</small> <small>If necessary, you may continue your explanation on a separate sheet of paper.</small>	Did this individual ever take a leave of absence or break from his/her training?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
	Was this individual ever placed on probation?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
	Was this individual ever disciplined or placed under investigation?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
	Were any negative reports ever filed by instructors?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
	Were any limitations or special requirements placed upon this individual because of questions of academic incompetence, disciplinary problems or any other reason?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Please explain any "Yes" response from above:				

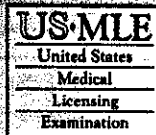
Certification: <small>Completion of the following is certification that the information above is an accurate account of this individual's records and is true and correct. This section MUST be signed by the Program Director (M.D./D.O. only).</small> 	Name: Scott Farley	Signature: [Signature]		
	Title: Residency Director	Date of Signature: 2/13/02		
	Tel: 978-725-7410	Fax: _____	E-Mail: searly@ghnc.org	

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Section V

Examination History/Score Transcripts



United States Medical Licensing Examination™ (USMLE™) Certified Transcript of Scores

015890

This Transcript was prepared by the Federation of State Medical Boards

Date of Certification: 02/11/2002

Federation Credentials Verification Service
ATTN: Maine

Examinee: Moskin, Ava Rosalind
USMLE ID#: 5-017-467-1
DOB: [REDACTED]
Alt Name(s): [REDACTED]

MAR - 8 2002

Results for all Steps taken by this examinee (and for which results have been reported to date) are shown below. For Steps that span more than one day, the test date reflects the day on which the examination began. Scores are reported on two scales. The recommended minimum passing score ("Passing") on each scale is shown in parentheses.

STEP	Test Date	Pass/Fail	Three-Digit		Two-Digit		Comments
			Score	(Passing)	Score	(Passing)	
STEP 1	6/10/1997	PASS	235	(176)	92	(75)	
STEP 2	8/25/1998	PASS	227	(170)	88	(75)	
STEP 3 State Board	5/8/2000	PASS	219	(177)	87	(75)	

A search of the Board Action Data Bank of the Federation of State Medical Boards (FSMB) reveals no reported information on the above-named examinee.



Authenticity of USMLE Transcripts

An original, certified transcript of United States Medical Licensing Examination scores is printed using black ink on blue safety paper and is produced only by the Educational Commission for Foreign Medical Graduates, Federation of State Medical Boards, National Board of Medical Examiners, The Tamper-Safe Holdgram in the lower left corner certifies the authenticity of this document. Alteration or forgery of a USMLE transcript may result in appropriate legal action and/or a determination of irregular behavior as described below.

For each USMLE transcript, a tamper-safe holdgram is placed on the document. When the holdgram is applied to the piece of the document, the piece will turn yellow. A watermark embossed in the center of the holdgram reads "NOT A COPY, NOT AN ORIGINAL DOCUMENT". A fingerprint and the word "VALID" will appear when the holdgram is applied to the piece of the document. The piece will turn yellow. A watermark embossed in the center of the holdgram reads "NOT A COPY, NOT AN ORIGINAL DOCUMENT".

INTERPRETATION OF SCORES

USMLE transcripts include a complete score history and notations of any examinations for which the examinee sat and no scores were reported, such as "Incomplete" or "Indeterminate." Scores are reported on two different scales. For each Step, the mean and standard deviation of scores on the three-digit scale for the original anchor group of first-time examinees from medical schools in the United States was 200 and 20, respectively. Most scores fall between 145 and 260. An equivalent value score on a two-digit scale is also provided. A score of 75 on the two-digit scale is the recommended minimum passing score. The recommended minimum passing score on each scale is shown on the front of the transcript next to the examinee's score for each examination administration. The level of proficiency required to meet the recommended minimum passing level for each USMLE Step is reviewed periodically and is subject to change.

Factors which influence an examinee's score include the examinee's general understanding of the subject matter being tested and the specific set of test items used for an administration. The Standard Error of Measurement (SEM) provides an index of the variation in scores that would be expected to occur if an examinee were tested repeatedly using different sets of items covering similar content. The SEM for a USMLE score is usually in the range of 4 to 8 score points on the three-digit scale and 1 to 2 score points on the two-digit scale.

ANNOTATIONS APPEARING UNDER "COMMENTS"
Circumstances in connection with an administration shown on this transcript may result in one or more annotations listed next to the score. A description of each "Comment" is provided below:

Indeterminate - Results that cannot be certified as representing a valid measure of the examinee's knowledge or competence as sampled by the examination. Decisions to classify results as indeterminate may be made on the basis of factors that include, but are not limited to, unexplained inconsistency of performance within the examination or between administrations of the same Step. No score is reported. Information regarding the nature of the indeterminate score and the determination of the Committee on Score Validity is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

Incomplete - The examinee sat for some, but not all, of the scheduled examination. No score is reported.

Irregular Behavior - The Committee on Irregular Behavior determined that the examinee engaged in irregular behavior. Examples of irregular behavior are described in the current edition of the *USMLE Bulletin of Information*. Information regarding the nature of the irregular behavior and the determination of the Committee is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

Score Not Available - The score is not available. Further review and/or analysis may be pending, or it may have been determined that the score cannot be reported.

Test Accommodations - Following review and approval of a request from the examinee, test accommodations were provided in the administration of the examination.

ANNOTATIONS APPEARING AS "NOTE"

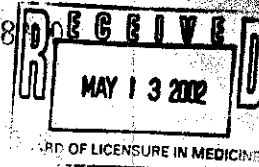
Circumstances not in connection with an administration shown on this transcript may result in one or more annotations and an explanation or instructions to contact the appropriate individual or organization. The "Note" will appear at the end of the document.

BOARD ACTION DATA BANK INFORMATION APPEARING AS "NOTE"

The Board Action Data Bank of the Federation of State Medical Boards (FSMB) contains actions reported to the FSMB by U.S. licensing and disciplinary boards, Canadian licensing authorities, the U.S. Armed Forces, the U.S. Department of Health and Human Services, and other credentialing entities. To be included in the Bank, an action must be a matter of public record or be legally releasable to state medical boards or other entities with recognized authority to review physician credentials. Certain actions reported to and released by the Board Action Data Bank are not disciplinary or otherwise prejudicial in nature. Such actions are reported to ensure that records are complete and to assist in preventing misrepresentation or the use of lost or stolen credentials by unauthorized persons. Once reported to the FSMB, an action becomes part of the permanent record of the individual physician, and the existence of such an action may be indicated on the USMLE transcript by a "Note".

100%

0158



MAINE BOARD OF LICENSURE IN MEDICINE
STATE LICENSURE EXAMINATION

Applicant: AVA MOSKIN (please PRINT full name)

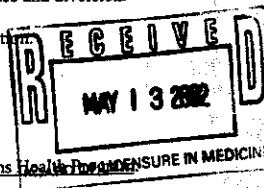
Select the best answer to each question by circling either True or False.

