

**SUSAN F. SMITH, MD**

11/21/2012 7:39:08 AM

**DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION
BOARD OF LICENSURE IN MEDICINE**

MEDICAL DOCTOR

License Number: **MD15518**
 Status: **Failed to Renew**
 First Licensure: **02/08/2001**
 Expiration Date: **04/09/2012**

History

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

License Type	Start Date	End Date
*** NOT ACTIVE ***	02/01/2012	04/09/2012
MEDICAL DOCTOR	01/11/2010	01/31/2012

License Suspension for Non-Renewal

Start Date	End Date
03/08/2012	04/09/2012

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
Obstetrics and Gynecology	ABMS Board Member certified

License/Disciplinary Action

No Records.

GENERAL INFORMATIONGender: **Female****Other Addresses** (1 record) [hide](#)

Address	Type
VERMONT GYNECOLOGY 1775 WILLISTON RD SOUTH BURLINGTON, VT 05403-6491	Business

Education (1 record) [hide](#)

Type	Completion Date	Provider
MD	06/01/1976	UNIVERSITY OF MICHIGAN, ANN ARBOR MI

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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015516

MacLure
11/24/2001

MAINE MEDICAL LICENSE APPLICATION FLOWSHEET

LIC #: 015518
ISSUED: 03-08-2001
EXPIRES: 01-31-2001Permanent ☒ Temporary ☐ Locum Tenens ☐ Educational ☐Time Frame: ☐ Letter of Need ☐Camp ☐ Name/Location: ☐Relinquishment ☐ Lapsed/Withdrawn Date: ☐ Lapsed Letter: ☐ Active: ☐ Inactive: ☐

DATE APP REC'D: 9/25/2000 APP FEE PD: \$ 350 Rec'd: 9/25/2000

PROBATED LIC FEE PD: \$ 168. Rec'd: 2-6-01

NAME: Susan Fy Smith MD

SSN: [REDACTED]

PLACE/DATE OF BIRTH: San Francisco, CA

MEDICAL SCHOOL: U of ME

Date: 2/25/97

DATE GRAD: 1976
SPECIALTY: [REDACTED]

LICENSE EXAM:

BASED ON

ON FILE

NUMBER/PLACE

FMGEMS/ECFMG

FIFTH PATHWAY

AM BD CERT

USMLE

NBME

1, 2, 3

3-168-27-1

FLEX

STATE

LMCC

BRITISH ISLES

NABP PRACTICE

OTHER PERSONAL DATA

1/14

TRANSCRIPT/DIPLOMA

Yrs

STATE VERIFICATIONS

SIH

F501B

NPDR

PGY LTRS

REFERENCE LETTERS

2

2000 10/10/01

STILL NEED:

Fees, Filing

Comments:

[REDACTED]

R. MANNING

DATE

APPROVAL

DATE

LIC CON

LIST A

LIST B

LIST C

AGENDA DATE

COMMENTS:

BOARD APPROVED

YES

NO

APPROVAL DATE

EXAMINER

ORAL EXAM DATE

1-24-01

11/14/2000

11/14/2000

11/14/2000

015518

SUSAN F SMITH MD



015516

Maine Board of Licensure in Medicine
Medical Practice License Registration
Expiration Date: January 31, 2002

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 February 8, 2001 through January 31, 2002 pursuant to Title 32, Maine Revised Statutes of 1964, Chapter 48, 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 assisted the Board of his/her Continuing Medical Education qualification in compliance with Board Rules, Chapter 1, Section 13.

LICENSEE NAME:

Smith, Susan F., MD
23 Mansfield Ave
Burlington VT 05401

MAINE LICENSE CERTIFICATE #:

015518



[Signature]
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: Susan F. Smith, MD
Maine License #: 015518
Expiration Date: 01/31/2002

This physician named is licensed for the practice of medicine and surgery in the State of Maine. The registration of this license is subject to the provisions of the Maine Medical Practice Act, Chapter 48, as amended. See reverse side for limitations and conditions of license. 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 question about your Maine license record.



STATE OF MAINE
BOARD OF LICENSURE IN MEDICINE
137 STATE HOUSE STATION
AUGUSTA, ME 04333-0137

APPLICATION FOR LICENSE TO PRACTICE MEDICINE

SEP 25 2000

CLERK

30

015518

APPLICATION DATE: 9/21/00

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: SMITH Susan Last First Middle

Address: 23 Mansfield Ave

City: Burlington State: Vt Zip: 05401

Social Security Number: [REDACTED] Daytime Telephone: (802) 863-3901

Will you practice in Maine within the next year? ☐ Yes ☐ No If yes, in what community? _____

AFFIDAVIT OF APPLICANT
I, Susan Fay Smith, MD, being duly sworn, depose and say that I am the person described and

certified in this application.

I have carefully read the questions in this application and have answered them completely, without reservations of any kind, and I 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 present), business and professional associates (past and present) and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to this licensing Board any information, files or records required by the Board for its evaluation of my professional and ethical qualifications for licensure in the State of Maine.

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

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 OVER A PORTION OF A PHOTOGRAPH.

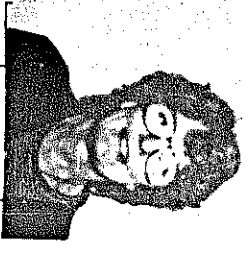
Subscribed and sworn before me this

date: September 21 2000

Notary Signature: Christina L. Bonnard

Notary Public for the State of Vermont

My Commission Expires February 10, 2003



Signature of Applicant

3 MEDICAL LICENSURE

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

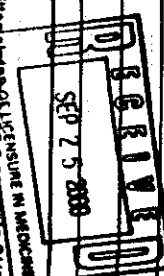
Date Cert No. Status Date Expires
 Vermont 042-0005990 active 11/30/2000
 New Hampshire 9340 active 6/30/2001

015516

State Exam No.

3 PERSONAL DATA

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



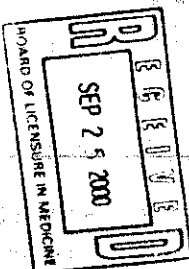
1. Have you EVER had any state or territory of the U.S., including Maine or province/territory of Canada, deny your application for any type of license, or take any disciplinary action against the license issued to you in that jurisdiction (including but not limited to warning, reprimand, fine, suspension,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

015515

You may photocopy this page, if necessary.

RECEIVED
SEP 25 2000
BUREAU OF THE INSPECTOR GENERAL

015518
WOMEN'S CHOICE
GYNECOLOGIC ASSOCIATES



July 25, 2000

State of Maine - Board of Licensure in Medicine

RE: Non Suit

Because it has been brought to my attention that a harrasing non suit had been carried on PHICO's records as an open case, closed on 8/1/96, I am enclosing copies of correspondence from my lawyers to Scott Liebel of PHICO Insurance Company regarding that non suit.

I examined the child of the plaintiff, brought in by her mother on 2/4/93, because the child had disclosed sexual abuse, perpetrated by her father, the plaintiff in the non suit. I can send you copies of the letters from the plaintiff which demand information and threaten suit if I do not reply within X days to his questions. On advice from the state's attorneys, I wrote to him to explain that I would be happy to answer his queries at deposition. No suit was ever brought against me (I was never served). PHICO opened a file because of these threatening letters. The plaintiff was subsequently convicted of child sexual abuse and agreed to drop his claims against me and the hospital. I was notified that PHICO closed this file in August 1996.

I hope that this information clarifies any questions which might arise should you find that PHICO had carried an open case with my name on it. If You have any questions, please feel free to call me at 802 863 9001.

Sincerely yours,

Susan F. Smith

Susan F. Smith, M.D.
SFS/as
Enclosures

015518
PAUL, FRANK & COLLINS, INC.
 ATTORNEYS AT LAW

Mr. Allen Paul
 Peter M. Collins
 John T. Sartore (NY)
 Michael F. Fize
 Anthony B. Lamb
 John D. Port
 Robert G. Collins (NY)
 Stephen J. Spole (NH)
 Carl E. Flaster
 Kenneth K. Appleby (DC, MD)

ONE CHURCH STREET
 P.O. BOX 1307
 BURLINGTON, VERMONT 05402-1307
 TELEPHONE (802) 658-2311
 TELECOPIER (802) 658-0042

Stephen G. Neenan
 Christopher McViech (NY, NY)
 John H. Draper, IV
 Jan E. Barrancon (MA)
 David Borrowsky (NY)
 William E. C. Rier
 April Shaler Johnson
 David L. Spielman
 John G. Bittenger
 Elizabeth J. Gurn (MA)
 Robert L. Gurnier (MA)
 OF COUNSEL

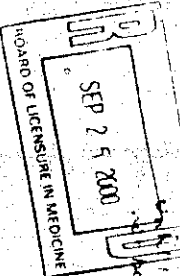
Mr. Scott Liebel
 PHICO Insurance Company
 P.O. Box 1482
 Burlington, Vermont 05402-1482

October 28, 1994

11/9/94

This is a suit brought by me as from the court, and I have

Re: Insured: Susan Fay Smith, M.D.
 Claimant: [REDACTED]
 Date/Loss: 2/8/93
 Claim No: 04 IP VT 215958



Dear Scott:

I can now shed some light on the above-referenced "civil rights" medical malpractice lawsuit, which is one of the stranger matters we have encountered recently. Plaintiff, who is *pro se* (and currently incarcerated), has filed his complaint in the Franklin Superior Court; it was filed on September 28, 1994. He has not, however, managed to effect service on your insured, Dr. Smith, as of yet. He has until November 28th to make this service. Interestingly, he does appear to have effected service on MCHV.

While we still do not understand these allegations of the complaint that hint at medical malpractice, we now can place them in a complete factual context: plaintiff has been charged with sexual abuse of his daughter (the "birth child" referenced in the complaint). These charges followed Dr. Smith's examination of the child, who was brought in by her mother.

The defendant/plaintiff has now brought a civil rights action against two state's attorneys, the hospital, and Dr. Smith, and perhaps others as well. Presumably, the obscure references to "hiding information" has something to do with [REDACTED] attempts to conduct pre-trial discovery in the criminal case.

The criminal proceedings have been under way for some time, and Dr. Smith was deposed in connection with those proceedings on October 14th. She informs me that this deposition was limited strictly to matters relevant to the criminal proceedings. I will obtain a transcript as quickly as possible. I also have a call in to Linda Purdy, the state's attorney primarily assigned to the criminal case.

