ROBERT J. ANDELMAN, M.D. *President*

AMY FEITELSON, M.D. Vice President

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MARK SULLIVAN, P.A.
GAIL A. BARBA, PUBLIC MEMBER
DANIEL MORRISSEY, O.P., PUBLIC MEMBER
EDMUND J. WATERS, JR., PUBLIC MEMBER

New Hampshire Board of Medicine RECEIVED 2 INDUSTRIAL PARK DRIVE, SUITE 8, CONCORD, NH 03301-8520

2 INDUSTRIAL PARK DRIVE, SUITE 8, CONCORD, NH 03301-8520 Tel. (603) 271-1203 Fax (603) 271-6702 TDD Access: Relay NH 1-800-735-2964

TDD Access: Relay NH 1-800-735-296 WEB SITE: www.nh.gov/medicine AUG 3 1 2010

NH BOARD

PLEASE COMPLETE AND RETURN TO THE BOARD OF MEDICINE AS SOON AS POSSIBLE. <u>PLEASE PRINT.</u>

***NOTEPlease mark the box next to the address you would prefer to list as your mailing address
Physician Name: Kathleen M. Towanen
Business Name: Kathleen M. Tarvanen, M.D.
Address: 875 Breen kund Rd, B11
Orchard Park
Portsmouth NH 038H Office telephone: 673-436-2667
Business Fax Number: Jusiness E-Mail:
Home Address:
Home telephone:
Specialty: Gyncology Board certified: Yes ABOS
Hospital affiliations: Portmouth Regional Hospital
In what other states do you hold a current license: Maire



State of New Hampshire

BOARD OF REGISTRATION IN MEDICINE

HEALTH & WELFARE BUILDING — HAZEN DRIVE CONCORD, NEW HAMPSHIRE 03301

BOARO MEMBERS
STUART W. RUSSELL, M.D.
PRESIDENT
HUGH F. FAIRLEY, M.D.
JOHN PERLEY
STEPHEN A. TZIANABOS, M.D.
JANE WALTER, RPT, M. Ed.
WILLIAM T. WALLACE, Jr., M.D.
EXECUTIVE SECRETARY

TEL. (603) 271-4502

May 2, 1985

Kathleen Marie Toivanen, M.D.

This is to certify that you have been granted licensure to practice medicine in the state of New Hampshire. Your license #7106 is dated May 2, 1985.

Licensure is issued under the provisions of 329:16 which states in part, "...licenses issued under this section shall be conditioned upon the recipient taking up actual practice of medicine in the state within 18 months after issuance of the license and continuing such practice for at least one year..."

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

William T. Walry ma, most

William T. Wallace, Jr., M.D., M.P.H. Executive Secretary

Encs.

/tm

MAR 3 pages for Sharon

o acido est o casto da May 15, 1797 o Fmo 11**na 6NHMS**

May 15, 1998

7798

Tina Paquette, Membership Secretary NH Medical Society 7 North State Street Concord, NH 03301-4018

To Whom It May Concern:

This is to inform you that I will be practicing gynecology only as a sole proprietorship as of July 1, 1998. My new practice location will be 1245 Washington Road, P.O. Box 677, Rye, NH 03870 (phone 603-964-6918). Please address any communications to me at my new address and phone or preferably at my home

after June 30, 1998. Thank you for your assistance.

Sincerely,

Kathleen M. Toivanen, M.D.

7-10 days to be allowed for notification of Board action following meeting.

The State of New Hampshire

Board of Registration in Medicine

Spec - 83-98 Application No. 7798

Plans Ports & David Eldredy

I hereby apply* for license to practice Medicine in the State of New Hampshire as a Doctor of Medicine [as a Doctor of Osteopathy] ** and submit the following proofs, as required by the rules and regulations, formulated in accordance with the laws of the State of New Hampshire, and enclose a certified check or postal or express money order for the regular fee of \$150.00 (U. S. Funds) No Refunds.

certified check of postal of exp.	less money order to	i the regular lee of \$	150.00 (O. S. Funds)	No Refunds
I. Personal Particulars Name in fullKATHLEE	М		TOIVANE	Ν
(Do not use initials) Present residence: No.	., .	Middle names in full Street, (City	Last _ or town) (County) (State)	Zip
Post office address	•••••••		***************************************	Code
Date of birth	•	Birthplace	ity town or county) (State or	f foreign country)
If foreign born, date and place	•	as a citizen of the U	Jnited States: Date	
Age at last birthday Sex	Single, Ma FEMALE Divorced	rried, Widowed, or l (write the word).	Color race	or
2. Academic Education: Name and Location of Institutions Ornell United typ. Ith	_	.9/1965-	Period of Study - 6/1969	
Unwersity of Pennsylva Unwersity of Munice Academic degree of	nia Phils Pa ta, minneapolis , received	men 9/1973 -	-5/1970 12/1973 UNIVERSITY 1 PENNSYLVANIA	9.69
3. Medical Education: 6.5 Name and Location of All Institu Boston Unukasity Sch	ttions attended.	" UNIV. OF	MINNESOTA	1970 1975
Roeton Macesahuse				•••••

* 5.	Certified Copy of State or National Board License or Certificate.
	(Give a verbatim copy of License or Certificate certified by the Secretary with seal.)

Sæ National Board of Medical Examiners Endorsement of Certification

		NOissued
[SEAL]		γ
		Secretary.
6. Affidavit of Secretary.		
STATE OF		
County of	ss.	
	of	

7. Affidavit of Internship.			
STATE OF MASSACHUSE			[SEAL]
County of SUFFOLK	ss.		
		being duly sworn,	says that he is
	of the BRIGHAM IN	J WOMEN'S H	ospital located
at75 FRANCIS ST., B	OSTON, MA	and thatKATH	EEN
MARIE TOIVANEN			
12 months from JULY 1	19.81 to	JUNE 30	19 <u>.82</u>
Type of service (straight or ota Division of service (medical, sur If rotating, specify (in months	gical, etc.)		
Medicine - 6 Surgery - 3 Obstetrics - 3	Dermatology Oto-laryngo-rhinology Ophthalmology	Pathology Neurology Clinical laboratory	·
Gynecology Pediatrics	Roentgenology Psychiatry		
regiatrics	1/6		M D ID Ol
		dical Director) (Chief	
Survey to helpe me this			
		Notary I	upiic.
8. Affidavit of Internship Residency			
STATE OF MASSACHUSE	TTS		
County ofSUFFOLK			
Kenneth	J. Ryan MD	being duly so n,	says that he is
Prof. 50 08-9ym			rspital located
at 75 FRANCIS ST., BC	STON, MA	an?	Ð)
MARIE TO IVANEN	M. D. [D. O.], he	v.	1 from
JULY I	19.82 to		35
Type of service (straight) or rot Division of service (medical, su If rotating, specify (in months	rgical, etc`		
Medicine			
Obstetrics Cynecology Pediatrics			