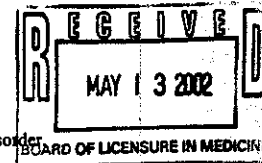
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1. True or False - Sexual contact with a patient is not misconduct if the patient suggests it.
2. True or False - A patient is never entitled to a copy of his or her own medical record.
3. True or False - Habitual rudeness to patients and or colleagues is potential grounds for Board investigation and /or disciplinary action.
4. True or False - Even if the Licensee (physician or physician assistant) does not belong to the American Medical Association, the AMA code of ethics will be applied to that licensee's behavior.
5. True or False - Medical Board membership consists only of physicians.
6. True or False - Outbursts of anger from licensees caused by stress or lack of rest should be excused.
7. True or False - Sexual contact with a patient is not deemed misconduct if it occurred outside the office.
8. True or False - There is little a licensee can do to prevent the diversion of opioids to drug abusers.
9. True or False - Any potential issue the Board reviews will be made worse by misrepresentation of facts/circumstances to the Board.
10. True or False - If a patient has not paid a bill, the licensee has no obligation to forward records upon request until the bill is paid.
11. True or False - If deemed pertinent to the investigation of a complaint, the Board of Medicine has the authority to insist that a licensee undergo a physical, mental, and/or substance abuse evaluation by an evaluator of the Board's choice.
12. True or False - Licensees do not need to be concerned about rude behavior of their office staff such as the receptionist.
13. True or False - The Board reports all disciplines and practice restrictions to all national data banks such as the National Practitioner Data Bank and the Federation of State Medical Boards discipline databank.
14. True or False - Misrepresenting CME activity on an application for medical license renewal is grounds for discipline by the Board.
15. True or False - Licensees should not prescribe controlled substances for themselves or for family members except in emergency situations.
16. True or False - Disruptive licensee behavior will be excused as long as the licensee is medically competent.
17. True or False - The sale of goods from the licensee's office raises ethical questions.
18. True or False - If a patient files a complaint and then withdraws it, the Board may still pursue the complaint.

Select the most appropriate answer to each of the following questions by circling the corresponding letter:

19. The most appropriate attitude about managing nonmalignant pain is:
- A. the risk of opioid addiction in long-term pain management is not a concern.
 - B. use of opioids in long-term pain management requires monitoring for opioid abuse and diversion.
 - C. opioid treatment should be reserved for terminal situations.
 - D. pain is not a life-threatening problem and therefore does not require urgent attention.
 - E. both B and C.
 - F. both A and D.
 - G. all of the above.
20. If an addicted licensee seeks help by contacting the Maine Medical Association Physicians Health Program:
- A. the Board will view this as grounds for automatic discipline.
 - B. the Physicians Health Program immediately makes a report to the Board, whether or not there is potential for patient harm.
 - C. appropriate treatment will be offered and monitored confidentially by the Committee.
 - D. both A and B.
 - E. both A and C.
 - F. all of the above.
 - G. none of the above.
21. If a Maine licensee is reasonably concerned that a licensed practicing colleague is abusing opioids:
- A. the concerned licensee has a legal obligation to report the colleague either to this Board, or the Maine Medical Association Physicians Health Program.
 - B. the concerned licensee may report the addicted colleague to the Board of Medicine or the Maine Medical Association Physicians Health Program, but has no obligation to do so.
 - C. there is no obligation to report unless the concerned licensee observes or is aware of adverse patient outcomes as a result of the substance abuse.
 - D. both A and B.
 - E. both A and C.
 - F. all of the above.
 - G. none of the above.
22. Which of the following situations warrant Board disciplinary action?
- A. the licensee exhibits increased tolerance to a narcotic prescribed by his/her health care provider who is treating the licensee for a painful condition.
 - B. the licensee seeks treatment for depression.
 - C. the licensee uses a sedative hypnotic or an anxiolytic which is prescribed, documented, and monitored by the licensee's health care provider.
 - D. both A and C.
 - E. both B and C.
 - F. all of the above.
 - G. none of the above.
23. If unsure how to answer a question on an application, a prudent course is to:
- A. answer the question putting yourself in the most favorable light.
 - B. call the Board for advice.
 - C. attach an addendum to the application explaining the situation/circumstances.
 - D. both B and C.
 - E. both A and C.
 - F. all of the above.
 - G. none of the above.





24. The Board of Medicine cannot investigate a complaint if:

- A. the complainant is unable to produce a written complaint due to illiteracy.
- B. the patient whose care is the focus of the complaint is deceased.
- C. the person who is filing the complaint is known to suffer from a psychotic disorder.
- D. there are no witnesses to the alleged unacceptable licensee behavior.
- E. both C and D.
- F. all of the above.
- G. none of the above.

25. Which of the following is true:

- A. Over eighty percent of chemically dependent physicians respond successfully to treatment and return to full practice.
- B. heavy alcohol use, if restricted to times when the licensee is not practicing medicine will have no impact on the licensee's fitness for practice.
- C. licensees are too intelligent and too informed about drugs and alcohol to get into trouble with them.
- D. the Physician Health Program in Maine is of no assistance in keeping recovering licensees in practice.
- E. both B and D.
- F. both C and D.
- G. all of the above.

26. If you become aware that a patient who is addicted to or abuses or may be diverting opioids is seeking medication from other providers which of the following is true?

- A. opioid abuse /addiction is a potentially life threatening medical condition.
- B. Maine law supports communicating concern about the patient's opioid abuse to other providers without the patient's consent.
- C. diversion of opioids is a threat to the health and safety of other Maine citizens.
- D. there is little you can do in this circumstance.
- E. all of the above.
- F. A, B, and C.
- G. none of the above.

27. Common issues underlying complaints against licensees to the Board of Licensure in Medicine include:

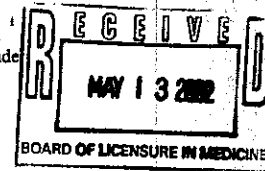
- A. office staff communication style.
- B. lack of communication regarding test results.
- C. poor communication between/among professionals.
- D. licensee rudeness.
- E. both A and D.
- F. both B and C.
- G. all of the above.

28. In its actions the major focus of the Board of Licensure in Maine is:

- A. to protect the public health and welfare.
- B. to provide education for licensees.
- C. to provide a readily verifiable source of information for various credentialing bodies.
- D. to provide rehabilitation for ill licensees.
- E. to promote the public image of medicine.
- F. to protect licensees from malpractice suits.
- G. none of the above.

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29. If the licensee has failed to obtain adequate CME for license renewal, acceptable courses of action include:
- A. delay sending in the application for license renewal until the CME is completed.
 - B. claim CME that is planned even if not yet completed.
 - C. send in the application on time, including an accurate CME log, explain the circumstances around not having completed CME requirements, and request an extension.
 - D. send in your renewal leaving CME information blank.
 - E. both A and C.
 - F. all of the above.
 - G. none of the above.
30. Some of the warning signs of substance abuse or addiction in colleagues include:
- A. change in attention level.
 - B. change in temper or temperament.
 - C. change in physical appearance.
 - D. change in performance.
 - E. both A and B.
 - F. both A and D.
 - G. all of the above.
31. What should you do if you become concerned that a patient you are treating is abusing the pain medication you are prescribing?
- A. ignore the potential problem if the pain is severe.
 - B. talk with the patient.
 - C. consider a "contract" regarding use of strong analgesics.
 - D. refer the patient to proper authorities who prosecute substance abuse.
 - E. both B and C.
 - F. both B and D.
 - G. all of the above.
32. Rude behavior by the licensee toward staff could:
- A. undermine patient care by undermining the effectiveness of the healthcare team.
 - B. represent untreated psychopathology in the licensee.
 - C. be the manifestation of untreated addiction.
 - D. cause the patient to be anxious and unable to interact effectively with the licensee.
 - E. both A and C.
 - F. B, C, and D.
 - G. all of the above.
33. In Maine, absent emergency circumstances, with whom can a licensee discuss medical information concerning an adult patient without obtaining consent?
- A. the patient's family, unless prohibited by the patient.
 - B. the patient's employer.
 - C. the patient's attorney.
 - D. a physician or other health care personnel for diagnosis or treatment of the patient.
 - E. Members of the press.
 - F. A and D.
 - G. All of the above.