Mr. Scott D. Liebel
October 28, 1994
Page 2

We send a *rebuttal* that says *she is my lawyer so he always sign*
I will be filing our notice of appearance with the court today. Otherwise, we can simply
wait to see whether *[redacted]* completes service of process with respect to Dr. Smith.
Please call with any comments or questions.

Sincerely yours,

PAUL, FRANK & COLLINS, INC.

Scott Liebel
Stephen G. Norton

SGN:bac
cc: Susan Smith, M.D.
Ms. Nancy L. Levy
Ms. Geraldine Amori
D:\JESB\ACOURTU\WP\SGN\PRCHIA\ND\LIEBEL

015516

PAUL, FRANK & COLLINS, INC.
ATTORNEYS AT LAW
ONE CHURCH STREET
P.O. BOX 1307
BURLINGTON, VERMONT 05402-1307

COPY

K. Allen Paul
Joseph E. Frank
Peter M. Collins
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B. Michael Speyer
Anthony B. Lane
Allen D. Port
Robert G. Calk (NY)
Robert J. Bennett, II
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April Shaler Johnson
John C. Leman (OH)
Diane C. Asper (CO)
Christie Laid
Robert J. Corrier (MA)
Of Counsel

Mt. Scott Liebel
PHICO Insurance Company
P. O. Box 1482
Burlington, Vermont 05402-1482

March 1, 1995

Re: Insured: Susan Fay Smith, M.D.
Claimant: [REDACTED]
Date/Loss: 2/8/93
Claim No: 04 IP VT 215958

Dear Scott:

I am writing to report on the success of our motion to dismiss filed in the above-referenced matter. Earlier today I attended a hearing on the motion in Franklin Superior Court. Judge Kilburn presided over the hearing and [REDACTED] participated via telephone. [REDACTED] agreed to drop his claims against both Dr. Smith and the Medical Center Hospital of Vermont.

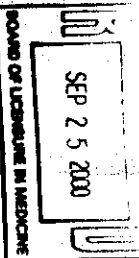
We will keep our file open until we receive the court's order dismissing the plaintiffs' complaint. If you should have any questions with regard to the above, please do not hesitate in contacting me.

Yours truly,

PAUL, FRANK & COLLINS, INC.

David J. Spelman, Esq.

DJS:sm
cc: Susan Smith, M.D.
Ms. Nancy L. Levy
Ms. Geraldine Amori
DIA1JUSER SMITHA WP DIS11177 JLEBEL



015518
PAUL, FRANK & COLLINS, INC.

ATTORNEYS AT LAW

ONE CHURCH STREET

P.O. BOX 1307

BURLINGTON, VERMONT 05402-1307

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Diane C. Seaver
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Robert S. Dr. Pina
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Gail E. Fiedler
Stephanie J. Mays
Kenneth R. Appleby (DC, MD)
Stephen G. Norton
Elizabeth J. Grant (MA)
Christopher McVeigh (NE, NY)

Mr. Scott Liebel

PHICO Insurance Company

P.O. Box 1482

Burlington, Vermont 05402-1482

October 24, 1995

Re: Insured: Susan Fay Smith, M.D.

Claimant: [REDACTED]

Date/Loss: 2/8/93

Claim No: 04 IP VT 215958

Dear Scott,

Because the above-referenced matter was dismissed on the record during the hearing held before Judge Castman on March 1, 1995, an Order of Dismissal was never issued. Nonetheless, I have enclosed herewith a copy of the Court's docket sheet noting the dismissal. As we can now be certain that the Court has closed its file, we will do the same with ours.

If you have any questions with regard to the above or enclosed, please do not hesitate in contacting me.

Yours truly,

PAUL, FRANK & COLLINS, INC.

David J. Spielman, Esq.

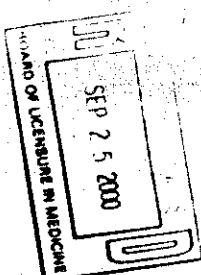
D/S/csg
Enclosure

cc: Susan Smith, M.D.

Ms. Nancy L. Levy

Ms. Geraldine Amori

DMA JUREX MCCURTU WP SON 3157, BILIEBEL



JURY

S 359-94, PC

015514

VS. DR. SUSAN SMITH, F.M.D., AND MEDICAL
CENTER HOSPITAL OF VERMONT

CIVIL RIGHTS COMPLAINT

Pro Se

Stephen G. Norten/Smith
P.O. Box 1307
Burlington, Vt. 05402-1307
658-2311

1994-Sep. 28: Civil Rights Complaint, Pro Se Appearance form and cert of service
filed. IFP submitted

Oct. 18: IFP granted - E&D

Oct. 25: Corresp. from atty. Berger to court - inquiring if there has been
a return of service in this matter fl by ptf.

No. 3 Norten/Smith vs. Smith fl.

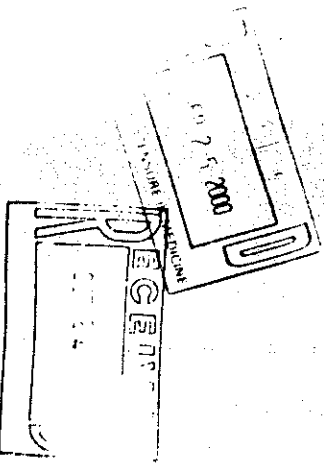
Dec. 5: Defs. Smith's motion to dismiss with memo fl.

1995- Jan. 12: Letter from Atty. Spielman, to court-requesting Dr. Smith's motion
to dismiss be carried out-ptf has not responded to any party
concerning motion.

Feb. 15: Corresp. to court from atty. Norten-concerning motion to dismiss.

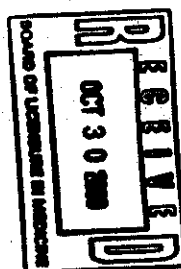
Mar. 01: Cashman/Tape - Hg on record - Dismissed by agreement of parties.

Oct. 20: Tele W/Atty Spielman - requesting copy of docket sheet - sent-gmb1



015518
Fletcher
Allen
HEALTH CARE
In alliance with
The University of Vermont

October 24, 2000



To Whom It May Concern:

In response to your inquiry re: Susan Smith, MD a review of our records show the following:

Department:	Women's
Division:	
Status:	Attending
Appointed:	06/26/80
Specialty:	Obstetrics & Gynecology
Sub-Specialty:	

According to our records his/her appointment was/is in good standing.

Sincerely,

Violetta Constantino

Violetta Constantino
Medical Staff Coordinator

015516

State of New Hampshire
Board of Medicine
2 Industrial Park Drive, Suite 8

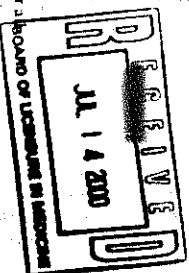
Concord, NH 03301-8520
(603) 271-6936

Verification Report

This is to certify that the records of the New Hampshire Board indicate the following information:

Licensee: SUSAN F SMITH, MD
Specialty: OBG OBSTETRICS & GYNECOLOGY
License Number: 9340
Issue Date: 12/07/1991
Expiration Date: 06/30/01
Disciplinary Action: NONE

To expedite the certification of licensure process, the above is the standard format for a
professionals regulated by this Board



SEAL

Susan F Smith
Leslie Sherman

Date

015516

State of New Hampshire
Board of Medicine
2 Industrial Park Drive, Suite 8
Concord, NH 03301-8520
(603) 271-6936

Verification Report

This is to certify that the records of the New Hampshire Board indicate the following information:

Licensee: SUSAN F SMITH, MD
Specialty: OBG OBSTETRICS & GYNECOLOGY
License Number: 9340
Issue Date: 12/07/1994
Expiration Date: 06/30/2001
Disciplinary Action: NO

To expedite the certification of licensure process, the above is the standard format for all professionals regulated by this Board.

SEAL

Lana A. Bass
Secretary

Date

10/11/00

State of Vermont 015516
Board of Medical Practice
109 State Street
Montpelier, VT 05609-1106
(802) 828-2363

VERIFICATION OF LICENSURE

This is to verify that according to the records of the Board of Medical Practice on 24 October 2000 regarding:

Susan Smith MD
Women's Choice Gynecologic Assoc.
23 Mansfield Avenue
Burlington, VT 05401

The Board of Medical Practice granted this license as a Physician numbered 042-0005990 on 14 July 1977. Current Specialty registered in: Obstetrics and Gynecology

Current Status: ACTIVE
Date of Expiration: 30 November 2000

Our records also indicate the following information:

Date of Birth: [REDACTED]
School/College Education: University of Michigan
Date of Graduation: 05/04/1976
Degree earned: M.D.

Basis of Licensure: N.B. ID#:

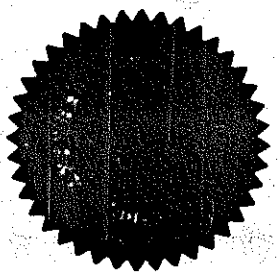
Examination Information:
Subject: / /
National Boards: Pass / /

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

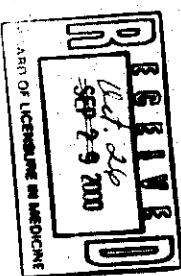
Board Action Information:

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.



Paula K. [Signature]
Signature of Staff Assistant
6/14/2000
Date



015518

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

VERIFICATION OF LICENSURE

This is to verify that according to the records of the Board of Medical Practice on 13 July 2000 regarding:

Susan Smith MD
Women's Choice Gynecologic Assoc.
23 Mansfield Avenue
Burlington, VT 05401

The Board of Medical Practice granted this license as a Physician numbered 042-0005990 on 14 July 1977. Current Specialty registered in: Obstetrics and Gynecology

Current Status: ACTIVE
Date of Expiration: 30 November 2000

Our records also indicate the following information:

Date of Birth: [REDACTED]
School/College Education: University of Michigan
Date of Graduation: 05/04/1976
Degree earned: M.D.

Basis of Licensure: N.B. ID#:

Examination Information:

Subject: / /
National Boards Pass

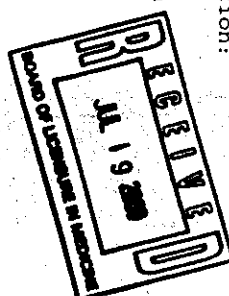
This licensee met all requirements at the time of licensure in accordance with the appropriate regulations of this state.

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]
Signature of Staff Assistant
Date



015516

VERIFICATION OF LICENSE - STATE / PROVINCE / COUNTRY

Applicant: Complete top section of form and mail to the Board of each state/province/country in which you are now or have ever been licensed to practice. You may duplicate this form if necessary.