9. Affidavit of Registrar See Notorized (opy of Birth Certificate
STATE OF	
County ofss.	
	being
duly sworn says that he is the(title of officia	
City, County, Registration District, Province, State) o	CC : 1 1 of high bearing the name of
and custodian of the records of birth thereof, and that	an official record of birth bearing the name of
(give name exactly as it appears on the record)	
on, 1, a	· · · · · · · · · · · · · · · · · · ·
the Town City of	State of,
child of	·
(name of mother exactly as it appears on the record)	
appears that said official record of birth was filed on	(month) (day)
(Signature)	
Sworn to before me this	day of 19
•••	(SEAL)
	Notary Public
10. Affidavit of Physician.	
STATE OF. MASSACHUSETTS	
County of MIDDLESEX ss. I, VANESSA BARSS M. I	ID OLGE BOSTON, MASSACHIKETTS
being duly sworn do hereby certify: that I am acc	yuginted with applicant and have known him
(her) for years; that I hold lice	ense No. 4753.7 to practice medicine
[osteopathy] in the State [Province] ofMASSA	CHOSETTS; and that I know applicant per-
sonally to be a physician [osteopathic physician] of	of good moral character a good professional
standing.	A
January Cl.	D. [D. 0.]
Sworn to before me this	day of . 19 8
Lusom	SEAL]
11. Affidavit of Physician.	
STATE OF MASSACHUSETTS	
County of MIPDLESEX	
I, JOAN BENGTSON	
being duly sworn do here1	
(her) forFour	
[osteopathy] in '	
sonally to be	
standir	

12. Affidavit of Officer of Medical [Osteopathic] Society:

STATE OF
County ofss.
M. D. [D. O.] of
being duly sworn, says that he is President or Secretary of the
Medical [Osteopathic] Society, and that
is at present a member in good standing of the
said Medical [Osteopathic] Society and that he is an ethical practitioner of good moral character.
Sworn to before me this
[SEAL] Notary Public.
13. Affidavit of the Applicant: STATE OFMASSACHUSETTS
County of SUFFOLK ss.
KATHLEEN MARIE TOIVANEN of BROOKLINE, MASSACHUSETTS
being duly sworn says that she is the person referred to in the above application for a license to prac-
tice medicine as a Doctor of Medicine [as a Doctor of Osteopathy] in the State of New Hampshire;
that she is a citizen of the United States [of Canada in the province of
] as shown by the above Affidavit of Registrar, wherein has name appears as
KATHLEEN MARIE TOLVANEN
for proof of citizenship hereto attached: tha

THE STATE OF NEW HAMPSHIRE BOARD OF REGISTRATION IN MEDICINE

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

/	
Application received	Application approved [denied] 19 19
	Examination 19
Application examined 19	
11/10 85	Accepted without examination
Candidate interviewed	License granted EndhiB Cent
· // • // · // · // // // // // // // // // //	5h- 8
by January	Date
3/11 ,,83	License No
Fee paid	LICEISC NO.
Form of fee P.O. Check Cash Cycles Order Order	
Remarks:	
	11.00.
The factor of th	
	Y

Name:

Address:

Phone:

Date of Birth:

Place of Birth:

Occupation:

Marital Status:

Spouse's Name:

Spouse's Occupation:

Number of Children:

Education:

1969 A.B.

1970 M.A.

1975 B.S.

1981 M.D. -

Work Experience:

1967-1969

1969-1970

1970-1972

1972-1973

1973-1975

1976-1979

Kathleen Marie Toivanen

617-732-6987 (work)

Chief Resident, Obstetrics and Gynecology, Brigham and Women's Hospital, Boston, Ma.

Retina Fellow, Massachusetts Eye and Ear Hospital, Boston, Ma.

Cornell University, Ithaca, N.Y., magna cum laude, Psychology and English University of Pennsylvania, Philadelphia, Pa., Experimental Psychology University of Minnesota, Minneapolis, Minr with high honors, Nursing Boston University School of Medicine, Boston, Ma., cum laude

Teaching Fellow, Introductory Psychology, Cornell University, Ithaca, N.Y.
Research Fellow, Department of Psychology
University of Pennsylvania, Philadelphia,
Assistant Editor, College Division, Hough
Mifflin Publishing Company, Boston, Ma.
Clerk, Rustler Lodge, Alta, Ut.
Research Assistant, Department of Otolaryngology, University of Minnesota,
Minneapolis, Minn.
Registered Nurse, General Medical and
Medical ICU, Beth Israel Hospital,
Boston, Ma.

Postdoctoral Training:

Internship and Residencies:

1981-1985

Obstetrics and Gynecology, Brigham and Women's Hospital, Boston, Ma.

Licensure and Certification:

1984

√ Massachusetts License Registration No. 53813

Awards and Honors:

1968

1980

1981

Psi Chi (Psychology Honorary), Cornell University, Ithaca, N.Y. Alpha Omega Alpha, Boston University School of Medicine, Boston, Ma. Benjamin Tenney Award in Obstetrics and Gynecology, Boston University School of Medicine, Boston, Ma.

Memberships, Offices and Committee Assignments in Professional Societies:

1982-

Junior Fellow, American College of Obstetricians and Gynecologists

References:

Dr. Frederick Frigoletto, Department of Obstetrics and Gynecology, Brigham and Women's Hospital, 75 Francis St., Boston, Ma.
Dr. Robert Knapp, Department of Obstetrics and Gynecology, Brigham and Women's Hospital,

75 Francis St., Boston, Ma.

Dr. Ruth Tuomala, Department of Obstetrics and Gynecology, Brigham and Women's Hospital, 75 Francis St., Boston, Ma.

JNIVERSITATIS BOSTONIENSIS

IN REPUBLICA MASSACHUSETTENSI SENATUS ET CURATORES

OMNIBUS AD QUOS HAE LITERAE PERVENERINT SALUTEM.

Kathleen Marie Toivanen, A.B.B.S. H.

ingenio bono praeditum moribusque probis ornatum se studiis in Schola hujus Universitatis Medica requisitis addixisset, et, interrogationibus rigidis a professoribus singulis propositis, se in arte medicinae et in scientiis ei inservientibus bene eruditum esse praebuisset; idcirco nobis placuit professoribus scholae antedictae consentientibus eum gradu

MEDICINAE DOCTORIS

Cum Paude

adornare, et ei omnia insignia, jura, honores et privilegia ad eum gradum hic aut uspiam spectantia concedere.

Die XVII Mensis Maii anno salutis nostrae MCMLXXXI Reiquepublicae CCV In cujus rei testimonium literis hisce Universitatis sigillo munitis Nos pro auctoritate nobis commissa nomina subscripsimus.

Gold Swarts Schille Routs



Am T. Julian.
PRASSS

Board of Registration in Medicine The State of New Hampshire Health and Welfare Building Hazen Drive Concord, N. H. 103301

To Whom It May Concern:

I am planning on practicing Posternice and gymerology in Portsmouth, N.H. after completing my residency June 30, 1985. I will be associated with Dave Eldredge, who has sent you notification of my employment.