I affirm that the foregoing answers are mine, and that I alone completed this examination.

AVWOOD
(Applicant signature)

4/14/02
(Date)

015890

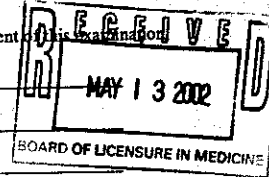
The following are open comment questions to help us evaluate this exam.

34. Through this experience did you learn anything that will be of value in your practice in Maine?

The suggested opioid contract was
helpful

35. If you have suggestions, questions, or other comments regarding the improvement of this examination, please make them here.

none



36. Did you review the enclosed Law/Rule/Policy materials before taking this exam, or did you test your current level of knowledge?

Read the materials first

Did not read the materials first

I did a practice run,
then checked my
answers by reading
the material.

thanks!



1220/3306-0715/13-5

State of Maine
Maine Board of Licensure in Medicine
137 State House Station, 2 Bangor Street
Augusta ME 04333-0137
(207)287-3601
FAX: (207)287-6590

DEPT. OF HEALTH & COMMUNITY SERVICES
MAR 19 2003
BOARD OF REGISTRATION IN MEDICINE

For Ofc Use
Fee: 400
Exempt: _____
Late \$ _____
Date _____
Posted: _____

Application for Maine Medical License Registration

Fee: \$400 UNLESS 70 YEARS OF AGE OR OLDER BY LICENSE EXPIRATION DATE APRIL 30, 2003

Please remit with application by check/money order payable to "Maine Board of Licensure in Medicine". Renewal fee not required if at least age 70, or if withdrawing from license registration.

OK 893

NAME/ADDRESS OF RECORD

Ava R Moskin, MD

License No

015890

Social Security No.

Daytime Phone No.

(207) 000-0000

Date of Birth

Type of Registration Classification for Which Applying:

- (1.) I am applying for an initial license to practice medicine in Maine.
- (2.) I am applying for ACTIVE registration, based on evidence of CME qualification filed with this application.
- (3.) I am applying for INACTIVE registration. I have therefore not submitted evidence of CME qualification. Without prior application to a approval from the Board, I certify that I will not practice medicine in Maine. I certify that I will not provide professional services in Maine in degree, including the writing of prescriptions for myself, family, or friends.
- (4.) I am applying for reinstatement of my Maine license.
- (5.) I request to WITHDRAW my Maine license from registration. I acknowledge that reinstatement is not possible after 5 years. (In order to apply for withdrawal you must complete entire form, date, sign, and return by due date omitting payment of renewal application fee.)

Personal Data Update:

A. If the spelling of your name, social security number, or date of birth preprinted above are not correct, please circle the error and legibly print the correct information.

B. The Board requires BOTH your HOME mailing address and phone and the address and phone of your PRINCIPAL PLACE OF MEDIC PRACTICE. You may designate which of the two you wish to be used for mailings from the Board. Note however that the address design that purpose will also be the address published by the Board in listings and publications available to the general public.

- (6.) Prefer Board contact me at home.

Home Mailing Address

[Redacted]

Home Phone: [Redacted]

If your home address is incorrect, please correct here

[Redacted]

- (7.) Prefer Board contact me at office.

Office Mailing Address

MMC
22 Bramhall St
Portland ME 04102
Office Phone: () -

If your office address is incorrect, please correct here

Planned Parenthood
970 FOREST AVE
PO BOX 1519
Portland, ME 04104

phone # 207 797-8881

Practice Data:

- (8.) At present I practice medicine (check all that apply):
If your practice data is incorrect, please correct in the space provided

- Full Time
- Part Time
- Solo
- Do Not See Patients (i.e., Administrative, Research, Teaching, etc.)
- Hospital-based Practice
- In Partnership or Group
- I Have Retired

- (9.) Primary Specialty: Family Practice
- (10.) Sub-specialty 1: _____
- (11.) Sub-specialty 2: _____
- (12.) I am ABMS Specialty Board certified by: (Board Name): AAFP

Check here if ABMS certified in this specialty

Liability Insurance Data:

Although maintenance of professional liability insurance is not a requirement for Maine licensure, the Board is required to provide data about each licensee's source of insurance, if any, to the Superintendent of Insurance to aid in the administration of the Maine Rural Health Access Program pursuant to PL (1990) Ch. 931.

(Complete Only if Applying for Registration in "Active" status.)

- (13.) Regardless of specialty interest or scope of your medical practice in Maine, do you have in effect a policy insuring you against liability for professional negligence/medical malpractice? Please make changes if appropriate.

Insurance Company (Name, Address)

National Union Fire Insurance Co.
1166 Ave. of the Americas
NY NY 10036

Yes No

Policy #: 6791711

- Check here if premiums for your professional liability are paid by a Hospital or other employer?

Hospital/Employer: Planned Parenthood

Moskin, Ava R
License Number: 015890
Date Certificate Printed: 4/25/2003

CONTINUING MEDICAL EDUCATION REPORTING LOG

For reporting CME credits earned during the 24 months preceeding expiration date 4/30/2003

Maine License Number: 015890

Name: Moskin, Ava R

Please see enclosed sheet.

CATEGORY I

Category I includes programs that have received accreditation by the AMA Council on Medical Education, the Accreditation Council for Continuing Medical Education (ACCME), or the Committee on CME of the Maine Medical Association. [Refer to 32 M.R.S.A. §13 of the Rules and Regulations of the Maine Board of Licensure in Medicine for specific rules and definitions.] Forty (40) CME credits must be in Category I.

ACCREDITED SPONSOR	LOCATION OF ACTIVITY	DESCRIPTION OF ACTIVITY	DATES ATTENDED	CREDITS EARNED

(If you need additional space, please attach separate sheet of paper.)

TOTAL CATEGORY I CREDITS _____

CATEGORY II

Category II includes programs with non-accredited sponsorship, i.e., Medical Teaching, Papers, Books, Publications, and Exhibits. Also included are non-supervised individual CME activities and other Meritorious Learning Experiences. [Refer to 32 M.R.S.A. §13 of the Rules and Regulations of the Maine Board of Licensure in Medicine for more specific rules and definitions.] Sixty (60) Credits Required.

Note: Category I may be substituted for Category II.