RECEIVED

OCT 18 2000

SECRETARY:

NH BOARD OF MEDICINE

I am applying for medical licensure in the State of Maine. The Board of Licensure in Medicine requires that your Board complete this form in order that I may be considered for licensure. This is my authorization to release all information in your files, favorable or otherwise, to the State of Maine Board of Licensure in Medicine.

First/Last Name: Susan Fay Smith MD

Signature: Susan Smith Date: 10/3/00

License Number: 9340 Date Issued: 12/7/94

Address: 23 Mansfield Ave
City: Burlington State: VT Zip Code: 05401

THIS SECTION BELOW TO BE COMPLETED BY AN OFFICIAL OF THE BOARD

Name of Licensing Authority:

1141 Board of Medicine

Name of Licensee:

Susan Fay Smith M.D.

License Number:

9340

Date Issued:

12 07 94

When Expires/Expired:

12 30 01

The license to practice medicine was issued on the basis of the following examination(s):

- ☐ FLEX ☐ NBME ☐ USMLE ☐ LMCC ☐ State ☐ Other: _____
- British Isles: ☐ General Medical Council ☐ Republic of Ireland

License is current and in good standing?

☒ YES ☐ NO

Has the holder of this certificate/license ever been:

(a) Summoned to appear before your Board?

☐ YES ☒ NO

(b) Placed on probation or other any other form of consent document to limit practice?

☐ YES ☒ NO

(c) Suspended or revoked?

☐ YES ☒ NO

If you have responded "Yes" to any of the above, please provide an explanation below:

Please Affix
Board Seal Here

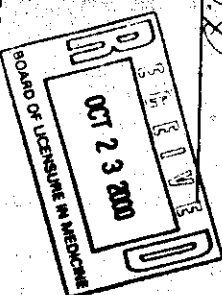
Signature of Board Official:

Date:

Susan Smith 10-11-00

Please Return this form to:
Board of Licensure in Medicine
137 State House Station
Augusta, ME 04333-0137

Thank you for your cooperation.

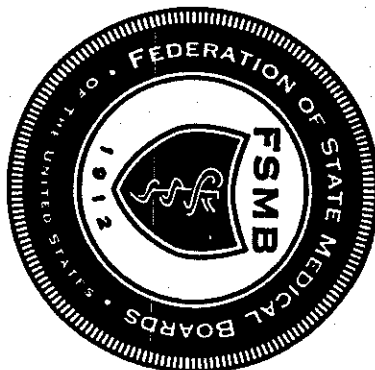


015514

The Federation of State Medical Boards of the United States, Inc.
Federation Credentials Verification Service

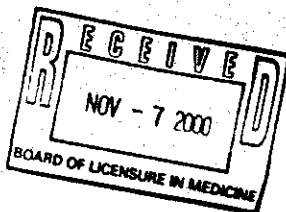
Federation Place
400 Fuller Wiser Road, Suite 300
Eulless, Texas 76039-3835
Telephone: (817) 868-4000
Fax: (817) 868-4099

Physician Information Profile



This report is compiled exclusively for:

Name: Susan Fay Smith
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.

015518

FEDERATION CREDENTIALS VERIFICATION SERVICE

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

III. Medical Education

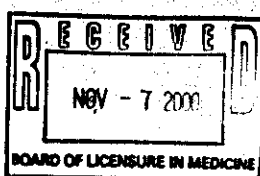
- A. Verification of Medical Education Form(s)
- B. Official Medical Education Transcript(s)
- C. Certified Photocopy of Medical School Diploma
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- E. Photocopy of Fifth Pathway Certificate of Completion
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- 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)

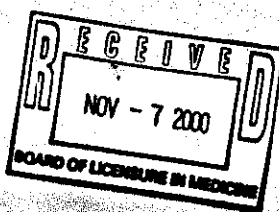
- A. USMLE Transcript
- B. FLEX Transcript
- C. NBME Record of Scores
- D. NBME Endorsement of Certification
- E. NBOME Transcript
- F. LMCC Transcript
- G. State Board Exam Transcript



015518

Section I

FCVS Reports



015516

FEDERATION CREDENTIALS VERIFICATION SERVICE

Physician Information Report

Identity:

Name: Susan Foy Smith
Other Name Used: N/A

Gender: Female
Date of Birth: [REDACTED]
Place of Birth: [REDACTED]
SSN: [REDACTED]

Current Address: 23 Massfield Avenue
Burlington, VT 05401

Permanent Address: Same

Telephone Numbers: Bus: 802-863-9001
Fax: 802-862-9637
Home: N/A
Other: N/A

Physical Description: Height: 5' 1"
Weight: 125 lbs
Eye Color: Brown
Hair Color: Gray Brown

Physical Marks: Description: Burn Scars
Location: Right Lower Leg

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

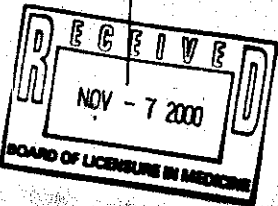
Institution: University of Michigan, Ann Arbor, MI
Dates of Attendance: 09/1961 - 06/1965
01/1969 - 12/1969
Degree Awarded: Bachelor of Science

Medical Education:

Current, valid ECFMG
ECFMG Number: N/A
Date Issued: N/A

Medical School: University of Michigan Medical School
CS134 Medical Science Building 1
1301 Catherine Road
Ann Arbor, MI 48109-0611

Dates of Attendance: 08/28/1972 - 05/30/1976
Graduation Date: 05/30/1976
Degree Awarded: Doctor of Medicine



Unusual Circumstance:

None

015518

Post Graduate Medical Education:

Institution:

University of Vermont
Department of Obstetrics/Gynecology
Fletcher Allen Health Care/Shop 625
111 Colchester Avenue
Burlington, VT 05401

Post Graduate Year:

1

Program Type:

Internship

Department:

Obstetrics and Gynecology

Dates of Attendance:

07/01/1976 - 06/30/1977

Completion:

Yes

Accreditation:

ACGME

Post Graduate Year:

2-4

Program Type:

Residency

Department:

Obstetrics and Gynecology

Dates of Attendance:

07/01/1977 - 06/30/1980

Completion:

Yes

Accreditation:

ACGME

Unusual Circumstance:

None

Final Pathway:

N/A

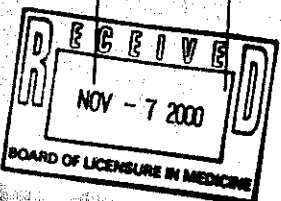
Examination History:

Transcripts Enclosed For:

NBME Part I
NBME Part II
NBME Part III

Board Action:

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



015514

Omission / Discrepancy Report

Physician Identification:

Name: Susan Fay Smith
DOB: [REDACTED]
SSN: [REDACTED]
Packet ID: 16361
Request ID: 5406890

Omission 1:

REPORT OF OMISSIONS

Section of Profile:

Medical Education

Omission:

Univ Michigan Med Sch indicated on the Medical Education form that it has a premedical education requirement; however, the courses taken section was omitted.

Follow-Up:

See Comments on Verification of Medical Education Form.

Discrepancy 1:

REPORT OF DISCREPANCIES

Section of Profile:

Medical Education

Discrepancy:

The applicant reports graduation from Univ Michigan Med Sch on 05/13/1976; the institution reports graduation date is 05/30/1976.

Follow-Up:

Left to Recipient's discretion.

Discrepancy 2:

Section of Profile:

Examination History

Discrepancy:

The applicant reports sitting for NBME Part II in 09/1976. The NBME transcript indicates the examination date was 09/1975.

Follow-Up:

Left to Recipient's discretion.

MISCELLANEOUS INFORMATION

Miscellaneous 1:

Section of Profile:

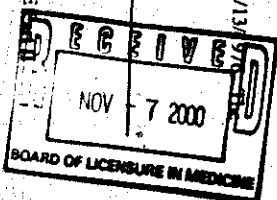
Continuity of Education

Issue:

There is a gap of approximately 3 1/2 years during attendance at University of Michigan from 06/1965 to 01/1969.

Follow-Up:

This information is provided as information only. No follow up performed.



Miscellaneous 2:

015516

Section of Profile:

Continuity of Education

Issue:

There is a gap of approximately 2½ years between completion of postmedical education at Univ of Michigan (ends 12/1/969) and entrance into medical school at Univ Michigan Med Sch (begins 08/28/1972).

Follow-Up:

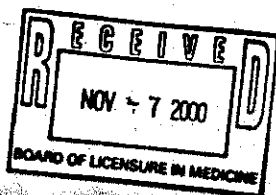
This information is provided as information only. No follow up performed.

End of report for Susan Fay Smith

Packet Id: 16361

Request Id: 5406890

Report Created By: TIL



01551A

Board Action Databank Search

State Queried For:

Physician's Name:

Date of Birth:

Medical School:

Year of Graduation:

Social Security Number:

ECFMG Number:

Maline Board of Licensure in Medicine

Smith, Susan Foy

023030 - Univ Michigan Med Sch

1976

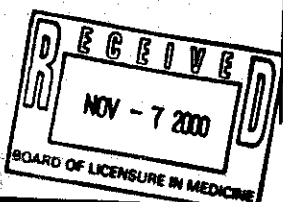
N/A

Results:

WE HAVE NO UNFAVORABLE INFORMATION
REGARDING THE ABOVE NAMED PHYSICIAN

NOV - 3 2000

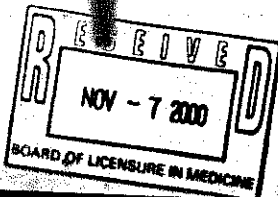
James R. Wynn, M.D.
JAMES R. WYNN, M.D.
EXECUTIVE VICE PRESIDENT



015516

Section II

Identity



015514 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 are true, that I am the 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 I furnish with my application are strictly true.

I acknowledge that I have read and understand the "INSTRUCTIONS FOR COMPLETING THE FCVS APPLICATION" on my part to answer questions truthfully and completely. I further acknowledge that failure to state items.

I authorize every person, hospital, clinic, government agency (local, state, federal or foreign), 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, or true and correct copies of documents or records.

I hereby release, discharge and hold harmless the Federation Credentials Verification Service, its agents or representatives and any person furnishing information, records or documents of any and all liability. I authorize the Federation Credentials Verification Service to release information, material, documents, orders or the like relating to me or the application to any entity at my request.

Applicant's Signature (must be signed in the presence of a Notary)

Susan F. Smith
SMITH

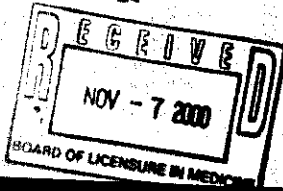
Applicant's Printed Last Name

SUSAN F.