Also included is the formal application, a notarized pholocopy of my medical school deploms, endorsement of certification from the National Board of Medical Examiners, a notarized copy of my birth certificate, and a morey order for \$150. Cleavance forms have been submitted to the State of Massachusetts, where I hold a current license. I hold no staff privileges at any hospital, and therefore have requested Dr. Kenneth Ryan and Dr. Frederick frigoletto, Chief of Obgyn and Coordinator of lesidency Program, to Submit latters of reference directly to you. I submit a curriculum vitae with my request for application for licensure.

I understand that a personal interview is required and will be requesting a date as soon as my application is complete

Sinceraly, Kathleen Towan TO IVANER

RECEIVED Februsny 4, 1985

Board of Registration in Medicine Health and Welfare Building Hazen Drive Concord, N.H. 03301

FEB 8 1985
Office of the Director
Division of

Public Health Services

DEST SUr:

I am completing my recidency training in obstetrics and agreeology in June, 1985 and am moving to , N.H. where I will enter practice with Dr. David Eldredge as of July, 1985. I therefore am applying for a medical license in New tampshire. I have completed four years of post-graduate training in the U.S. as requested by the Board. I am enclosing a curriculum vibe as requested. Please send me the necessary forms and information for application.

Sincerely, Kay Towanen

WOMEN'S HEALTH ASSOCIATES of PORTSMOUTH, P.A.

Obstetrics & Gynecology

KATHLEEN M. TOIVANEN, M.D.

SUSAN P. TREDWELL, M.D.

WENDY A. McLAUGHLIN, M.D.

Orchard Park Bldg. A 875 Greenland Road Portsmouth, NH 03801 (603) 436-1128

RECEIVED

APR 0 3 1991

NH BOARD OF REGISTRATION IN MEDICINE

March 28, 1991

NH State Board of Registration in Medicine 6 Hazen Dr. Concord, NH 03301

ATTN: Records Department

I would like to notify you of a change of address for the following physicians:

Kathleen M. Toivanen:

#7106

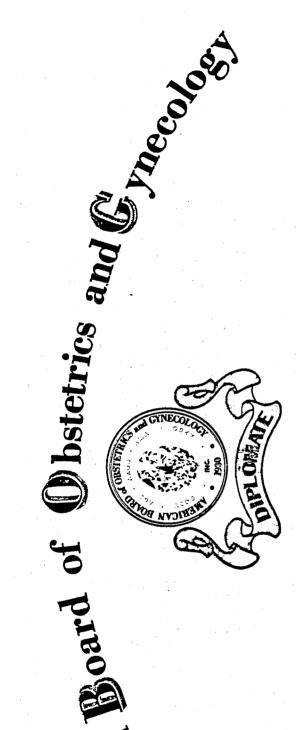
Our old address was: 278 Lafayette Rd.

Portsmouth, NH 03801

The new address is listed on this letterhead.

Thank you,

Patti Jo West Office Manager 7798



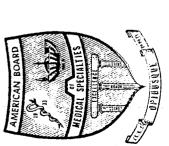
Merican

AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS ASSOCIATION OF PROFESSORS OF GYNECOLOGY-OBSTETRICS AMERICAN GYNECOLOGICAL AND OBSTETRICAL SOCIETY COMPOSED OF MEMBERS NOMINATED BY THE AMERICAN MEDICAL ASSOCIATION

CERTIFIES THAT

KATHLEEN M. TOIVANEN

HAVING PURSUED AN ACCEPTED COURSE OF GRADUATE STUDY AND CLINICAL WORK, HAS MET THE STANDARDS AND QUALIFICATIONS AND PASSED THE EXAMINATIONS REQUIRED BY THE AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY, INC. SHE HAS THEREBY DEMONSTRATED TO THE SATISFACTION OF THIS BOARD THAT IN THE SPECIALTY OF OBSTETRICS AND GYNECOLOGY IS RECOGNIZED, AND SHE IS AN ACKNOWLEDGED SHE IS POSSESSED OF SPECIAL KNOWLEDGE, AND BY THE AWARD OF THIS DIPLOMA HER PROFICIENCY DIPLOMATE OF THIS BOARD FROM DECEMBER 1987 THROUGH DECEMBER 1997



My Commission Expires May 14, 1990 8 2 C C 2 2 C EXECUTIVE DIRECTOR emos M. Grapan gover a cipale William Beegemuster Opening sandie Challe B. Homes D. B. 18mt of **DECEMBER 11, 1987** Dand RJ. Med 1 PRESIDENT William A.

- CHAIRMAN

Board of Obstetrics and Cynacology Merican

AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS ASSOCIATION OF PROFESSORS OF GYNECOLOGY-OBSTETRICS AMERICAN GYNECOLOGICAL AND OBSTETRICAL SOCIETY COMPOSED OF MEMBERS NOMINATED BY THE AMERICAN MEDICAL ASSOCIATION

CERTIFIES THAT

KATHLEEN M. TOIVANEN

HAVING PURSUED AN ACCEPTED COURSE OF GRADUATE STUDY AND CLINICAL WORK, HAS MET THE STANDARDS AND QUALIFICATIONS AND PASSED THE EXAMINATIONS REQUIRED BY THE AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY, INC. SHE HAS THEREBY DEMONSTRATED TO THE SATISFACTION OF THIS BOARD THAT IN THE SPECIALTY OF OBSTETRICS AND GYNECOLOGY IS RECOGNIZED, AND SHE IS AN ACKNOWLEDGED SHE IS POSSESSED OF SPECIAL KNOWLEDGE, AND BY THE AWARD OF THIS DIPLOMA HER PROFICIENCY DIPLOMATE OF THIS BOARD FROM DECEMBER 1987 THROUGH DECEMBER 1997

William A. Speller chithistan

My Commission, Expires May 14, 1930 TO Manuel EXECUTIVE DIRECTOR 3 red many author L. stubis emos M. Bragan gover a cipalo William Beegemuster. Open 2 service Chale B. Homes J. B. 11 Sant A **DECEMBER 11, 1987** - PRESIDENT Dame R. P. Del 1