TYPE OF ACTIVITY	LOCATION/CITY/STATE	DESCRIPTION OF LEARNING ACTIVITY	DATES OF ACTIVITY	CREDITS

TOTAL CATEGORY II CREDITS _____

AFFIDAVIT: I CERTIFY THIS LOG TO BE A TRUE AND CORRECT REPORT OF MY CME ACTIVITY.

Dated: 3/3/03

Physician Signature: *Ava R Moskin*

TO BE VALID, FORMS MUST BE SIGNED, DATED, WITH THE HOURS TOTALED ON EACH SECTION

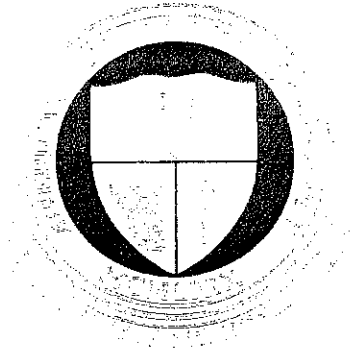
question # 15-11

my medical practice in Maine is limited to contractual outpatient care with Planned Parenthood. Therefore I do not have privileges at a Maine Hospital.

CME Reporting

~~the~~ On July 12, 2002 I successfully completed the AAFP specialty Board exam. According to #13 B.3.b this is equivalent to the CME requirements. Please see copy of certificate.

American Board of Family Practice



Ava Rosalind Moskin, M.D.
having met all its requirements
is hereby certified to be a

Diplomate

of this Board for the period

2002-2009

Robert Ament M.D.
Executive Director and Secretary



L. Thomas Hoag MD
President

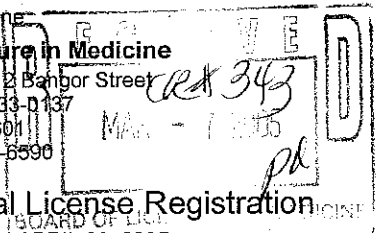


1220/3202-1565/B-17

State of Maine

Maine Board of Licensure in Medicine

137 State House Station, 2 Bangor Street
Augusta ME 04333-0137
(207)287-3601
FAX: (207)287-5590



For Ofc Use

Fee: \$ 400
Exempt: _____
Late \$ _____
Date _____
Posted: _____

Application for Maine Medical License Registration

Fee: \$400 UNLESS 70 YEARS OF AGE OR OLDER BY LICENSE EXPIRATION APRIL 30, 2005

Please remit with application by check/money order payable to "Maine Board of Licensure in Medicine". Renewal fee not required if at least age 70, or if withdrawing from license registration.

NAME/ADDRESS OF RECORD

Ava R Moskin, MD

License No

015890

Social Security No.

[Redacted]

Daytime Phone No.

[Redacted]

Date of Birth

[Redacted]

Type of Registration Classification for Which Applying:

- (1.) I am applying for an initial license to practice medicine in Maine.
- (2.) I am applying for ACTIVE registration, based on evidence of CME qualification filed with this application.
- (3.) I am applying for INACTIVE registration. I have therefore not submitted evidence of CME qualification. Without prior application to and approval from the Board, I certify that I will not practice medicine in Maine. I certify that I will not provide professional services in Maine in any degree, including the writing of prescriptions for myself, family, or friends.
- (4.) I am applying for reinstatement of my Maine license.
- (5.) I request to WITHDRAW my Maine license from registration. I acknowledge that reinstatement is not possible after 5 years. (In order to apply for withdrawal you must complete entire form, date, sign, and return by due date omitting payment of renewal application fee.)

Personal Data Update:

A. If the spelling of your name, social security number, or date of birth preprinted above are not correct, please circle the error and legibly print the correct information.

B. The Board requires BOTH your HOME mailing address and phone and the address and phone of your PRINCIPAL PLACE OF MEDICAL PRACTICE. You may designate which of the two you wish to be used for mailings from the Board. Note however that the address for that purpose will also be the address published by the Board in listings and publications available to the general public.

(6.) Prefer Board contact me at home.

Home Mailing Address

If your home address is incorrect, please correct here

[Redacted]

Home Phone: [Redacted]

(7.) Prefer Board contact me at office.

Office Mailing Address

If your office address is incorrect, please correct here

Planned Parenthood
970 Forest Ave, PO Box 1519
Portland ME 04104
Office Phone: (207) 797-8881

Practice Data:

(8.) At present I practice medicine (check all that apply):

If your practice data is incorrect, please correct in the space provided

- Full Time
- Part Time
- Solo
- Do Not See Patients (i.e., Administrative, Research, Teaching, etc.)
- Hospital-based Practice
- In Partnership or Group
- I Have Retired

Check here if certified in tl

(9.) Primary Specialty: Family Practice

(10.) Sub-specialty 1: _____

(11.) Sub-specialty 2: _____

(12.) I am ABMS Specialty Board certified by:

(Board Name): American Board of Family Practice

Liability Insurance Data:

Although maintenance of professional liability insurance is not a requirement for Maine licensure, the Board is required to provide data about each licensee's source of insurance, if any, to the Superintendent of Insurance to aid in the administration of the Maine Rural Health Access Program pursuant to PL (1990) Ch. 931. (Complete Only if Applying for Registration in "Active" status.)

(13.) Regardless of specialty interest or scope of your medical practice in Maine, do you have in effect a policy insuring you against liability for professional negligence/medical malpractice? Please make changes if appropriate.

Insurance Company (Name, Address)

Yes No

National Union Fire Insurance

Policy #: 6794744 6793286

Check here if premiums for your professional liability are paid by a Hospital or other employer?

Hospital/Employer: Planned Parenthood

#1 MARSH USA INCORPORATED

#2 LANDMARK AMER. INSUR. CO #LHM 705893

*** Please Continue with Entries on Reverse of this Page ***

pd by MABEL WADSWORTH WOMEN'S HEALTH CTR

Moskin, Ava R
License Number: 015890
Date Certificate Printed: 4/20/2005

Background Data

(All Applicants Must Complete)

(14.) Other than in Maine, I currently hold, or I have at one time held, a permanent license to practice medicine in the following states (or territories) of the United States or provinces of Canada (exclude temporary, Locum tenens, or permits/certificates allowing training in the capacity of clinical clerk, intern, resident, or fellow): (Please make corrections to information below)

State	Certificate#	Expiration Date	Present Status
Massachusetts	8727	06/30/2002	Active
Vermont	0600002775	06/30/2001	Expire

Please add to or correct any of the entries listed at left:

213854 4/7/05 expired

I have never held a permanent medical practice license except in Maine.

(15.) Have you ever: (Circle the appropriate response.)