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

9/21/00

Date of Signature (must correspond to date of notarization)



State of Vermont County of Chittenden

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 21st day of September, 2000.

Notary Public Signature: Christina L. Bonard

My commission expires: February 10, 2003

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

PACKET ID:

0016361

Federation Credentials Verification Service

015516

DEPARTMENT OF HEALTH SERVICES
CERTIFIED ABSTRACT OF BIRTH

SEAL
VERIFIED

NAME: SUSAN FAY SMITH

DATE OF BIRTH: [REDACTED]

SEX: FEMALE

COUNTY OF BIRTH: SAN FRANCISCO

BIRTH SURNAME OF MOTHER: RADER

DATE FILED: 01/44 DATE ISSUED: 11/14/94

REGISTRATION NUMBER - STATE: 44-011323
LOCAL: 000957

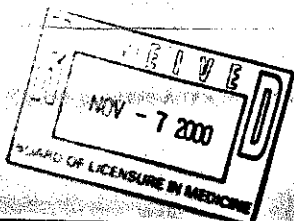
420767



This is to certify that the
abstract is a true abstract of
the actual record and was
prepared by the
Office of Vital Records and Statistics,
Department of Health Services
and State Registrar of Vital
Records and Statistics

Michael Davis
Michael Davis, Chief

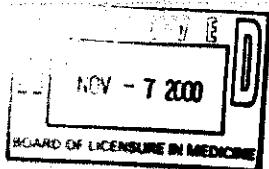
Office of Vital Records and Statistics



015515

Section III

Medical Education



VERIFICATION OF MEDICAL EDUCATION

(The form must be completed by the medical school)

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 already 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).

VERIFICATION OF MEDICAL EDUCATION

Name of Institution: University of Michigan Medical School

Complete Address: 1301 Catherine

Street Address

Ann Arbor

Street Address

Michigan 48109-0611

City

State

Zip (Include Post Office)

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

Enrollment and Participation: Our records indicate that Susan Fay Smith

attended our medical school for total of 4 1/2 years of continuous on-campus education on the following dates (month/year):

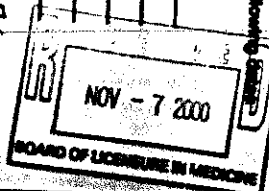
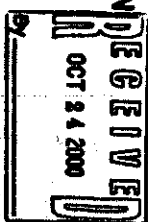
From	To
8/38	1/73
9/41	7/73
8/51	7/74
8/53	1/75
4/30	1/76

The individual (check one):

She was awarded the degree of Doctor of Medicine on 5/30/76

was NOT awarded a degree (please attach an explanation)

1431117.1



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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 circle the appropriate response. "Yes" responses to any of these questions requires a written explanation.

Questions

Response

Did the individual ever take a leave of absence or break from their medical education?

Yes ☐ No ☒

Was this individual ever placed on probation?

Yes ☐ No ☒

Was this individual ever disciplined or under investigation?

Yes ☐ No ☒

Were any negative reports regarding this individual ever filed by instructors?

Yes ☐ No ☒

Were any limitations or special requirements imposed on the individual because of questions or academic incompetence, disciplinary problems or any other reason?

Yes ☐ No ☒

Prerequisite Education: Does your school have a prerequisite education requirement?

Yes ☒ No ☐

If yes, include where your records indicate the individual completed higher prerequisite education and the basic science courses taken (attach additional pages if necessary):

Prerequisite Institution(s):

University of Michigan
Ann Arbor MI 48107

Check Courses Taken:

Physics ☐ Biology/Zoology ☐
Organic Chemistry ☐ Inorganic Chemistry ☐

Above information is available on undergraduate transcript only.

Certification: By my signature: Susan E. Hayward, certify that the above 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: Susan E. Hayward

AFFIX INSTITUTIONAL SEAL HERE

(If your institution does not have an official seal, this form must be notarized.)

SEAL
VERIFIED

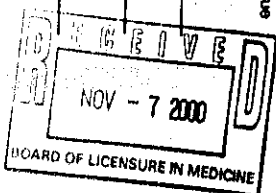
Title: Registrar

Date of Signature: October 12, 2000

Telephone: (313) 764-0319

Fax: (313) 936-3510

Email:



015515



University of Michigan
Medical School

Office of the Dean
UTMS Medical Science Bldg. I
1301 Catherine
Ann Arbor, MI 48106-0621
Tel: 734-763-9000 FAX: 734-763-9036

To Whom It May Concern:

SUSAN FAY SMITH was born in San Francisco, California in 1944, attended the Clifton Springs High School in New York State and did her undergraduate work on the Ann Arbor campus of the University of Michigan from which she received the BS degree with a major in Zoology. While an undergraduate she was on the campus judiciary. After graduation she worked for three years in Stockholm, Sweden as a medical technologist. From 1969 to 1972 she was a research assistant in the Rackham Arthritis Unit of the University of Michigan Medical School and is co-author of an article entitled "Connective Tissues Activation: Mechanism and Significance" which appeared in *Biology of the Fibroblast*. It was during this time that she completed premedical science requirements. Since matriculating to the medical school in August of 1972, she has made regular progress through our curriculum.

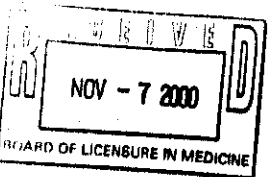
Comments from the faculty of the first two years indicate that she was a consistently high performer, highly motivated, with a very good attitude. She received Advanced Placement standing in Biological Chemistry and was awarded Honors in Gross Anatomy and Clinical Medicine 600, a course, which constitutes 45% of the curriculum of the sophomore year. She had a total of 620 on the Part I examination of the National Board of Medical Examiners. Comments from the faculty of the clinical clerkships are favorable. She is well organized, hard working, capable, and intelligent. She reads extensively about her patients, has above average medical knowledge and outstanding initiative and reliability. Her clinical skills are good and her judgment and problem solving abilities are excellent. She was awarded honors on Psychiatry. She has continued her work in the summer in the Rackham Arthritis Unit and in 1974, held an externship in Gynecology. She has also worked as a counselor and crisis intervention trainer at the Women's Crisis Center.

Planning a career in Obstetrics and Gynecology, Ms. Smith has arranged an elective senior year curriculum that includes clerkships in Internal Medicine, Radiology, Dermatology, Obstetrics and Gynecology, and Neonatology. I am happy to recommend her to you as an excellent candidate for the position which she seeks.

Very sincerely yours,

Colin Campbell

Colin Campbell, M.D.
Assistant Dean for Student Affairs



Celebrating 150 Years of Scholarship and Service

16361

PA#

023030

14361 074

VERIFIED
SEAL

015518

RECEIVED
NOV 1 1976
BOARD OF LICENSURE IN MEDICINE

ADMITTED TO FROM University of Michigan College of Literature, Science and the Arts, B.B., 1970		MEDICAL SCHOOL DATE August, 1970		THE UNIVERSITY OF MICHIGAN ANN ARBOR, MICHIGAN		DEGREE: DOCTOR OF MEDICINE DATE COMPLETED: May 30, 1976		ACADEMIC RECORD OF SUSAN FAY BIRTH 1218 W. ELMOR ANN ARBOR, MICHIGAN 48104		COURSE NAME CREDIT GRADE REMARKS	
1st Period 8/28/72-12/8/72		Biochemistry		5 AP		Pediatrics		5.5 P		6th Period 11/25/74-3/28/75	
2nd Period 1/8/73-4/20/73		Neural & Behavioral Sci. 500		5 P		General Surgery		5 P		7th Period 3/31/75-7/16/75	
3rd Period 9/4/73-12/14/73		Microbiology		4 P		Clinical Derm B/25-9/21/75		4 P		Clinical Derm B/25-9/21/75	
4th Period 1/7/74-4/26/74		Neural & Behavioral Sci. 600		5 P		Neonatology, Peds.		4 P		10/27-11/23/75	
5th Period 6/5/74-11/22/74		Internal Medicine		12 P		Clinical Obstetrics		4 P		11/24-12/19/75	
6th Period 1/5/75-4/26/75		Pathology		5 P		Clinical Obstetrics		4 P		1/5-2/1/76	
7th Period 5/5/75-8/26/75		Neural & Behavioral Sci. 600		8 P		Clinical Obstetrics		4 P		Med. Sub. 2/2-3/28/76	
8th Period 9/5/75-12/22/75		Pharmacology		4 P		Int. Med 3/29-5/30/76		8 P			
9th Period 1/5/76-4/26/76		Neurology		12 P				8 P			
10th Period 5/5/76-8/26/76		Dermatology		12 P				8 P			
11th Period 9/5/76-12/22/76		Physical Medicine		12 P				8 P			

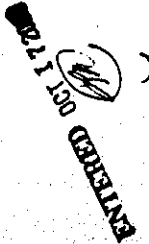
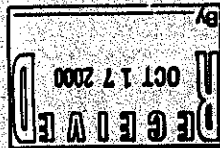
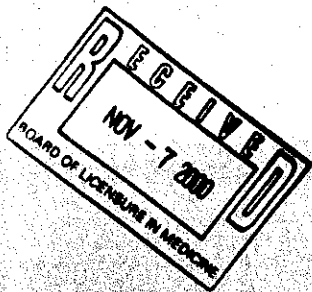
IN ACCORDANCE WITH THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974, AS AMENDED, THIS INFORMATION IS RELEASED ON THE CONDITION THAT YOU WILL NOT PERMIT ANY OTHER PARTY TO HAVE ACCESS TO THIS INFORMATION WITHOUT THE WRITTEN CONSENT OF THE INDIVIDUAL WHOSE RECORD IT IS.

DEFINITION OF AN OFFICIAL TRANSCRIPT
 AN OFFICIAL TRANSCRIPT IS ONE THAT HAS BEEN RECEIVED DIRECTLY FROM THE ISSUING INSTITUTION. IT MUST BEAR THE COLLEGE SEAL, DATE, AND SIGNATURE OF THE REGISTRAR. TRANSCRIPTS RECEIVED THAT DO NOT MEET THESE REQUIREMENTS SHOULD NOT BE CONSIDERED OFFICIAL AND SHOULD BE ROUTINELY REJECTED FOR ANY PERMANENT USE.

THIS DEFINITION OF AN OFFICIAL TRANSCRIPT HAS BEEN ENDORSED BY THE MICHIGAN ASSOCIATION OF COLLEGIATE REGISTRARS AND ADMISSIONS OFFICERS.