- CHAIRMAN

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JUN 1 6 19	92:		6 K
Practice? Private	Other (Specify)	Retired?	
ARE YOU CER	TIFIED BY THE AMERICAN BOARD OF MEDICAL SPECIA	LTIES?	
X YES	NO IF YES, DESIGNATE SPECIALTY	36	
SOCIAL SECUR	ITY NUMBER		
I do :	not intend to renew by license - please place my license on inactiv	e.	
	D PAYABLE PRIOR TO JUNE 30, 1992.	•	
\$75.00 RENEWA	L FEE + \$75.00 LATE FEE FOR ALL RENEWAL CARDS RE	CEIVED AFTER JULY 1, 1992.	
	PAYABLE TO: TREASURER, STATE OF NH		
		CHANGE OF ADDRE	SS
OR CH	ILEEN MITOIVANEN MO IARD PARK BUILDING A		
	GREENLAND ROAD		
PORI	SPOLTH NH C3801		
		•	
	DURING THE LAST REGISTRATION PERIOD.		
	HAS ANY ACTION, INCLUDING ANY DISCIPLINARY ACTION OR LIMITATION OF RESTRICTION, OR ANY AGREEMENT FOR ANY REASON INCLUDING REHABILITY SEN TAKEN OR ENTERED BY A LICENSING BOARD?		• .
	2 HAS THERE BEEN ANY DENIAL, RESTRICTION, SUSPENSION OR LOSS/ REVOCATION OF YOUR DEA?	YESNO	
*.	3. HAVE YOU BEEN TREATED FOR USE OR MISUSE OF ANY CHEMICAL SUBSTAN	CE? YES X NO	
en e	4. HAVE YOU FAILED A WRITTEN (INCLUDING SPEX) OR ORAL EXAMINATION FOR LICENSURE OR COMPETENCY DETERMINATION?	X YES E NO	
· .	5. HAVE YOU BEEN HOSPITALIZED OR TREATED WITH MEDICATION FOR ANY PSYCHIATRIC, NEUROLOGICAL, OR COMMUNICABLE ILLNESS FOR A PERIOD EXCEEDING THIRTY DAYS?	YES X NO	- 5
	6. HAVE YOU BEEN FOUND GUILTY OR ENTERED A PLEA OF NO CONTEST TO ANY FELONY, OR TO A MISDEMEANOR INVOLVING MORAL TURPITUDE?	YES X NO	
	7. HAVE YOU EVER BEEN REPORTED TO THE NATIONAL PRACTITIONER DATA BANK?	YES X NO	
	8. ARE YOU OR HAVE YOU BEEN THE SUBJECT OF AN INVESTIGATION OR DISCIPLINARY PROCEEDING, BY ANY HOSPITAL, PROFESSIONAL SOCIETY, OR OTHER HEALTH CARE FACILITY?	YES X NO	
to ex	9. HAVE ANY HOSPITAL PRIVILEGES BEEN SUSPENDED, LIMITED OTHER THAN FOR MEDICAL RECORDS VIOLATIONS, OR DENIED.	YESNO	
**	IF THE ANSWER IS YES, PLEASE FILE A WRITTEN EXPLANATION.		
	I HEREBY CERTIFY, UNDER PENALTY OF PERJURY, THAT ALL INFORMATION ON TACCURATE.	THIS FORM IS CURRENTLY	
	Signature of Licensee (Signature Stamp Not Accepted)		

LIST ALL HOSPITAL AFFILIATIONS:

JUN 1 4 1993

STATE OF NEW HAMPSHIRE

06/30/1994

Board of Registration in Medicine

EXPIRES:

		Name in full Y		Towner reenland Rd nH os
KATHLEEN M TOIVANEN MD ORCHARD PARK BUILDING A 875 GREENLAND RD PORTSMOUTH NH Ø38Ø1-4164	:	Home Address	605-434	85//-
		Come Well		

Please check appropriate mailing address.

Practice? Private Other (Specify) Retired?	
Specialty 08-GYN Board Certified? 45 If yes, designate specialty 08-GYN	
Social Security #	
I DO NOT intend to renew my license - please place my license on inactive status.	· :
at all hospital affiliations: Portsmouth Regional Haspital	
La mospital allillations: Tortsmouth Kacional Hospital	
R what other states do you hold license:	
1. HAS ANY ACTION, INCLUDING ANY DISCIPLINARY ACTION, LIMITATION, RESTRICTION, OR AN AGREEMENT FOR ANY REASON INCLUDING REHABILITATION BEEN TAKEN OR ENTERED BY A LICENSING BOARD? 2. HAVE YOU EVER BEEN DENIED OR YOU HAVE SURRENDERED A LICENSE IN ANY OTHER STATE? 3. HAS THERE BEEN ANY DENIAL, RESTRICTION, SUSPENSION OR LOSS/REVOCATION OR YOUR DEA? 4. HAVE YOU BEEN TREATED FOR USE OR MISUSE OF ANY CHEMICAL SUBSTANCE? 5. HAVE YOU BEEN TREATED FOR USE OR MISUSE OF ANY CHEMICAL SUBSTANCE? 6. HAVE YOU EVER HAD ANY EMOTIONAL DISTURBANCE OR MENTAL ILLNESS WHICH HAS IMPAIRED YOUR ABILITY TO PRACTICE MEDICINE? 7. HAVE YOU BEEN FOUND GUILTY OR ENTERED A PLEA OF NO CONTEST TO ANY FELONY, OR TO A MISDEMEANOR? 8. HAVE YOU EVER BEEN REPORTED TO THE NATIONAL PRACTITIONER DATA BANK? 9. ARE YOU NOW OR HAVE YOU EVER BEEN THE SUBJECT OF AN INVESTIGATION OR DISCIPLINARY PROCEEDING? 10. HAVE ANY HOSPITAL PRIVILEGES BEEN SUSPENDED OR LIMITED OTHER THAN FOR MEDICAL RECORDS VIOLATIONS, OR HAVE ANY PRIVILEGES 11. HAVE ANY MEDICAL MALPRACTICE CLAIMS EVER BEEN MADE AGAINST YOU?	2. YES NO 3. YES NO 4. YES NO 5. YES NO 7. YES NO 8. YES NO
IF THE ANSWER IS YES TO ANY OF THESE QUESTIONS, PLEASE FILE A WRITTEN EXPLANATION	11. YES NO
I HEREBY CERTIFY, UNDER PENALTY OF PERJURY, THAT ALL INFORMATION ON THIS FORM IS CURRENTLY ACCURATE.	
Signature of Licensee (Signature Stamp Not Accepted) 5/10/93	
Date	

 $\sqrt{}$

MAY 0 9 1994 06/30/1995

STATE OF NEW HAMPSHIRE

Board of Registration in Medicine

EXPIRES:

	r lease check appropriate mailing address.		
	Name in full Kathleen M. Tolvare		
	Place of employment		
	Business Tel:		
KATHLEEN M TOIVANEN MD ORCHARD PARK BUILDING A	Home Address		
875 GREENLAND RD PORTSMOUTH NH 03801-4164			
	Home Tel;		
HAVE YOU BEEN CONTINUOUSLY ENGAGED IN THE ACTIVE PRACTICE OF MEDICINE? YES NO IF NO, PLEASE EXPL			
LIST ALL HOSPITAL AFFILIATIONS: DAYS OF THE PROPERTY OF THE PR	RENEWAL FEE: \$100.00		
IN WHAT OTHER STATES DO YOU HOLD LICENSE: Q active			
IN THE PAST 12 MONTHS:			
 HAS ANY ACTION, INCLUDING ANY DISCIPLINARY ACTION, LIMITATION, RESTRICTION, OR AN AGREEMENT FOR ANY REASON INCLUDING REHABILITATION BEEN TAKEN OR ENTERED BY A LICENSING BOARD? HAVE YOU BEEN DENIED OR HAVE YOU SURRENDERED A LICENSE IN ANY STATE OTHER THAN FOR RELOCATION OR RETIRE HAS THERE BEEN ANY DENIAL, RESTRICTION, SUSPENSION OR LOSS/REVOCATION OF YOUR DEA? HAVE YOU BEEN TREATED FOR USE OR MISUSE OF ANY CHEMICAL SUBSTANCE? HAVE YOU HAD ANY EMOTIONAL DISTURBANCE OR MENTAL ILLNESS WHICH HAS IMPAIRED YOUR ABILITY TO PRACTICE MED HAVE YOU BEEN FOUND GUILTY OR ENTERED A PLEA OF NO CONTEST TO ANY FELONY, OR TO A MISDEMEANOR? HAVE YOU BEEN REPORTED TO THE NATIONAL PRACTITIONER DATA BANKY IF YES, PLEASE SUBMIT A COPY OF THE REPORTANCE OF THE SUBJECT OF AN INVESTIGATION OR DISCIPLINARY PROCEEDING? HAVE ANY HOSPITAL PRIVILEGES BEEN SISPENIED. LIMITED ON DESIGNATIONS. 	3. YES Z NO 1. YE9 NO 1. YE9 NO 1. YES Z NO 1. YES Z NO 1. YES Z NO		
9. HAVE ANY HOSPITAL PRIVILEGES BEEN SUSPENDED, LIMITED, OR DENIED OTHER THAN FOR MEDICAL RECORDS VIOLATIONS HAVE YOU BEEN PLACED ON ADMINISTRATIVE LEAVE? 10. HAVE ANY MEDICAL MALPRACTICE CLAIMS BEEN MADE AGAINST YOU? SEE ATTACHED REPORTING FORM	8YESNO		
IF THE ANSWER IS YES TO ANY OF THESE QUESTIONS, PLEASE FILE A WRITTEN EXPLANATION.	10. Z YES _ NO B all Inc		
HEREBY CERTIFY, UNDER PENALTY OF PERJURY, THAT ALL INFORMATION ON THIS FORM IS CURRENTLY ACCURATE. **EXAMPLE AND THE STATE OF LICENSEE (Signature Stamp Not Accepted)** **EXAMPLE AND THE STATE OF LICENSEE (Signature Stamp Not Accepted)** **EXAMPLE AND THE STATE OF LICENSEE (Signature Stamp Not Accepted)** **EXAMPLE AND THE STATE OF LICENSEE (Signature Stamp Not Accepted)** **EXAMPLE AND THE STATE OF LICENSEE (Signature Stamp Not Accepted)** **EXAMPLE AND THE STATE OF LICENSEE (Signature Stamp Not Accepted)** **EXAMPLE AND THE STATE OF LICENSEE (Signature Stamp Not Accepted)** **EXAMPLE AND THE STATE OF LICENSEE (Signature Stamp Not Accepted)** **EXAMPLE AND THE STATE OF LICENSEE (Signature Stamp Not Accepted)** **EXAMPLE AND THE STATE OF LICENSEE (Signature Stamp Not Accepted)** **EXAMPLE AND THE STATE OF LICENSEE (Signature Stamp Not Accepted)** **EXAMPLE AND THE STATE OF LICENSEE (Signature Stamp Not Accepted)** **EXAMPLE AND THE STATE OF LICENSEE (Signature Stamp Not Accepted)** **EXAMPLE AND THE STATE OF LICENSEE (Signature Stamp Not Accepted)** **EXAMPLE AND THE STATE OF LICENSEE (Signature Stamp Not Accepted)** **EXAMPLE AND THE STATE OF LICENSEE (Signature Stamp Not Accepted)** **EXAMPLE AND THE STATE OF LICENSEE (Signature Stamp Not Accepted)** **EXAMPLE AND THE STATE OF LICENSEE (Signature Stamp Not Accepted)** **EXAMPLE AND THE STATE OF LICENSEE (Signature Stamp Not Accepted)** **EXAMPLE AND THE STATE OF LICENSEE (Signature Stamp Not Accepted)** **EXAMPLE AND THE STATE OF LICENSEE (Signature Stamp Not Accepted)** **EXAMPLE AND THE STATE OF LICENSEE (Signature Stamp Not Accepted)** **EXAMPLE AND THE STAMP NOT ACCEPTED THE STATE OF LICENSEE (Signature Stamp Not Accepted Stamp Not Acc			

MAY 9 A 1995 06/30/1996 EXPIRES: 7106

STATE OF NEW HAMPSHIRE

Board of Registration in Medicine

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					Name in	full	·	
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0	KATHLEEN M T DRCHARD PARK 375 GREENLAN PORTSMOUTH N	BUILDING A			Business Home Ad Home Tel	dress	03-43	6-1128
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ST ALL HOSPITAL AFFILIA	TIONS: POYTSY	nenew my license -	please place my lic	ENSE ON INACTIVE STA	ATUS.			
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Board of Medicine

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06/30/1997

	Please check appropriate mailing address.
	Name in Juli Kathleen M. Towanen Place of employment Women's Health
	Associates, P.A. Portsmouth
	Business Tell 603-436-1128
KATHLEEN M TOIVANEN MD	(Flome Address
	Home Tel:
VE YOU BEEN CONTINUOUSLY ENGAGED IN THE ACTIVE PRACTICE OF MEDICINE? YES NO	IF NO, PLEASE EXPLAIN RENEWAL FEE: \$100.00
I DO NOT INTEND TO RENEW MY LICENSE - PLEASE PLACE MY LICENSI TALL HOSPITAL AFFILIATIONS: POYSMOWTH REGIONAL HOSPI	E ON INACTIVE STATUS.
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MAY 1 9 1997

Board of Medicine

	6/30/98					
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SPECIALTY USOY		CERTIFIED? Yes		REA	NEWAL FEE: \$100.00.	
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N WHAT OTHER STATES DO Y	OU HOLD LICENSE:	3				
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Telephone #: 603-271-6934

BOARD OF MEDICINE

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

]	RENEWAL APPLICATIO	N	
For expiration on:	6/30/1999		Renewal Fee	e: \$100.00
	not to renew, your l	license, check here. icense will be placed on inac plication.	tive status. To reactivate	the license, you
The following inform any necessary change	es. Please note that	e information on file for you pursuant to RSA 329:16-f, an address within 30 days of the	Il licensees must inform t	ne. Please make the Board of any
Specialty:	OBG	Board Certified: Please list ABMS	(Y/N) Y Board Specialty: OBG	
Licensed in th	e states of: (2 letter	state abbrev.) NH		
Please mark the box	next to the address	you would prefer to list as yo	our mailing address.	
License #: 7106		File #: 77	798	
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(RENEWAL APPLICATION CONTINUED ON REVERSE SIDE)