- (15-1) Had any state or territory of the U.S. or province/territory of Canada EVER deny your application for any license, taken any disciplinary action against the license issued to you in that jurisdiction (including but not limited to warning, reprimand, fine, suspension, revocation, or restrictions in permitted practice, probation with or without monitoring?) (NO) YES
 - (15-2) Left a medical licensing jurisdiction while allegations were pending? (NO) YES
 - (15-3) Been denied registration by the U.S. Drug Enforcement Administration (DEA) or has your DEA Registration ever been modified, restricted, suspended, or revoked? Has any state or province denied, restricted, modified, suspended, or revoked your state permit to prescribe or dispense controlled substances? (NO) YES
 - (15-4) Received a sanction from Medicare or from a state Medicaid program? (NO) YES
- SINCE LAST RENEWAL, HAVE YOU HAD ANY OF THE FOLLOWING OCCURRENCES? (Circle the appropriate response.)
- (15-5) Suffered from any physical, psychiatric, or addictive disorder that would impair or require limitations on your functioning as a physician or resulted in an inability to engage in the practice of medicine for more than 30 days? (NO) YES
 - (15-6) Been indicted, arrested or convicted of any criminal offense (including motor vehicle offenses but not including minor traffic or parking violations)? (NO) YES
 - (15-7) Hospital (or similar health care institution) privileges which had previously been granted to you were suspended, restricted, withdrawn involuntarily; or, you voluntarily surrendered privileges or resigned from staff membership while under peer review? (NO) YES
 - (15-8) Disciplined by a professional society or resigned while accusation was pending? (NO) YES
 - (15-9) A pending claim or suit alleging malpractice liability, a claim settlement by negotiation/arbitration, or judgement by a court in a claim of medical malpractice liability in which you are/were named as a defendant with any degree of liability including "nuisance" suits and including settlements made by your insurance company/representatives without your express consent? (see Instructions) (NO) YES
 - (15-10) Been notified by the licensing board of any state or province of Canada of the existence of allegations, filed with or by that board, and those allegations are not now dismissed by a finding of that board that the allegations were without merit? (Note: accusations which remain open as of the date of this application require a "Yes" response and explanation.) (NO) YES
 - (15-11) Do you practice medicine within the State of Maine without "active" medical staff privileges at a Maine hospital? NO (YES)
 - (15-12) Do you practice medicine in a state or province other than Maine without "Active" medical staff privileges at a hospital operating in the jurisdiction where you practice? (NO) YES

(Any "Yes" response must be explained fully on a separate, attached 8 x 11 sheet of paper cross-referenced by question number.)

Note: Any missing entry will render this application incomplete and may subject you to a late application charge of \$100. Also failure to enclose the appropriate renewal application fee or provide evidence of CME qualification if applying for ACTIVE status will render your application incomplete.

AFFIDAVIT OF APPLICATION

(All applicants must personally sign and date whether applying for "active" or "inactive" registration of license or requesting withdrawal of registration.)

I affirm under penalties of perjury that all information entered and responses given on this application are true and accurate to the best of my knowledge and belief. I understand that any false statement may be found to be a ground for discipline of my license to practice medicine in Maine pursuant to 32 M.R.S.A. §3282-A(2). I acknowledge my responsibility to notify the Maine Board of Licensure in Medicine of any subsequent change in my status from that reported here and, in particular, to notify the Board within 10 days of a change in my place of medical practice or place of residence.

Date: 2/26/05 Signature: [Signature] M.D.
 Typed or Printed Name: AVA MOSKIN M.D.

For Ofc Use

Staff Rev Date: 4/19/05 Recommendation: [Signature] (15-11)

Staff Rev Date: _____ Recommendation: _____

CONTINUING MEDICAL EDUCATION REPORTING LOG

For reporting CME credits earned during the 24 months preceeding expiration date 4/30/2005

License began
9/02 = 20 months

Maine License Number: 015890

Name: Moskin, Ava R

AM

CATEGORY I

Category I includes programs that have received accreditation by the AMA Council on Medical Education, the Accreditation Council for Continuing Medical Education (ACCME), or the Committee on CME of the Maine Medical Association. [Refer to 32 M.R.S.A. §13 of the Rules and Regulations of the Maine Board of Licensure in Medicine for specific rules and definitions.] Forty (40) CME credits must be in Category I.

ACCREDITED SPONSOR	LOCATION OF ACTIVITY	DESCRIPTION OF ACTIVITY	DATES ATTENDED	CREDITS EARNED
NAF	Seattle, WA	Post graduate Seminar	4/6/03	6
MHPRC	Augusta, ME	Conference	9/13/03	6.5
MMC	Portland, ME	Conference	10/3/03	5
AAFP	home	CME quizzes	1/03-10/03	36
AAFP	Kansas City, Mo	Leadership Forum	5/02/03	9
AAFP	home	CME quizzes	1/04	32
GLFHC	LAWR, Ma	Grand Rounds	1/03-10/03	2

(If you need additional space, please attach separate sheet of paper.)

TOTAL CATEGORY I CREDITS 96.5

CATEGORY II

Category II includes programs with non-accredited sponsorship, i.e., Medical Teaching, Papers, Books, Publications, and Exhibits. Also included are non-supervised individual CME activities and other Meritorious Learning Experiences. [Refer to 32 M.R.S.A. §13 of the Rules and Regulations of the Maine Board of Licensure in Medicine for more specific rules and definitions.] Sixty (60) Credits Required.

Note: Category I may be substituted for Category II.

TYPE OF ACTIVITY	LOCATION/CITY/STATE	DESCRIPTION OF LEARNING ACTIVITY	DATES OF ACTIVITY	CREDITS
Teaching	UNE med school Biddeford, ME	Lecture to med students	10/21/04	1 hr
Teaching	EMMC Bangor, ME	lecture to FP residents	12/15/04	1 hr

TOTAL CATEGORY II CREDITS 2

AFFIDAVIT: I CERTIFY THIS LOG TO BE A TRUE AND CORRECT REPORT OF MY CME ACTIVITY.

Dated: 2/26/05

Physician Signature: *Ava R Moskin*

TO BE VALID, FORMS MUST BE SIGNED, DATED, WITH THE HOURS TOTALED ON EACH SECTION

Instructions for Completing Application for Maine Medical License Registration Renewal

The following definitions and instructions are intended to help you complete the Maine Board of Licensure in Medicine application form. If after reviewing the instructions you have questions, please do not hesitate to call the Board. The Board, which licenses and reregisters in two (2) year increments, now reregisters based on the month of birth. Because of this, fees and CME requirements will be prorated during your initial licensure period. Once your first renewal (on your month of birth) is complete you will be on the regular cycle for fees and CME.

Type of registration Classification for Which Applying (select only one):

NEW APPLICATION: This category applies to physicians who are applying for an initial license to practice medicine in Maine or those who have withdrawn their license or have allowed it to lapse for more than five (5) years.

ACTIVE: Intend to provide professional medical services to patients within Maine's borders, on either a full or part time basis. To qualify for active registration, you must file a log of CME activities satisfactory to the Board showing a minimum of 40 AMA Category I and 60 AMA Category II CME credits earned during the previous licensing period.

INACTIVE: Applies to all others wishing to keep their Maine license in force but who do not intend to provide professional services to patients within Maine's borders. A renewal application processing fee is required. Note that registration in inactive status precludes even limited medical practice within Maine, including giving professional advice or writing prescriptions for friends, family, or self. Physicians who check box 3, by signing the application affidavit at the end of the form, have affirmed to the Board that they will refrain from medical practice within the state unless and until they have first submitted acceptable evidence of recent CME activity and received a new Certificate of Registration in Active classification. Physicians registered INACTIVE may not subsequently commence medical practice within Maine without first submitting a log of recent CME activities to qualify for change in registration to ACTIVE status. This may be done by letter at any time during the registration period.