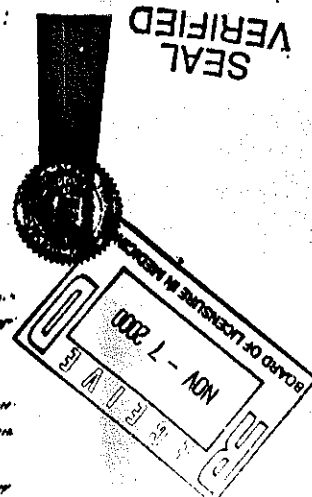
ANY ALTERATION OR MODIFICATION OF THIS RECORD OR ANY COPY THEREOF MAY CONSTITUTE A FELONY AND/OR LEAD TO STUDENT DISCIPLINARY SANCTIONS.

015512

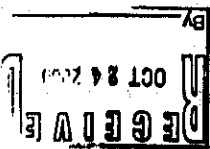
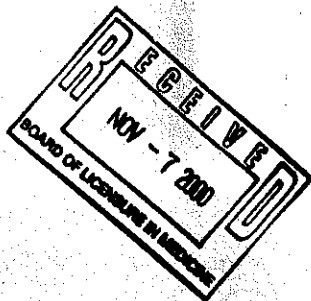


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(written)
Susan Flagg Smith
Widow of William Flagg, deceased, as per
order of the Court of Probate at New York,
made at Albany, New York, this 10th day of
January, 1869.



Susan E. Hays
MEDICAL SCHOOL, REGISTERED
SUSAN E. HAYS
"CERTIFIED AS A TRUE LIKENESS OF THE DIPLOMA RECEIVED BY
SUSAN E. HAYS, M.D., FROM THE UNIVERSITY OF MICHIGAN
MEDICAL SCHOOL ON MAY 30, 1976."



015518

015516

University of Michigan
Medical School

Office of the Dean
17700 Medical Science Bldg. 1
1301 Catherine
Ann Arbor, MI 48109-0604
734.763-4600 FAX: 734.763-4604



DIPLOMA TRANSLATION

For: SUSAN FAY SMITH, M.D.

CLASS OF 1976: Michigan Medical School Diploma,
as translated into the English language, reads as follows:

From the Regents to anyone reading this letter: Greetings!

Be advised that we have awarded the degree of Doctor of
Medicine to SUSAN FAY SMITH, M.D., recommended to us in
the usual manner by the professors of the College of Medicine
and Surgery (Medical School) as a person well-qualified in the
study, discipline and sciences of Medicine and Surgery.

In proof of this we have given to her this letter, bearing the
signatures of the President, the Secretary, and the professors.

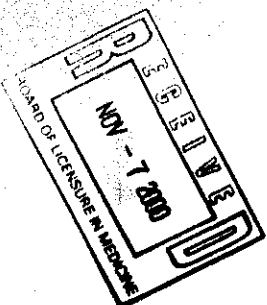
Done on the premises of the University on the
30th day of MAY, 1976. *

Sincerely,

Susan K. Hayward
Susan K. Hayward
Registrar

SEAL
VERIFIED

SK11444

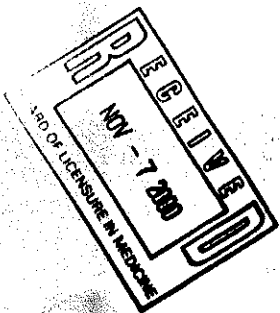


Celebrating 150 Years of Scholarship and Service

015518

Section IV

Postgraduate Training



Am. D. M. 10/13/00

015516

Fed - ation Credentials Verification Services (FVS)
 Federation Plaza, 400 Park West Road, Suite 200, Dallas, TX 75209
 Tel: (817) 888-0000 Fax: (817) 888-0008

Verification of Postgraduate Medical Education

RECEIVED
 067-9-2889

Institution: University of Vermont

Academic: Department of Obstetrics/Gynecology

Address: Fletcher Allen Health Care/Shop 625
 Burlington, VT 05401

Address: University of Vermont

Verification For: Name: Smith, Susan Fay
 SSN: [REDACTED]
 DOB: [REDACTED]

Physician's Name on Record (if different from above):

Program Participation: Internship: <input checked="" type="checkbox"/> Internship Residency: <input type="checkbox"/> Residency Fellowship: <input type="checkbox"/> Fellowship Research: <input type="checkbox"/> Research	Department: OB/GYN From: 7 / 1 / 76 To: 5 / 30 / 77 Successfully Completed: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress Accredited by: <input checked="" type="checkbox"/> ACGME <input type="checkbox"/> AOA <input type="checkbox"/> Not Accredited Other:
PGY: 2-4 Internship: <input checked="" type="checkbox"/> Internship Residency: <input checked="" type="checkbox"/> Residency Fellowship: <input type="checkbox"/> Fellowship Research: <input type="checkbox"/> Research	Department: OB/GYN From: 7 / 1 / 77 To: 5 / 30 / 80 Successfully Completed: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress Accredited by: <input checked="" type="checkbox"/> ACGME <input type="checkbox"/> AOA <input type="checkbox"/> Not Accredited Other:
PGY: Internship: <input type="checkbox"/> Internship Residency: <input type="checkbox"/> Residency Fellowship: <input type="checkbox"/> Fellowship Research: <input type="checkbox"/> Research	Department: From: / / To: / / Successfully Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress Accredited by: <input type="checkbox"/> ACGME <input type="checkbox"/> AOA <input type="checkbox"/> Not Accredited Other:

Unusual Circumstances:
 Check the correct response. Checklist responses require written explanation.
 If necessary, you may explain your response in the space below or on a separate sheet of paper.

Did this individual ever take a leave of absence or break from their training?
 Was this individual ever placed on probation?
 Was this individual ever disciplined or placed under investigation?
 Were any negative reports ever filed by instructors?
 Were any limitations or special requirements placed upon this individual because of questions of academic incompetence, disciplinary problems or any other reason?

Please explain any "Yes" responses from above:

Handwritten: No

Certification:
 Completion of the following is certified and the information shown is an accurate record of the individual's records and is true and correct. This section MUST be signed by the Program Director (M.D. or ChD).

Name: Marjorie C. Meyer, M.D. Signature: *[Signature]*
 Residency Program Director Date of Signature: 10/19/78
 Tel: 802-847-5111; Fax: 802-847-5626 E-mail: marjorie.meyer@vmednet1.org

Handwritten: Any R. Page 10/19/78

NO - 1
 NO LICENSURE IN MICHIGAN

015518

Section V

Examination History/Score Transcripts





NATIONAL BOARD OF MEDICAL EXAMINERS® (NBME®)

Record of Scores

015518

This document was prepared by
National Board of Medical Examiners (NBME)
3750 Market Street, Philadelphia, PA 19104-3190 • Telephone (215) 590-9592

Recipient: To Whom It May Concern

Date: 10/13/2000

Examinee: Smith, Susan F

Examinee ID: 3-168-091-1
Date of Birth: [REDACTED]

This record shows a complete Part history for this examinee.

NBME PART I

Test Date	Pass/Fail	Score	Total	(Min. Pass)	Anal	Phys	Bioc	Path	Micro	Phar	Beh. Sci
06/11/1974	Pass	620	620	(380)	605	540	540	665	630	600	640
Three-Digit		87	87	(75)	87	83	83	91	89	87	89

NBME PART II

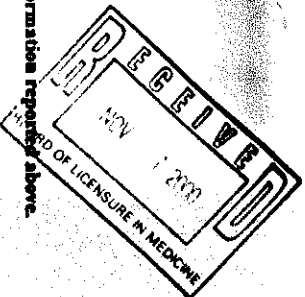
Test Date	Pass/Fail	Score	Total	(Min. Pass)	Med	Surge	Ob-Gyn	Peds	Psych
09/23/1975	Pass	625	625	(290)	550	615	615	650	560
Two-Digit		87	87	(75)	85	88	88	89	85

NBME PART III

Test Date	Pass/Fail	Score	Total	(Min. Pass)
03/09/1977	Pass	645	645	(290)
Two-Digit		87/4	87/4	(75)

*** END OF DOCUMENT ***

See reverse side for explanation of information reported above.



RECEIVED
OCT 16 2000

Authenticity of NBME Record of Scores

An original, certified NBME Record of Scores is printed on green safety paper and is produced only by the NBME. The NBME Record of Scores is the only document that certifies the authenticity of the document. Alteration or forgery of the NBME Record of Scores may result in appropriate legal action or other action consistent with applicable policies.

TO TEST FOR AUTHENTICITY: When liquid bleach is applied to the face of the document, the paper will turn brown. Also, when photographed, a security statement containing the words UNOFFICIAL, COPY, NOT AN ORIGINAL DOCUMENT, will appear prominently across the face of the entire document.

INTERPRETATION OF SCORES

NBME Part I and Part II Examinations Prior to June 1991

Unless otherwise noted, the most recent total test and subject scores are reported. The total test score is based on the total number of questions answered correctly on the entire examination and is not the average of the subject scores. There are no minimum pass requirements for individual subjects within a Part. Scores are on a scale with a mean of 500 and a standard deviation of 100, in increments of 5. Most scores fall between 250 and 750.

NBME Part I and Part II Examinations June 1991 and Thereafter

Unless otherwise noted, the most recent total test and subject scores are reported. This score is on a scale with a mean of 200 and a standard deviation of 20, in increments of 1. Most scores fall between 145 and 260.

All NBME Part III Examinations

Unless otherwise noted, the most recent total test and subject scores are reported. This score is on a scale with a mean of 500 and a standard deviation of 100, in increments of 5. Most scores fall between 250 and 750.

Two-Digit NBME Scores

For all NBME scores, an equivalent value scale score on a two-digit scale is also provided. The scale score mean is 82 and the minimum pass total scale score is 75. Scale scores are reported in increments of 1.

015516

The Federation of State Medical Boards
of the United States, Inc.

Federation Place
400 Fuller Wiser Road, Suite 300
Eureka, Texas 76039-3855
Telephone: (817) 868-4000
FAX: (817) 868-4099

BOARD ACTION CLEARANCE REPORT

October 2, 2000

Attn: Jean Greenwood
Maine Board of L.C. in Med.
137 State House Station
Augusta, ME 04333

Re: Board Action Query Dated: October 2, 2000
Your Reference Number:
FSMB Batch Number: BQ522900

The following is a final report of the search results from the Board Action Data Bank as of October 2, 2000 for practitioners submitted as part of the above-referenced batch for which NO board actions were identified.