Kathleen M. Towanen

Please answer each of the following questions. If your answer to any question is "Yes", you must provide a complete written explanation of the circumstances including any required documents. <u>DO NOT RESUBMIT INFORMATION REPORTED ON A PRIOR RENEWAL APPLICATION.</u>

In the past 12 months:	YES	NO
1. Have you been subject to any disciplinary action, limitation, restriction, or agreement for any reason, including rehabilitation by a licensing board?		V
2. Have you been denied or have you surrendered a license in any state other than for relocation or retirement?		<u>/</u>
3. Have you been subject to any denial, restriction, suspension or loss/revocation of your DEA certificate?	* ************************************	
4. Have you been treated for use or misuse of any chemical substance?		<u>/</u>
5. Have you had any emotional disturbance or mental or physical illness which has impaired your ability to practice medicine?	11	
6. Have you been found guilty or entered a plea of no contest to any felony or misdemeanor?	4 4 4	
7. Have you been reported to the National Practitioner's Data Bank? If yes, please submit a copy of the report. GAOS SECUMBE.	<u>V</u>	
8. Have you been the subject of an investigation or disciplinary proceeding?		
9. Have any hospital privileges been suspended, limited, or denied other than for medical records violations, or have you been placed on administrative or medical leave?		<u>/</u>
10. Have any medical malpractice claims been made against you? See attached reporting form.		<u> </u>
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I HEREBY CERTIFY UNDER PENALTY OF PERJURY, THAT ALL INFORMATION ON T	HIS FO	DRM IS
CURRENTLY ACCURATE.		
Signature of Licensee (Signature Stamp Not Accepted) 5/7/98 Date		

May 15, 1998

Karen Lamoureux NH Board of Medicine 2 Industrial Park Drive - Ste 8 Concord, NH 03301-8520

To Whom It May Concern:

This is to inform you that I will be practicing gynecology only as a sole proprietorship as of July 1, 1998. My new practice location will be 1245 Washington Road, P.O. Box 677, Rye, NH 03870 (phone 603-964-6918). Please address any communications to me at my new address and phone after June 30, 1998. Thank you for your assistance.

Sincerely,

Kathleen M. Towanen MD

Kathleen M. Toivanen, M.D.



BOARD OF MEDICINE2 Industrial Park Drive, Suite 8
Concord, NH 03301-8520

Telephone #: 603-271-6934

RENEWAL APPLICATION

			COLUMN TIER		2221011		
For expiration	on:	6/30/2000				Renewal F	ee: \$100.00
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Please answer each of the following questions. If your answer to any question is "Yes", you must provide a complete written explanation of the circumstances including any required documents. <u>DO NOT RESUBMIT INFORMATION REPORTED ON A PRIOR RENEWAL APPLICATION.</u>

In the past 12 months: YES	NO
Have you been subject to any disciplinary action, limitation, restriction, or agreement for any reason, including rehabilitation by a licensing board?	
2. Have you been denied or have you surrendered a license in any state other than for relocation or retirement?	
3. Have you been subject to any denial, restriction, suspension or loss/revocation of your DEA certificate?	
4. Have you been treated for use or misuse of any chemical substance?	
5. Have you had any emotional disturbance or mental or physical illness which has impaired your ability to practice medicine?	
6. Have you been found guilty or entered a plea of no contest to any felony or misdemeanor?	<u> </u>
7. Have you been reported to the National Practitioner's Data Bank? If yes, please submit a copy of the report.	1 <u>V</u>
8. Have you been the subject of an investigation or disciplinary proceeding? QUITE The control of the subject of an investigation or disciplinary proceeding?	<u> </u>
9. Have any hospital privileges been suspended, limited, or denied other than for medical interest and records violations, or have you been placed on administrative or medical leave?	
10. Have any medical malpractice claims been made against you? See attached reporting form,	<u> </u>
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THEREBY CERTIFY UNDER PENALTY OF PERJURY, THAT ALL INFORMATION ON THIS FO CURRENTLY ACCURATE.)RM IS
Kathun M. Tawawan MO Signature of Licensee (Signature Stamp Not Accepted) Date	



BOARD OF MEDICINE

Telephone #: 603-271-6934

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

	RENEWAL APPLIC	ATION
For expiration on: 6/30/20	(42) 17 (1) 1 (1) 1 (1) 1 (2) 1 (4) 1	Renewal Fee: \$100.00
If you choose not to re	enew your license, check here. new, your license will be placed o atement application.	n inactive status. To reactivate the license, you
The following information reany necessary changes. Pleas	presents the information on file for se note that pursuant to RSA 329:1 change in address within 30 day	r you with the Board of Medicine. Please make 6-f, all licensees must inform the Board of any s of the change.
Specialty: OBG	Please list A	fied: (Y/N) Y OBG
Licensed in the states o	1. (2 icitel state apprev.) 1/1/1	lo sus de lo sap io famor gastos quello .
Please mark the box next to the	de address you would prefer to list	t as your mailing address. To or which more a
License #: 7106 7106	m 10 kimiol mie osam 1000. Rile:	#::: 77 98 catholis (Vivial Section Street) (2.897) (100 Section Sect
		Work Address Glassing on color of swell
	Less of the contract of the last set of the la	1245 WASHINGTONRD PO BOX 677 RYE, NH 03870 Phome 1503-1954-5918
Pione	en de la company	
Hospial Affiliatons: (I	finot a NH hospital, please list c	ity and state where hospital is located.)
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Please answer each of the following questions. If your answer to any question is "Yes", you must provide a complete written explanation of the circumstances including any required documents. <u>DO NOT RESUBMIT INFORMATION REPORTED ON A PRIOR RENEWAL APPLICATION</u>.

1. Have you been subject to any disciplinary action, limitation, restriction, or agreement for any	
reason, including rehabilitation by a licensing board?	et tal Ar a to Zabe et a
2. Have you been denied or have you surrendered a license in any state other than for relocation or retirement?	
3. Have you been subject to any denial, restriction, suspension or loss/revocation of your DEA certificate?	
4. Have you been treated for use or misuse of any chemical substance?	
5. Have you had any emotional disturbance or mental or physical illness which has impaired your ability to practice medicine?	W.
6. Have you been found guilty or entered a plea of no contest to any felony or misdemeanor?	<u>-V</u>
7. Have you been reported to the National Practitioner's Data Bank? If yes, please submit a copy of the report.	Ź
8. Have you been the subject of an investigation or disciplinary proceeding?	<u>//</u>
9. Have any hospital privileges been suspended, limited, or demed other than for medical a records violations, or have you been placed on administrative or medical leave?).	
10. Have any medical malpractice claims been made against you? See attached reporting form.	1
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I HEREBY CERTIFY UNDER PENALTY OF PERIURY, THAT ALL INFORMATION ON THIS FO CURRENTLY ACCURATE.	RM IS
Kathen M. Tauauen Signature of Licensee (Signature Stamp Not Accepted) Date	