REINSTATEMENT: This category applies to physicians who have allowed their license to lapse or who have withdrawn from licensure for no more than five (5) years. If lapsed or withdrawn for more than five (5) years a complete new application is required.

Request to WITHDRAW: Physicians who wish to discontinue Maine licensure may use this Registration Renewal Application to request approval from the Board to do so.

Payment application fee is not required with an application to withdraw from license registration. The application form must however be completed and accepted by the Board before withdrawal is effected. Note that a Maine license, once withdrawn, may not be reinstated after 5 years. The licenses of some other states may become void if granted in reciprocity with a Maine license which is withdrawn from registration.

Liability Insurance Data:

Must be completed if applying for registration in ACTIVE classification. Information you supply here is required by PL(1990), Chapter 931, regarding the Maine Rural Health Access Program. It will be reported to the Maine Superintendent of Insurance for administration of this program as provided in that law. Maintenance of professional liability insurance is not a requirement to maintain a Maine medical license in force.

Background Data:

Item 14 asks you to list any permanent medical practice license from any state or Canadian province which you have ever held, whether or not it is still in force. Please do not list training permits or temporary/locum tenens licenses which you have been issued. If you were ever denied a license, see Items 15-1.

Items 15-1 through 15-4 refer to events which may have occurred at any time since you completed your medical education and commenced your medical career.

Items 15-5 through 15-12 ask you to disclose events which have occurred since your last renewal. You need not report again matters which were disclosed on previous applications unless you feel it would be helpful to our understanding of your current qualification for medical practice. For example, you need not report a malpractice claim which arose and was settled prior to your last renewal. On the other hand, a claim filed in 1986 which was closed by a settlement since your last renewal should be reported. If this is your first renewal disclose all data.

For any "Yes" response, please provide a supplemental explanation in sufficient detail for the Board to understand the nature and seriousness of the problem and how it has been or is being resolved. For example:

Item 15-5 asks for disclosure with explanation of physical, psychiatric or addictive disorder which might reasonably be considered impairing for safe and unlimited medical practice unless the Board can confirm that you are either fully recovered or have taken adequate measures to compensate for any residual limitations. For physical or psychiatric problems, please give diagnosis, prognosis and residuals, any current limitations on scope of practice, and name and address of treating physician who can confirm current fitness to continue practice. Board will inform you if clinical records or report are required. If you reported an impairing addictive disease on your registration application for a prior registration period, please so indicate and limit response to methods and progress in recovery since your last renewal. Physicians residing in Maine, whether or not they are current members of the Maine Medical Association, may obtain a confidential consultation with the Maine Medical Association's Committee on Physician Health by calling (207) 623-9266.

Item 15-9, regarding professional liability claims experience, is the question most likely to generate follow up letters from Board staff and delay in your license renewal if not answered completely. Report all claims of which you have been noticed since last renewal. As well, report all claims since your last renewal from which you were dismissed as a defendant or for which your insurance company made a settlement of any kind with the plaintiff or any claim for which a court found you liable in any degree. (Claims against a professional corporation are considered a claim against the individual licensee who provided the professional services in dispute.) To be complete, your supplemental explanation must include, for each such claim reported, a full description using the format of the following fictitious example:

Identity of Case: Burns v. John B. Doe, MD, Samuel E. Smith, MD, Topeka Women's Hospital, Inc. et al.; Kansas Third Circuit Court, Topeka, Case #89-10203

Date/Place of Original Occurrence: June 4, 1990, Topeka Women's Hospital

Cause Alleged by Claimant: Delayed diagnosis of ectopic pregnancy.

Summary of my Defense: I was a PGY II resident at the time. Dr. Samuel E. Smith, Chief of Obstetrics, Topeka Women's Hospital was attending physician in the case. I was named in the claim because my name appears in the chart as the physician ordering ultrasonography on first hospital day.

Current Status of Case: Although a motion to dismiss me as a defendant is pending, my insurance company has offered a settlement on my behalf of \$15,000 on February 14, 1992. I have been told the plaintiff rejected this and the claim is still pending.

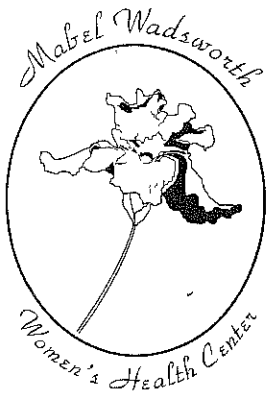
Name and Address of Insurance Company/Attorney Defending Case: Great Plains Physicians' Mutual Indemnity, Attn: Jim Brown, Claims Manager, 4321 Ketcham Blvd. Rock Springs, SD 79104. I am also represented by William B. Eagle, Eagle, Hare P.A., 44 West River Drive, Suite 200, Topeka, KS 60301.

In conclusion, the Board's staff is available by phone at (207) 287-3604, Monday through Friday, 8 am to 4:30 pm, Eastern Daylight Time.

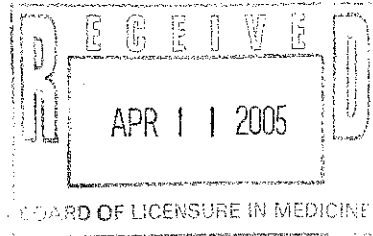
addendum to application
for Ava Moskine MD

#15-11 1 practice outpatient medicine

~~ADDO~~



APRIL 1, 2005



Dear Barbara Eckhart

Hello. per our discussion earlier today
I am submitting an additional 2 hours of
CME type II activity

March 26 2.5 hrs lecture to medical students
at UNE Biddeford, Me

Thanks!

AVA MOSKWIN MD

(207) 207-6590

STATE OF MAINE
BOARD OF LICENSURE IN MEDICINE
137 STATE HOUSE STATION
AUGUSTA, ME 04333-0137
(207) 287-3604

4

ATTENTION: MD Renewal Specialist

TO: Ava R. Moskin, MD

License # 015890

DATE OF RETURN: 4/12/05

Your license renewal application is being returned as administratively incomplete pursuant to 32 M.R.S.A. §3280. Please correct or provide the necessary information as indicated below and return the completed form to the Board of Licensure in Medicine.

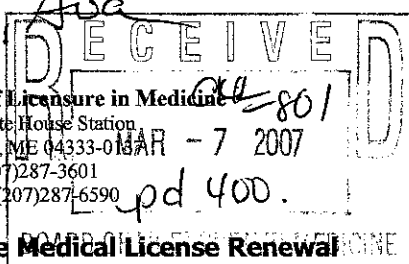
REASON FOR RETURN:

- Failed to date and sign form.
- Failed to remit _____ license application fee.
- Please remit \$100. late fee. The law provides that the Board assess a fee in addition to the renewal fee when it is necessary to write to a licensee about an incomplete or missing renewal application after expiration of license.
- Requested **Active** status but failed to provide summary of CME activity on CME log to qualify for **Active** status (see Board Bulletin for sample).
- Please provide documentation for Category I credits reported on your form as listed below.
- Failed to answer question (s) _____, or provide the following data:

Please submit 1.5 more hours
of CME. Maybe in Cat II.

AN ADMINISTRATIVELY COMPLETE APPLICATION FORM, ALL FEES DUE, AND ANY OTHER INFORMATION REQUESTED ABOVE MUST BE RECEIVED AT THE BOARD OFFICE WITHIN THE NEXT TEN DAYS.