Practitioners Cleared with No Actions as of October 2, 2000

Item	Name	DOB	SSN	School	Yr/Grad	Request ID
1	Smith MD, Susan Fry				023030 1976	5434432

015518



AMORIS S. HENRY, JR.
GOVERNOR

STATE OF MAINE
BOARD OF LICENSURE IN MEDICINE
117 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0137

EDWARD DAVID, M.D., J.D.
CHAIRMAN
RANDEL C. MANNING
EXECUTIVE DIRECTOR

November 30, 2000

TO: SUSAN F. SMITH, M.D.
FROM: Bernice J. Mansir
Initial Licensure Specialist

An Application Fee of \$300.00 and a \$50 Oral Fee was paid at the time your application was submitted.

Please complete the enclosed License Registration form and return with the designated prorated fee listed below in the enclosed envelope ASAP. It is necessary to have this form and the additional prorated fee returned before a license may be issued.

LICENSURE MONTH TO NEXT LICENSING BIRTHDATE: 1/1/2001 - 1/31/2002
NUMBER OF MONTHS TO NEXT LICENSING BIRTHDATE: 13
PERCENTAGE OF \$310 BIENNIAL FEE: \$ 168.00

Prorated Licensing Fee
to next birthdate: \$ 168.00

Enclosure

*PA. 168
2/6/01*

PHONE: (207) 287-3601

OFFICE LOCATION: TWO BANGOR STREET, AUGUSTA, ME

FAX: (207) 287-6590

015518

BOARD OF LICENSURE IN MEDICINE - OREGON EXAMINATION

RECEIVED
JAN 26 2001APPLICANT: SUSAN E. SMITH DATE: 1/24/01EXAMINER(S): W.L. MACVANE JR. LOCATION: PORTLANDSCORE: 12

In Compliance with Section 3271 of the Medical Practice Act, an oral examination was administered to the above cited applicant.

The applicant P the examination. Medical licensure 15 is/is not recommended.Signed: W.L. MacVane Jr., M.D.
Examiner

EXAMINATION GRADING FORM I

IDENTIFICATION: CR

FACTOR I. PROBLEM SOLVING ABILITY, CLINICAL JUDGMENT.

The candidate's ability to use information to make appropriate decisions in patient diagnosis and treatment from the data he obtains, the diagnostic and therapeutic conclusions he come to, and his defense of his decisions.

UNABLE TO EVALUATE	FAILURE	QUESTION	LOW PASS	PASS	HIGH PASS
(0)	(-3)	(-2) (-1)	(+1) (+2)	(+3) (+4)	(+5) (+6)

FACTOR II. INTERPERSONAL RELATIONSHIPS AND APPROPRIATE PROFESSIONAL CHARACTERISTICS.

The candidate's ability both in statement and manner to communicate effectively and convey genuine concern for patients and an understanding of the ethical responsibilities of a physician in his relationships and patients and colleagues.

UNABLE TO EVALUATE	FAILURE	QUESTION	LOW PASS	PASS	HIGH PASS
(0)	(-3)	(-2) (-1)	(+1) (+2)	(+3) (+4)	(+5) (+6)

FACTOR III. RECALL OF APPROPRIATE FACTUAL INFORMATION.

The candidate's knowledge of:

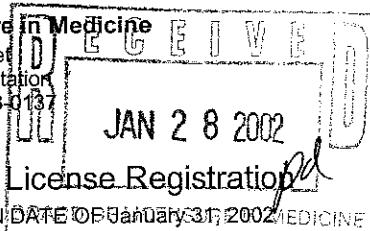
UNABLE TO EVALUATE	FAILURE	QUESTION	LOW PASS	PASS	HIGH PASS
(0)	(-3)	(-2) (-1)	(+1) (+2)	(+3) (+4)	(+5) (+6)



1220/3319-0495/0335

State of Maine

Maine Board of Licensure in Medicine

2 Bangor Street
137 State House Station
Augusta, ME 04333-0137

For Ofc Use

Fee: \$ 400
Exempt: ☐
Late \$
Date Posted: Smith, Susan F
License Number: 015518
Date Certificate Printed: 2/19/02

Application for Maine Medical License Registration

Fee: \$400 UNLESS 70 YEARS OF AGE OR OLDER BY LICENSE EXPIRATION DATE OF January 31, 2002 MEDICINE

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

Susan F Smith, MD
23 Mansfield Ave
Burlington VT 05401

License No

015518

Social Secur

Daytime Phone No.

(802) 863-9001

Date of B

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 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 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 designated 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

Home Phone: () -

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

Office Mailing Address

23 Mansfield Ave

If your office address is incorrect, please correct here

Burlington VT 05401

Office Phone: (802) 863-9001

Practice Data:

Check here if ABMS
certified in this specialty

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

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

(9.) Primary Specialty: Obstetrics and Gynecology ☒(10.) Sub-specialty 1: ☐(11.) Sub-specialty 2: ☐(12.) I am ABMS Specialty Board certified by:
(Board Name): American Board of Obstetrics ☒and Gynecology

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)

Nat'l Union Fire Ins. through
Marsh USA Inc
1166 Ave of the Americas
NY NY 10036

Yes ☒ No ☐Policy #: ma gls 264-82-3 2648255☒ Check here if premiums for your professional liability are paid by a Hospital or other employer?Hospital/Employer: Planned Parenthood of No NE

Attn P 66250 212 345 *** Please Continue with Entries on Reverse of this Page ***

5525

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
New Hampshire	9340	6/30/2002	In For
Vermont	042-0005990	11/30/2000	In For

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

☐ 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? **NEW HAMPSHIRE** 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: 1/11/02 Signature: Susan Smith, M.D.
Typed or Printed Name: Susan F. Smith, M.D.

For Ofc Use

Staff Rev Date: 2/15/02 Recommendation: 10d2 (15-11)(15-12)
Staff Rev Date: Recommendation:

CONTINUING MEDICAL EDUCATION REPORTING LOG

For reporting CME credits earned during the 24 months preceeding expiration date 1/31/02



Maine License Number: 015518

Name: Smith, Susan F

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
North American Society for Perinatal Obstetrics	Toronto Ontario	Post Grad Course	5/18-5/20/01	15.25
Univ. of VT	FAHC-Ob Gyn Burlington VT	Ob Gyn Grand Rounds	1-12/2001	17.5
Dartmouth Med. School	Manchester NH	Post Grad Course	10/26/01	4.0

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

TOTAL CATEGORY I CREDITS 33.75
36.75

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
Clinical Core lectures	Univ of VT Burlington	I give 12-1hr lectures/year to 2 nd -3 rd yr med students		12
Clinical Core Advisor	Univ of VT Burlington	I see medical students on a one-on-one tutorial (lasting 60-90' x 7 weeks this year. I had 3 students)		21
Resident Continuity Clinic Supervision	Univ of VT Burlington	I supervise, teach, advise 3 Ob Gyn/FP residents in 13-4hr Continuity clinics/year		52


TOTAL CATEGORY II CREDITS 85

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

Dated:

1/11/02

Physician Signature:



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 66301.

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.

WOMEN'S CHOICE-GYNECOLOGIC ASSOCIATES

23 Mansfield Ave. Burlington VT 05401

Cheryl Gibson, MD
Phone (802) 863-9001

Susan Smith, MD

Gailyn Thomas, MD
Fax (802) 862-9637

PROGRESS NOTES

NAME: Susan Smith MD

DOB:

CHART #

DATE

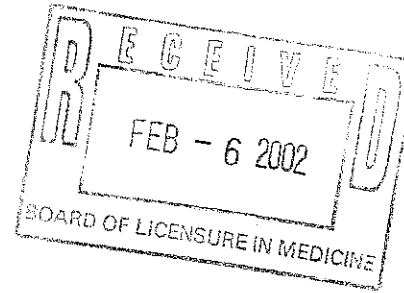
2/1/02

Questions 15-11 + 15-12

I am a staff physician employed by Planned Parenthood of Northern New England and am a secondary supervising physician for Planned Parenthood practitioners at New Hampshire and Maine clinic sites.

Susan Smith MD

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



ATTENTION: MD Renewal Specialist

TO: Susan F. Smith, MD

License # 015518

DATE OF RETURN: 1/28/02

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) 15-11, or provide the following data:
15-12

All "yes" responses must be explained fully on a separate sheet of 8 1/2 x 11 paper

Thank you.
(enclosed)

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.



1220/3202-1554
-1561/B
13

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

For Ofc Use

Fee: \$400.00
Exempt: ☐
Late: \$ ☐
Date: ☐
Posted: ☐

Application for Maine Medical License Registration

Fee: \$400 UNLESS 70 YEARS OF AGE OR OLDER BY LICENSE EXPIRATION JANUARY 31, 2004

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.

BOARD OF LICENSURE IN MEDICINE

NAME/ADDRESS OF RECORD

Susan F Smith, MD
23 Mansfield Ave
Burlington VT 05401

License No

015518

Social Security No.

Daytime Phone No.

(802) 863-9001

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 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, 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 MED PRACTICE. You may designate which of the two you wish to be used for mailings from the Board. Note however that the address designated 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

Home Phone: () -

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

Office Mailing Address

23 Mansfield Ave

If your office address is incorrect, please correct here

Burlington VT 05401

Office Phone: (802) 863-9001

Practice Data

Check here if, certified in this specialty

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

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

- (9.) Primary Specialty: Obstetrics and Gynecology ☒
(10.) Sub-specialty 1: ☐
(11.) Sub-specialty 2: ☐
(12.) I am ABMS Specialty Board certified by: ☐
(Board Name): ☐

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 #: 2648255-2648262

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

Hospital/Employer: Planned Parenthood of No NE

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
New Hampshire	9340	06/30/2002	In For
Vermont	042-0005990	11/30/2002	In For
		2004	

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

☐ 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: 12/5/03

Signature:

Typed or Printed Name:

Susan Smith M.D.
Susan F. Smith M.D.

For Ofc Use

Staff Rev Date:

Recommendation:

Staff Rev Date:

Recommendation:

CONTINUING MEDICAL EDUCATION REPORTING LOG

For reporting CME credits earned during the 24 months preceeding expiration date 1/31/2004

OK Attached

Maine License Number: 015518

Name: Smith, Susan F

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
Univ of Vermont	Burlington, VT	OB-Gyn Grand Rounds	10/28, 11/4, 11/11/03	3
See enclosed	ACOG transcript			148

148 / 27 months

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

TOTAL CATEGORY I CREDITS *151 / 27 months*

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.

108 hrs / 342

Note: Category I may be substituted for Category II.