Telephone #: 603-271-6934

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

	VAL APPLICATION
For expiration on: (date _{6/30/2002}	Renewal Fee: \$150.00
If you DO NOT wish to renew your license will be required to file a reinstatement application	vill be placed on inactive status. To reactivate the license, you
any necessary changes. Please note that pursuan	ation on file for you with the Board of Medicine. Please make at to RSA 329:16-f, all licensees must inform the Board of any s within 30 days of the change.
Specialty: OBG	Board Certified: (Y/N) Y Please list ABMS Board Specialty: OBG
Licensed in the states of: (2 letter state ab	brev.) NH
Please mark the box next to the address you wo	uld prefer to list as your mailing address.
License #: 7106	File #: 7798
Home Address	Work Address
KATHLEEN M TOIVANEN, MD	1245 WASHINGTON RD
69 67 0 (RYE,NH 03870
	ir seminist in Ephone 2003 964-5918 ii.
Phone:	en 125-lugar zur Ernaber Schaffelberautiophilosophische Geberg (1811)
Hospital Affiliations: (If not a NH hospi	tal, please list city and state where hospital is located.) PITAL - PORTSMOUTH, NH
PLANCE ZINT ZOLICHTARNONAT IN TAX	

Please answer each of the following questions. If your answer to any question is "Yes", you must provide a complete written explanation of the circumstances including any required documents. <u>DO NOT RESUBMIT INFORMATION REPORTED ON A PRIOR RENEWAL APPLICATION.</u>

In	the past 12 months:	YES	NO
1.	Have you been subject to any disciplinary action, limitation, restriction, or agreement for any reason, including rehabilitation by a licensing board?		
2.	Have you been denied or have you surrendered a license in any state other than for relocation or retirement?	Z.	V
3.	Have you been subject to any denial, restriction, suspension or loss/revocation of your DEA certificate?	¥.	V
4.	Have you been treated for use or misuse of any chemical substance?	······································	
5.	Have you had any emotional disturbance or mental or physical illness which has impaired your ability to practice medicine?		<u>~</u>
6.	Have you been found guilty or entered a plea of no contest to any felony or misdemeanor?		
7.	Have you been reported to the National Practitioner's Data Bank? If yes, please submit a copy of the report.		<u>~</u>
8.	Have you been the subject of an investigation or disciplinary proceeding?		<u>~</u>
9.	Have any hospital privileges been suspended, limited, or denied other than for medical records violations, or have you been placed on administrative or medical leave?		_/
10	Have any medical malpractice claims been made against you? See attached reporting form.		
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Sig	Kathleen M. Towanen Enature of Licensee (Signature Stamp Not Accepted) H4401 Date		-

MAR 1 2 2002 STATE OF NEW HAMPSHIRE



BOARD OF MEDICINE

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

Telephone #: 603-271-6934

		RENEWAL APPLICA	TION
For expiration on:	6/30/2003		Renewal Fee: \$150.00
	not to renew, your		inactive status. To reactivate the license, you
	ges. Please note that		you with the Board of Medicine. Please make 6-f, all licensees must inform the Board of any of the change.
Specialty:	OBG	Board Certif	ied: (Y/N) Y BMS Board Specialty:_ _{OBG}
Licensed in th	ne states of: (2 letter	state abbrev.) NH	
Please mark the box	next to the address	you would prefer to list	as your mailing address.
License #: 7106		File#	‡: - ₇₇₉₈
H	ome Address		Work Address
K	ATHLEEN M TOIVAN	EN, MD	1245 WASHINGTON RD PO BOX 677 RYE, NH 03870
P	none:		Phone: 603*964-6918
		H hospital, please list ci	ity and state where hospital is located.) DUTH, NH

Please answer each of the following questions. If your answer to any question is "Yes", you must provide a complete written explanation of the circumstances including any required documents. <u>DO NOT RESUBMIT INFORMATION REPORTED ON A PRIOR RENEWAL APPLICATION.</u>

<u>In</u>	the past 12 months:	YES	NO
1.	Have you been subject to any disciplinary action, limitation, restriction, or agreement for any reason, including rehabilitation by a licensing board?		~
2.	Have you been denied or have you surrendered a license in any state other than for relocation or retirement?		V
3.	Have you been subject to any denial, restriction, suspension or loss/revocation of your DEA certificate?		<u> </u>
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5.	Have you had any emotional disturbance or mental or physical illness which has impaired your ability to practice medicine?	***************************************	
6.	Have you been found guilty or entered a plea of no contest to any felony or misdemeanor?		~
7.	Have you been reported to the National Practitioner's Data Bank? If yes, please submit a copy of the report.		
8.	Have you been the subject of an investigation or disciplinary proceeding?		~
9.	Have any hospital privileges been suspended, limited, or denied other than for medical records violations, or have you been placed on administrative or medical leave?	A	<u>~</u>
10	.Have any medical malpractice claims been made against you? See attached reporting form.	-	1/
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Si	Rathleen M. Towaner 3/3/02 gnature of Licensee (Signature Stamp Not Accepted) Date		



BOARD OF MEDICINE

Telephone #: 603-271-6934

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

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Lice	nsed in the states of: (2 letter state a	ibbrev.)			
Please mark	the box next to the address you w	ould prefer to list	as your mailing	address.	
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	KATURUS BALANTON VANGUS AID)		PAS WASHINGTO	(M) (de)	
			PO BOX 677 RAB, NH 05870		
	<u>ឱ្យលោ</u> ង		Phone: 603 964 6		
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<u>In the past 12 months:</u>	YES	NO
1. Have you been subject to any disciplinary action, limitation, restriction, or agreement for any reason, including rehabilitation by a licensing board?	plants	$\frac{1}{2}$
2. Have you been defined, or have you surrendered, a license in any state other than for relocation or retirement?	n :	<u>/</u>
3. Have you been subject to any denial, restriction, suspension or loss/revocation of your. DEA certificate?		<u>//</u>
4. Have you been treated, other than through the Physician Health Program, for abuse or misuse of any chemical substance, including alcohol?		<u> </u>
5. Have you had any emotional disturbance or mental or physical illness which has impaired your ability to practice medicine?		<u>/</u>
6. Have you been found guilty or entered a plea of no contest to any felony or misdemeanor?		4
7. Have you been reported to the National Practioner's Data Bank? If yes, please submit a copy of the report.		
8. Have you been the subject of an investigation or disciplinary proceeding?		
9 Ekave any hospital privileges been suspended, famited or dented other than for medical records violations, or have you been placed on administrative or medical leave?		
10. Ekrze any medical malpractice ekums been made agamst you? See attached reporting form		<u>'</u>
THEREBY CERTIFY UNDER PENALTY OF PERJURY, THAT ALL INFORMATION ON THE CURRENTLY ACCURATE	S.FORI	VIIS.
Kathen M Tanzinen 3/14/03		
Signature of Licensee (Signature Stamp Not Accepted)		