Masken Ave



Fee: 400
Exempt: _____
Late: _____

**M.D. License
Renewal
Fee: \$400.**

Maine Board of Licensure in Medicine
137 State House Station
Augusta, ME 04333-0137
(207)287-3601
Fax: (207)287-6590

Application for Maine Medical License Renewal

Fee: Please remit with application by check/money order payable to "Maine Board of Licensure in Medicine". A renewal fee is not required if you are age 70 or older, or if you are withdrawing from license registration.

Note: Any missing entry will render this application incomplete and may subject you to a late application charge of \$100. Also failure to enclose the appropriate renewal application fee, or report CME qualification if applying for ACTIVE status, will render your application incomplete.

Name: AVA MOSKIN License No: 015890 Social Security No: [REDACTED]
Address: [REDACTED] Daytime Phone No: () - [REDACTED] Date of Birth: [REDACTED]
Email address: [REDACTED]

Type of Licensure Status for Which Applying:

- 1. I am applying for renewal of my license in ACTIVE status, based on evidence of CME qualification filed with this application.
- 2. I am applying for renewal of my license in INACTIVE status. I have therefore not submitted evidence of CME qualification. Without prior application to and approval from the Board, I will not practice medicine in Maine or provide professional services in Maine, including writing of prescriptions for myself, family, friends, or anyone. I must still pay the renewal fee.
- 3. I am applying for reinstatement of my Maine license.
- 4. I request to WITHDRAW my Maine license from registration. I acknowledge that reinstatement is not possible after 5 years. (In order to apply for withdrawal you must complete entire form, date, sign, and return by the due date, omitting payment of renewal application fee.)

Personal Data Update:

A. The Board requires BOTH your HOME mailing address and phone #, and the address and phone # of your PRINCIPAL PLACE OF MEDICAL PRACTICE. You may designate which of the two you wish to be used for mailings from the Board. Note however that the address you designate for that purpose will also be the address circulated by the Board in listings and publications available to the general public, in the Internet.

5. I prefer Board contact me at home.
Home mailing address

If your home address is incorrect, please correct here:

[REDACTED]
Telephone: [REDACTED]

6. I prefer Board contact me at office.
Office mailing address

If your office address is incorrect, please correct here:

~~700 MT. HOPE AVENUE suite 4~~
PO BOX 918
BANGOR ME 04402
Telephone: (207) 947-5337

PRACTICE DATA: If your practice data is incorrect, please correct in the space provided.

- 7. At present I practice medicine (check all that apply):
- Full Time Hospital-based Practice Solo Do not see patients (i.e. Administrative, Research, Teaching, etc.)
- Part Time In Partnership or Group Retired

List Specialties and check the box if ABMS certified in any specialty.

- 8. Primary Specialty: FAMILY MEDICINE
- 9. Specialty 2: _____
- 10. Specialty 3: _____
- 11. Specialty 4: _____

LIABILITY INSURANCE DATA:

Although maintenance of professional liability insurance is not a requirement for Maine licensure, the Board is required to provide data about each licensee's source of insurance, if any, to the Superintendent of Insurance to aid in the administration of the Maine Rural Health Access Program pursuant to 24-A MRSA, Ch. 75, § 6304, (3).

12. Please check the appropriate box to indicate the method you employ to secure professional medical malpractice liability insurance. If you have no coverage check "Self Insured": Self Insured (See Instructions, Page 4) Physician Paid Employer Paid

Insurance Company (Name/Address):
#1 medical mutual
SARGENT, TYLER + WEST
100 S. MAIN ST PO BOX 188
BREWSTER, ME 04412

If you checked off "Employer Paid", please enter the name of the employer who or which paid your premiums here: Mabel Wadsworth Women's Health Center
Policy #: MEGRP 003206

#2 National Union Fire Insurance paid by: Planned Parenthood of Northern New England
February 20, 2007 1166 AVE OF AMERICAS
NY NY 10021
Board of Licensure in Medicine
Policy # 6793286

Moskin, Ava, R
License Number: 015890
Issue Date: April 04, 2007

1114614

BACKGROUND DATA:

(All Applicants must complete)

13. Other than in Maine, I currently hold, or I have at one time held, a permanent license to practice medicine in the following states (or territories) of the United States or provinces of Canada (exclude temporary, Locum tenens, or permits/certificates allowing training in the capacity of clinical clerk, intern, resident, or fellow): (Please make corrections to information below)

State	Certificate #	Expiration Date	Present Status	State	Certificate #	Expiration Date	Present Status
Ma	213859	4/07/2005	expired				

I have never held a permanent medical practice license except in Maine.

14. Circle each appropriate response. Every "YES" response must be fully explained by written statement on a separate 8 1/2" x 11" sheet of white paper. Each explanation must be referenced by question number, signed, dated, and enclosed with your application.

HAVE YOU EVER:

- YES NO 14.1 Had ANY licensing authority (INCLUDING MAINE) deny your application for any type of license, or take any disciplinary action against the license issued to you in that jurisdiction, including but not limited to warning, reprimand, fine, suspension, revocation, restrictions in permitted practice, probation with or without monitoring?
- YES NO 14.2 Been notified of the existence of allegations involving you, filed with or by ANY licensing authority (INCLUDING MAINE), which allegations remain open as of the date of this application?
- YES NO 14.3 Left a medical licensing jurisdiction (INCLUDING MAINE) while a complaint or allegation was pending?
- 14.4 Been denied registration or had your ability to prescribe or dispense controlled substances modified, restricted, suspended, revoked, or voluntarily suspended by
 - YES NO a) U. S. Drug Enforcement Administration (DEA)?
 - YES NO b) Any state/territory of U. S. INCLUDING MAINE?

SINCE YOUR LAST APPLICATION:

- YES NO 14.5 Have you received a sanction from Medicare or from any state Medicaid program?
- YES NO 14.6 Have you suffered from any physical, psychiatric, or addictive disorder that would impair or require limitations on your functioning as a physician or that resulted in the inability to practice medicine for more than 30 days?
- YES NO 14.7 Have you been charged, summonsed, indicted, arrested, or convicted of any criminal offense (including motor vehicle offenses but not including minor traffic or parking violations)?
- YES NO 14.8 Have you applied for hospital, HMO or other health care entity privileges which were denied?
- YES NO 14.9 Have you had your hospital, HMO, or other health care entity privileges revoked, suspended, restricted, limited in any way, or withdrawn involuntarily?
- YES NO 14.10 Have you voluntarily surrendered privileges or resigned from staff membership during peer review or investigation or to avoid peer review or investigation?
- YES NO 14.11 Have you been deselected from a managed care organization physician panel?
- YES NO 14.12 Have you been disciplined by a professional society or resigned while accusation was pending?
- YES NO 14.13 Have you had a claim or suit alleging malpractice liability in which you are/were named as a defendant, including "nuisance" suits settled, adjudicated by a court in favor of the other party, or settled by your insurance company /representatives without your express consent?
- YES NO 14.14 Do you have any open malpractice claims?
- YES NO 14.15 Do you practice medicine within the State of Maine without active medical staff privileges at a Maine hospital?