TYPE OF ACTIVITY	LOCATION/CITY/STATE	DESCRIPTION OF LEARNING ACTIVITY	DATES OF ACTIVITY	CREDITS
Medical Teaching	Burlington VT	Tutorial, medical student	4/28-6/13	
		(110 hours/student/rotation)	9/2-10/17	
		3 rotations	11/3-12/9/03	30
		Student didact lectures 2hr	2/7/03	2
		Resident lecture, Pediatric Gyn	4/24/03	1
		Resident lecture, Child Sexual Abuse	8/14/03	1
		Resident teaching rounds	3/28+4/11/03	2
		Resident clinical teaching-gyn clinic	4 ^o monthly =	48

TOTAL CATEGORY II CREDITS *84*

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

Dated: 1/16/04

Physician Signature:

Susan Smith

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

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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.

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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 66601.

* * * * *

Return to My ACOG :

**The American College of Obstetricians and
Gynecologists**



**PROGRAM FOR CONTINUING PROFESSIONAL
DEVELOPMENT**

ACOG COGNATE PROGRAM

TRANSCRIPT

409 12th Street, SW
PO Box 96920
Washington, DC 20090-6920
(800) 673-8444 - (202) 863-2405
e-mail: cognates@acog.org

ACOG ID Number: F 0066644

Susan Fay Smith MD
23 Mansfield Ave
Burlington, VT 05401-3323

Cognates Posted December 1, 2003

Activity Date	Code	ACOG/ACCME Approved Category I Activity	COGNATE Hours	Cumulative Total by Cycle
03/31/2001	06	ACCME HOSP TRAINING SESSIONS	10	10
05/20/2001	01	ACCME COURSE/MEETING	18	28
06/30/2001	06	ACCME HOSP TRAINING SESSIONS	8	36
09/30/2001	06	ACCME HOSP TRAINING SESSIONS	2	38
10/26/2001	01	ACCME COURSE/MEETING	5	43
12/31/2001	06	ACCME HOSP TRAINING SESSIONS	5	48
03/22/2002	01	ACCME COURSE/MEETING	27	75
03/31/2002	06	ACCME HOSP TRAINING SESSIONS	6	81
06/09/2002	01	ACCME COURSE/MEETING	14	95
06/30/2002	06	ACCME HOSP TRAINING SESSIONS	8	103
07/14/2002	01	ACCME COURSE/MEETING	14	117
09/30/2002	06	ACCME HOSP TRAINING SESSIONS	2	119
12/31/2002	06	ACCME HOSP TRAINING SESSIONS	6	125
05/18/2003	01	ACCME COURSE/MEETING	17	142
06/30/2003	06	ACCME HOSP TRAINING SESSIONS	6	148

Summary of Category I COGNATE Hours for Primary Cycle		Summary of Category I COGNATE Hours for Secondary Cycle	
Reporting Years	Total COGNATE Hours	Reporting Years	Total COGNATE Hours
2001	48	2004	0
2002	77	2005	0
2003	23	2006	0
Total COGNATE Hours This Cycle		148	Total COGNATE Hours This Cycle 0

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STATE OF MAINE
BOARD OF LICENSURE IN MEDICINE
137 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0137

JOHN ELIAS BALDACCI
GOVERNOR

EDWARD DAVID, M.D.J.D.
CHAIRMAN

RANDAL C. MANNING
EXECUTIVE DIRECTOR

January 28, 2004

Susan F. Smith, MD
23 Mansfield Ave
Burlington VT 05401

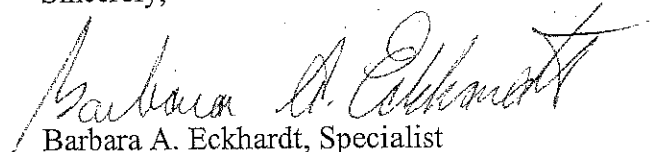
Dear Dr. Smith:

I am writing to confirm that you have applied for renewal of your Maine medical license, but the Board has not yet taken final action on your application.

Under Maine law, Title 5 M.R.S.A., Section 10002:..."when a licensee has made timely and sufficient application for renewal, the existing license shall not expire until the application has been finally determined by the agency." Therefore, your existing license does not expire on January 31, 2004, as it states. Your license remains an Active status license pending final action on your renewal application.

If I can be of further assistance, please feel free to contact me at (207) 287-3604.

Sincerely,


Barbara A. Eckhardt, Specialist
MD Renewal/PA Licensure

/bae

Board of Licensure in Medicine
2 Bangor St.
137 SHS
Augusta ME 04330

Telephone: (207) 287-3601
Fax: (207) 287-6590

FAX

To: Bev Dion

From: Barbara A. Eckhardt, Specialist, MD Renewal/PA Licensure/Registration

Fax: (802) 878 0-8001

Date: January 28, 2004

Pages: 2

Re: Susan F. Smith, MD's Confirmation Letter

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

ATTENTION: MD Renewal Specialist

TO: Susan F. Smith, MD

License # 015578

DATE OF RETURN: 1/23/04

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:

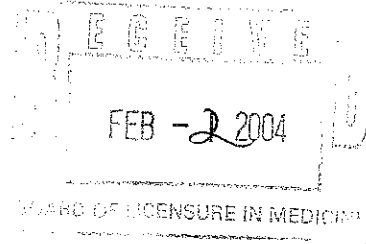
- ☐ Failed to date and sign form.
- ☐ Failed to remit _____ license application fee.
- ☐ Please remit \$100. late fee. The law provides that the Board assess a fee in addition to the renewal fee when it is necessary to write to a licensee about an incomplete or missing renewal application after expiration 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) 15-16, or provide the following data:

_____ All "yes" questions must be fully
_____ answered on an 8 1/2 x 11 sheet of
_____ paper.

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.



23 MANSFIELD AVENUE, BURLINGTON, VT 05401
802.863.9001 FAX 802.862.9637



CHERYL A. GIBSON, MD
SUSAN F. SMITH, MD
GAILYN B. THOMAS, MD
KATRA KINDAR, PA
CATE NICHOLAS, MS, PA
JANET YOUNG, PA

January 29, 2004

Maine Board of Licensure in Medicine
137 State House
2 Bangor Street
Augusta, Maine 04333-0137
Fax: 207 287 6590

RE: License Registration, Maine License number 015518

Dear Colleagues:

In regard to question (15-11), I am a staff physician employed by Planned Parenthood of Northern New England. As such, I take regular call rotation with two other staff physicians to advise PPNNE nurse practitioners and physician assistants in Vermont, New Hampshire and Maine on issues of patient management. I do no direct patient care outside of Burlington, Vermont.

I hope this answers your concerns. Thank you.

Sincerely yours,

Susan F. Smith, M.D.
SFS/ss



STATE OF MAINE
BOARD OF LICENSURE IN MEDICINE
137 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0137

JOHN ELIAS BALDACCI
GOVERNOR

EDWARD DAVID, M.D.J.D.
CHAIRMAN

RANDAL C. MANNING
EXECUTIVE DIRECTOR

February 4, 2004

Susan F. Smith, MD
23 Mansfield Ave
Burlington VT 05401

Dear Dr. Smith:

I am writing to inform you that your license #015518 has been renewed. Your new issue date is 1/31/2006. Please expect to receive your license within the next 10 days.

Yours truly,


Barbara A. Eckhardt, Specialist
MD Renewal/PA Licensure/Registration

BAE

Board of Licensure in Medicine
2 Bangor St.
137 SHS
Augusta ME 04330

Telephone: (207) 287-3601
Fax: (207) 287-6590

FAX

To: Bev Dion

From: Barbara A. Eckhardt, Specialist, MD Renewal/PA Licensure/Registration

Fax: (802) 878-8001

Date: February 4, 2004

Pages: 2

Re: Susan F. Smith, MD

I renewed Dr. Smith's this afternoon. Attached is a letter updating Dr. Smith's license status.

**M.D. License
Renewal**
Maine Board of Licensure in Medicine

 137 State House Station
 Augusta, ME 04333-0137
 (207)287-3601
 Fax: (207)287-6950

 CR# 94884
 JAN 26 2006

 Fee: 400 ✓
 Exempt: _____
 Late: _____

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.

Please correct any of the following information that may be missing or incorrect.

Name: Susan F Smith

Address: 23 Mansfield Ave

Burlington VT 05401

United States

Daytime Phone No: (802)863-9001

Date of Birth: _____

License No: 015518

Social Security No: _____

Email address: _____

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. With prior application to and approval from the Board, I will not practice medicine in Maine or provide professional services in Maine, in 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. If the spelling of your name, social security number, or date of birth preprinted above is not correct, please circle the error and legibly correct information.
- B. The Board requires BOTH your HOME mailing address and phone #, and the address and phone # of your PRINCIPAL PLACE OF PRACTICE. You may designate which of the two you wish to be used for mailings from the Board. Note however that the address designate for that purpose will also be the address circulated by the Board in listings and publications available to the general public the Internet.

5. I Prefer Board contact me at Home, or at Business (H/B) B _____

My Home mailing address and phone are:

If your home address is incorrect, please correct it

If your business address is incorrect, please correct it

Telephone: _____

My Business mailing address and phone are:

23 Mansfield Ave
 Burlington VT 05401
 United States
 (802)863-9001

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

Check box if ABMS certified in each specialty.

8. Primary Specialty: Obstetrics and Gynecology ☒ 10. Sub-Specialty 2: _____

9. Sub-Specialty 1: _____

11. I am ABMS Specialty Board certified (Y/N) Y by: (Board name) American Board of OB Gyn

1110465

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 indicate the method you employ to secure professional medical malpractice liability insurance. If you have no coverage answer "Y" to 'Self Insured':

- Are you Self Insured (Y/N) N

Smith, Susan, F
 License Number: 015518
 Issue Date: January 31, 2006

- Is your insurance Employer Paid (Y/N) Y
- Is your insurance Physician Paid (Y/N) Y

Insurance Company (Name/Address):

National Union Fire Insurance

Policy #: 2648262

If your Insurance information is incorrect, please correct here:

Policy # 6793286

Name of person or entity who or which pays your insurance premium:

Planned Parenthood of Northern New England

BACKGROUND DATA:

(All Applicants must complete. Use additional sheet if necessary)

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):

	State	Certificate #	Expiration Date	Present Status
1	New Hampshire	9340	06/30/2002	Active
2	Vermont	042-0005990	11/30/2002	Active
3				
4				
5				

(Please make corrections to information below)

	State	Certificate #	Expiration Date	Present Status
1				
2				
3				
4				
5				

☐ 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 8½" 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? *I serve as consulting physician for Planned Parenthood of Northern New England midlevel practitioners.)*

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 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 residence.

Date: 1/4/2006 Signature: Susan F Smith MD
Typed or Printed Name: Susan F Smith MD

For Office Use Only:

Staff Rev Date: Recommendation:

CONTINUING MEDICAL EDUCATION REPORT

For reporting CME credits earned during the previous 24 months.

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.docboard.org/me/rule.html>] 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 90

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.docboard.org/me/rule.html>] Sixty (60) CME credits are required.

NOTE: Category I may be substituted for Category II.

Total Category II Credits Earned 60

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

Date: 1/4/06

Physician Signature: Susan F Smith, MD

Typed or Printed Name: Susan F Smith, MD, MD

Instructions for completing The Application for Maine Medical License Renewal form:

The following definitions are intended to help you complete the Maine Board of Licensure in Medicine Renewal Application form.

Type of Licensure Status for Which Applying (select only one):

1. **Renewal of status as ACTIVE:** You intend to provide professional medical services to patients within Maine's borders, on either a full or part time basis. To qualify for ACTIVE status, you must report CME activities satisfactory to the Board showing a minimum of 40 Category I and 60 Category II CME credits earned during the previous licensing period.
2. **Renewal of status as 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 any medical practice within Maine, including writing prescriptions for friends, family, self, or anyone. Physicians who check box 2 and sign the application affidavit 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 an ACTIVE- status license. Physicians registered INACTIVE may not subsequently commence medical practice within Maine without first submitting a report 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.
3. **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.
4. **Request to Withdraw:** Physicians who wish to discontinue Maine licensure may use this License 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. However, the application form must be completed and accepted by the Board before withdrawal is effected. Note that a Maine license once withdrawn may not be reinstated after five (5) years. Also, the licenses of some other states may become void if granted in reciprocity with a Maine license which is subsequently withdrawn from registration.

Liability Insurance data:

This section must be completed if applying for registration in ACTIVE classification. Information you supply here is required for the Maine Rural Health Access Program {24-A MRSA, Ch. 75, §6304, (3)}. The information 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. Please select 'Self Insurance' if you have no professional liability insurance, or if you only pay a portion of the premium.

Background Data:

Item **13** asks you to list any permanent medical practice license granted you by any state or Canadian province, whether or not it is still in force. Please do not list training permits or temporary or locum tenens licenses which you have been issued. If you were ever denied a license, see item **14.1**.

Items **14.1 through 14.4** refer to events which may have occurred at any time since you completed your medical education and commenced your medical career.

Items **14.5 through 14.15** 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 qualifications 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 previous renewal periods which was closed by a settlement during your last renewal should be disclosed. If this is your first renewal, please 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 had been or is being resolved. For example: Item **14.6** 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 your treating physician who can confirm current fitness to continue practice. The Board will inform you if clinical records or reports are required. If you reported an impairing addictive disease on your registration application for a prior registration period, please so indicate and limit your 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 **14.13**, regarding professional liability claims experience, is the question most likely to generate follow-up letters from the Board staff and delay in your license renewal if not answered completely. Please report all claims of which you have been noticed since your 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 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 Professional (Malpractice) Liability Claim Experience Form attached. See the following fictitious example:

My Name: John B. Doe, MD

Identity of Case: Burns v. John B. Doe, MD, Samuel W. 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

Malpractice 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 appeared in the chart as the physician ordering ultrasound on first hospital day.

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

The Board's staff is available to assist you by phone at (207)287-3604, Monday through Friday, 8:00 am to 4:30 pm, Eastern Daylight time.

Veinott, Tammy L

From: mike@informe.org
Sent: Tuesday, January 08, 2008 6:42 PM
To: mike@informe.org; lesley@informe.org; Fike, Mike J; BOM-Renewal
Subject: MBLM - New Registrant - Smith-015518

User: Susan Smith
License#: 015518
Renewal Status: Active
Renewal Confirmation: 1643770
Renewal Approved: N
Approved Reason: Applicant had at least one yes response in the questionsire.

Reported CME credits:
Cat1: 89 credits
Cat2: 63 teaching + reading that is not included in total hours. credits

Reported Insurance Information:
Method: employer
Employer: Planned Parenthood of NNE
Company Name: National Union Fire Insurance
Ins#: 6793286

Smith, Susan, F
License Number: 015518
Issue Date: January 17, 2008

Veinott, Tammy L

From: mike@informe.org
Sent: Tuesday, January 08, 2008 5:54 PM
To: mike@informe.org; lesley@informe.org; Fike, Mike J; BOM-Renewal
Subject: MBLM - Questionnaire - Smith -015518

User: Susan Smith
License#: 015518

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

"Yes. I am a staff physician employed by Planned Parenthood of Northern New England. As such, I take regular call rotation with two other staff physicians to advise PPNNE nurse practitioners and physician assistants in Vermont, New Hampshire and Maine on issues of patient management. I do no direct patient care outside of Burlington, Vermont. "
=====

Veinott, Tammy L

From: mike@informe.org
Sent: Tuesday, January 08, 2008 6:32 PM
To: mike@informe.org; lesley@informe.org; Fike, Mike J; BOM-Renewal
Subject: MBLM - Questionnaire - Smith-015518

User: Susan Smith
License#: 015518

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

"I am a staff physician employed by Planned Parenthood of Northern New England. As such, I take regular call with two other staff physicians to advise PPNNE nurse practitioners and physician assistants in Vermont, New Hampshire and Maine on issues of patient management. I do no direct patient care outside of Burlington, Vermont."
=====

Veinott, Tammy L

From: mike@informe.org
Sent: Thursday, January 07, 2010 7:10 PM
To: mike@informe.org; jgrace@informe.org; kim@informe.org; Fike, Mike J; BOM-Renewal; Veinott, Tammy L
Subject: MBLM - New Registrant - Smith-015518

User: Susan Smith
License#: 015518
Renewal Status: Active
Renewal Confirmation: 12487770
Renewal Approved: N
Approved Reason: Applicant had at least one yes response in the questionnaire.

Reported CME credits:
Cat1: 82 credits
Cat2: 60 credits

Reported Insurance Information:
Method: employer
Employer: Planned Parenthood of N. New England
Company Name: National Union Fire Insurance
Ins#: 6793286

Smith, Susan
License # 015518

Veinott, Tammy L

From: mike@informe.org
Sent: Thursday, January 07, 2010 7:02 PM
To: mike@informe.org; jgrace@informe.org; kim@informe.org; Fike, Mike J; BOM-Renewal; Veinott, Tammy L
Subject: MBLM - Questionnaire - Smith-015518

User: Susan Smith
License#: 015518

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

"I am a staff physician at Planned Parenthood of Northern New England. As such, I take regular call rotation with two other staff physicians, consulting with PPNNE nurse practioners and physician assistants in Maine, New Hampshire and Vermont regarding patient management. "

=====



Paul R. LePage
GOVERNOR

STATE OF MAINE
BOARD OF LICENSURE IN MEDICINE
137 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0137

Gary R. Hatfield, M.D.
CHAIRMAN

Randal C. Manning, M.B.A.
EXECUTIVE DIRECTOR

March 8, 2012

SUSAN F. SMITH, MD
VERMONT GYNECOLOGY
1775 WILLISTON RD
SOUTH BURLINGTON, VT 05403-6491

CERTIFIED MAIL, RETURN RECEIPT REQUESTED

Re: Notice of Suspension of Maine medical license
License number: MD15518

Dear Doctor:

The Board of Licensure in Medicine is required to notify you that, pursuant to 32 M.R.S. § 3280-A, your license to practice medicine and surgery in Maine is administratively suspended for thirty (30) calendar days, effective this date. The term "administratively suspended" is a quote from the statute and is not disciplinary.

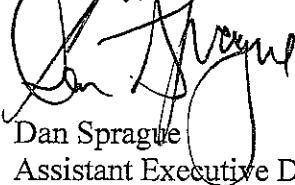
YOU CANNOT LEGALLY PRACTICE MEDICINE IN MAINE UNTIL A COMPLETE RENEWAL APPLICATION IS FILED WITH THE BOARD. If your complete renewal application, including the \$100 late fee, is not submitted **WITHIN THIRTY (30) DAYS**, your license will immediately and automatically lapse by operation of law without further notice.

A renewal application can be downloaded from our website at www.maine.gov/md.

The basis for this action is your failure to apply, in a timely fashion, for renewal of your Maine medical license. Renewal is required upon notice of expiration of license mailed by the Board to your last known address. Two renewal postcards were sent, one was a reminder that your license was due to expire and the second was a notification that your license had expired.

Please respond to retain your license.

Sincerely,



Dan Sprague
Assistant Executive Director

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

SUSAN F. SMITH, MD
VERMONT GYNECOLOGY
1775 WILLISTON RD
SOUTH BURLINGTON, VT 05403-6491

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
Susan F. Smith ☐ Addressee

B. Received by (Printed Name) C. Date of Delivery
Stenson *3-12-12*

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from service label)

7008 1830 0000 8207 8257

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540



Paul R. LePage
GOVERNOR

STATE OF MAINE
BOARD OF LICENSURE IN MEDICINE
137 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0137

Gary R. Hatfield, M.D.
CHAIRMAN

Randal C. Manning, M.B.A.
EXECUTIVE DIRECTOR

April 10, 2012

SUSAN F. SMITH, MD
VERMONT GYNECOLOGY
1775 WILLISTON RD
SOUTH BURLINGTON, VT 05403-6491

SMITH, SUSAN
MD15518

Re: Maine medical license
License number: MD15518.

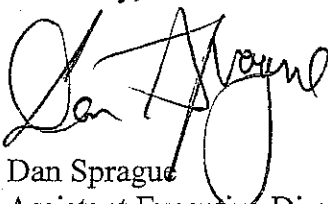
Dear Doctor:

I am writing in regard to your license to practice medicine and surgery in Maine. Your license was due for renewal on **01/31/2012**. Two renewal postcards were sent, one was reminder that your license was due to expire and the second was a notification that your license had expired. On **03/08/2012** a suspend notice was mailed certified mail, return receipt requested, informing you that your license would lapse by operation of law if completed renewal application form was not received by this office within 30 days.

Please be informed that because we have not received a completed renewal application form from you, your license to practice medicine and surgery in Maine lapsed by operation of law on **04/09/2012**.

You may not practice medicine nor prescribe in the state of Maine.

Sincerely,



Dan Sprague
Assistant Executive Director

DS/tv