AFFIDAVIT OF APPLICANT:

(All applicants must personally sign and date whether applying for "active" or "inactive" renewal of license or requesting withdrawal of licensure status.) I have carefully read the questions in this application and have answered them completely, without reservations of any kind, and declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of my license to practice medicine and surgery in the state of Maine, or other discipline as the Board may determine. I acknowledge my responsibility to notify the Maine Board of Licensure in Medicine of my subsequent change in my status from that reported here and, in particular, to notify the Board within 10 days of a change in my place of medical practice or residence.

Date: 3/6/2007 Signature: *Ava Moskin*, MD

Typed or Printed Name: AVA MOSKIN, MD

For Office Use Only: Staff Rev Date: 4/4/07 Recommendation: *A*

CONTINUING MEDICAL EDUCATION REPORT

For reporting CME credits earned during the previous 24 months.

100 credit hours are required to renew your license in active status, at least 40 of which must be Category I

The Board will routinely and regularly audit CME credits claimed. Failure to provide proof of CME credits claimed upon request by the Board may be grounds for discipline.

Therefore, it is vitally important that you retain documentation of all CME claimed.

CATEGORY I

Category I includes programs that have received accreditation by the AMA Council on Medical Education, the Accreditation Council for Continuing Medical education (ACCME), or the Committee on CME of the Maine Medical Association. [Refer to Chapter 1, §13 of the Rules of the Maine Board of Licensure in Medicine for specific definitions. See <http://www.maine.gov/sos/cec/rules/02/373/373c001.doc>] Forty (40) CME credits must be in Category I. Category I CME's earned outside the U.S. or Canada must be approved by the Board; therefore such activities must be separately documented.

Total Category I Credits Earned 114

CATEGORY II

Category II includes programs with non-accredited sponsorship, i.e., Medical Teaching, Papers, Books, Publications, and Exhibits. Also included are non-supervised individual CME activities and other Meritorious learning Experiences. [Refer to Chapter 1, §13 of the Rules of the Maine Board of Licensure in Medicine for specific definitions. See <http://www.maine.gov/sos/cec/rules/02/373/373c001.doc>] Sixty (60) CME credits are required.

NOTE: Category I may be substituted for Category II.

Total Category II Credits Earned 11

Please note that 32MRSA, §3282-A,2,(A) states that ground for discipline includes the practice of fraud or deceit in obtaining a license.

AFFIDAVIT: I CERTIFY THAT THIS IS A TRUE AND CORRECT REPORT OF MY CME ACTIVITY.

Date: 3/6/07 Physician Signature: 

Typed or Printed Name: AVA MOSKIN, MD

STATE OF MAINE
BOARD OF LICENSURE IN MEDICINE
137 STATE HOUSE STATION
AUGUSTA ME 04333-0137
(207) 287-3782
FAX (207) 287-6590

ATTENTION FROM: MD Renewal Specialist

TO: Ava Moskin, MD

License # 015890

DATE OF RETURN: March 19, 2007

Your license renewal application is being returned as administratively incomplete pursuant to 32 M.R.S.A. §3280. **Please correct or provide the necessary information as indicated below and return the completed form to the Board of Licensure in Medicine.**

REASON FOR RETURN: 14.15- you answered yes to this question please provide an explanation.

AN ADMINISTRATIVELY COMPLETE APPLICATION FORM, ALL FEES DUE, AND ANY OTHER INFORMATION REQUESTED ABOVE MUST BE RECEIVED AT THE BOARD OFFICE WITHIN THE NEXT TEN DAYS.



Ava Moskin MD
License # 015890
Mabel Wadsworth Women's Health Center
PO Box 918
Bangor ME 04402
Ph. (207) 671-3009
Fax (207) 947-9163

State of Maine
Board of Licensure in Medicine
137 State House Station
Augusta ME 04333-0137

To Whom it May Concern,
My practice is wholly outpatient, therefore obviating the need for inpatient staff privileges.

Sincerely,

4/4/07

Ava Moskin MD

Mabel
Wadsworth
Women's
Health
Center



FAX TRANSMITTAL SHEET

DATE: 4/4/07

TO: MD Renewal specialist

COMPANY: B. O. M.

FAX#: (207) 287-6590

FROM: AVA MOSKIN MD

FAX# 207-947-9163

PAGE 1 OF 2

MESSAGE: Re: License # 015890

*Mabel
Wadsworth
Women's
Health
Center*

THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS PRIVILEGED AND CONFIDENTIAL AND ONLY INTENDED FOR THE USE OF THE INDIVIDUAL OR ENTITY ABOVE NAMED. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION, OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US AT THE BELOW ADDRESS VIA THE U.S. POSTAL SERVICE. THANK YOU

If all pages are not received, please call 207-947-5337.

Veinott, Tammy L

From: mike@informe.org
Sent: Wednesday, March 04, 2009 10:52 PM
To: kim@informe.org; jgrace@informe.org; Fike, Mike J; BOM-Renewal
Subject: MBLM - New Registrant - Moskin-015890

User: Ava Moskin
License#: 015890
Renewal Status: Active
Renewal Confirmation: 7655808 ✓ OK
Renewal Approved: N
Approved Reason: Applicant had at least one yes response in the questionnaire.

Reported CME credits:
Cat1: 60 credits
Cat2: 60 credits

Reported Insurance Information:
Method: physician
Employer:
Company Name: National Union Fire Insurance
Ins#: 6791711

Moskin, Ava
License #: 015890

Veinott, Tammy L

From: mike@informe.org
Sent: Wednesday, March 04, 2009 10:50 PM
To: kim@informe.org; jgrace@informe.org; Fike, Mike J; BOM-Renewal
Subject: MBLM - Questionnaire - Moskin-015890

User: Ava Moskin
License#: 015890

Do you practice medicine within the State of Maine without active medical staff privileges at a Maine hospital?

"yes, my practice is wholly outpatient."
=====

Veinott, Tammy L

From: mike@informe.org
Sent: Wednesday, March 02, 2011 10:36 AM
To: mike@informe.org; jgrace@informe.org; kim@informe.org; Fike, Mike J; BOM-Renewal; Veinott, Tammy L
Subject: MBLM - New Registrant - Moskin-015890

User: Ava Moskin
License#: 015890
Renewal Status: Active
Renewal Confirmation: 20673808
Renewal Approved: N
Approved Reason: Applicant had at least one yes response in the questionnaire.

Reported CME credits:
Cat1: 65 credits
Cat2: 60 credits

Reported Insurance Information:
Method: employer
Employer: Mabel Wadsworth Women's Health Center
Company Name: Mutaul Medical of Maine
Ins#: megrp003206



Moskin, Ava
License # 015890

Veinott, Tammy L

From: mike@informe.org
Sent: Wednesday, March 02, 2011 10:33 AM
To: mike@informe.org; jgrace@informe.org; kim@informe.org; Fike, Mike J; BOM-Renewal; Veinott, Tammy L
Subject: MBLM - Questionnaire - Moskin-015890

User: Ava Moskin
License#: 015890

20. Do you practice medicine within the State of Maine without active medical staff privileges at a Maine hospital?

"I work in an out-patient position."
=====