MAR 23 2005

STATE OF NEW HAMPSHIRE

Telephone #: 603-271-6934



BOARD OF MEDICINE

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

RENEWAL APPLICATION For expiration on: 06/30/07 Renewal Fee: \$300.00 If you DO NOT wish to renew your license, check here. If you choose not to renew, your license will be place on inactive status. To reactivate the license, you will be required to file a reinstatement application. The following information represents the information on file for you with the Board of Medicine. Please make any necessary changes. Please note that pursuant to RSA 329:16-f, all licensees must inform the Board of any change in address within 30 days of the change. Specialty: Board Certified: (Y/N) Y Please list ABMS Board Specialty: OBG Licensed in the states of: (2 letter state abbrev.) Please mark the box next to the address you would prefer to list as your mailing address. License #: 106 File #: 7798 Home Address Work Address KATHLEEN MITOIVANEN MD 1245 WASHINGTON RD PO BOX 677 RYE NEWSERO illiana laista aleksais atione. Birinis (Dini) Address Hospital Affiliations (23) Please list city and state where hospital is located. Check off type of privileges you hold for each Hospital Privilege Rull Courtesy Consult ORTSMOUTH REGIONA PORTSMOUTH NE ₩. [2] 1 國 \square

Please answer each of the following questions. If your answer to any question is "Yes", you must provide a complete written explanation of the circumstances including any required documents. <u>DO NOT RESUBMIT INFORMATION REPORTED ON A PRIOR RENEWAL APPLICATION.</u>

<u>In</u>	the past 24 months:	YES	NO
1.	Have you been subject to any disciplinary action, limitation, restriction, or agreement for any reason, including rehabilitation by a licensing board?		¥
2.	Have you been denied, or have you surrendered, a license in any state other than for relocation or retirement?		<u>/</u>
3.	Have you been subject to any denial, restriction, suspension or loss/revocation of your DEA certificate?		
4.	Have you been treated, other than through the Physician Health Program, for abuse or misuse of any chemical substance, including alcohol?		1
5.	Have you had any emotional disturbance or mental or physical illness which has impaired your ability to practice medicine?		
6.	Have you been found guilty or entered a plea of no contest to any felony or misdemeanor that has not been annulled by a court?		::::::::::::::::::::::::::::::::::::::
7. 11	Have you been reported to the National Practitioner's Data Bank? If yes, please submit a copy of the report.		2
8.	Have you been the subject of an investigation or disciplinary proceeding?		
9.	Have any hospital privileges been suspended. Limited or denied other than for medical records violations, or have you been placed on administrative or medical leave?		
10.	Have any medical malpractice claims been made against you? See attached reporting form.		
	EREBY CERTIFY UNDER PENALTY OF PERJURY, THAT ALL INFORMATION ON THIS RRENTLY ACCURATE.	S FOR	MIS
Sig	Hathlen M. Touthuen nature of Licensee (Signature Stamp Not Accepted) 2/14/05		

Telephone #: 603-271-6934



BOARD OF MEDICINE

2 Industrial Park Drive, Suite 8 Concord, NH_03301-8520

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NH BOA

For ex	kpiration on: 06/30/20	RENEWAL AP	PLICATION	Renewal Fee \$3	# 17 9
will b	If you choose not to	th to renew your license, check renew, your license will be planstatement application.	here.		
The f	ecessary changes. Pl	represents the information on lease note that pursuant to Range in address with	SA 329:16-1, all lic	ensees must inform	Please m the Boar
	Specialty: <u>OBG</u>	是明·杨明显的文章:2011年,1911年,1911年,1911年,1911年,1911年,1911年,1911年,1911年,1911年,1911年,1911年	l Carrified: (YAN) edisi ABMS Board		
	Licensed in the state	s of: (2 letter state abbrew.) <u>N</u>	DNE		
Mense	omark the box next to	the address you would proje	i Olisias your mui	ling address.	
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	Home Address	Gall Triev	Weils Nieless		
	KATHIDEEN MITOTVA	NEN MD			
			den waseinette	DN ROD	
			ROBOX 671 RVI (VIII) (1571)		
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Please answer each of the following questions. If your answer to any question is "Yes", you must provide a complete written explanation of the circumstances including any required documents. <u>DO NOT RESUBMIT INFORMATION REPORTED ON A PRIOR RENEWAL APPLICATION.</u>

In the past 24 months: YES	NO
Have you been subject to any disciplinary action, limitation, restriction or agreement for any reason, including rehabilitation, by a licensing board?	
2. Have you been denied, or have you surrendered, a license in any state other than for relocation or retirement?	
3. Have you been subject to any demail, restriction, suspension or loss/revocation of your DEA certificate?	
4 Have you been treated, other than through the Physician Health Program, for abuse or misuser of any chemical substance, including alcohol?	V
5. Have you had any emotional disturbance or mental or physical illness which has impaired your ability to practice medicine?	W
6. Have you been found guilty or entered a plea of no contest to any felony or misdemeanor that has not been annulled by a court?	
7. Have your been reported to the National Practitioner's Data Bank? If yes, please submit a copy of the report.	
8 Plane you been the subject of an investigation or disciplinary proceeding? Please exclude investigations and disciplinary proceedings conducted by the New Hampshire Board of Medicine	
9). Have any hospital privileges been anspended itented or denied other than formedical records wichtings or have you been placed on administrative or medical leave?	
10. There any institual maligraphies chains been made against you? See attached reporting to incl.	
^{ें शिवारामां के RSA 125(25) है, please affach a list of ALL affagnosite and the expensive services in whi you leave an ownership interest.}	oh
UNEREBY CERTIFY UNDER PENALTY OF PERJURY THAT ALL INFORMATION ON THIS FORM CURRENTLY ACCURATE:	I IS
Kallian M. Tawawan. Signature of Licensee (Signature Stamp Not Accepted) Date	

MAR 3 1 2009 RECEIVE STATE OF NEW HAMPSHIRE MAR 3 0 2009 Telephone.#: .603-271 6934

BOARD OF MEDICINE & ... 2 Industrial Park Drive, Suite 8 Concord, NH .03301=8520

For expiration on: 06/30/2011	Renewal Fee \$300.00
If you DO NOT wish to renew your he if you choose not to renew, your he will be required to file a remaintement appli-	ense will be placed on macrive status. To reactivate the freeze, yo
any necessary changes. Blease note that	itornation on life for you with the Board of Medicine. <u>Please material pursuant to RSA 329-16-3, all licensees must inform the Board entiress within 30 days of the change.</u>
Specially OBG	Currently Board Certified? (Y/N) <u>y</u> Please hat ABMS Board Specialty: <u>OBC</u>
Curcinly leansed in the states of (2 letter siette abbrev.) NONE
You must provide both home and busine Please mark the box next to the nilitees yo License # 7106	ss street address. 120 Boxes are not acceptable. Www.daprejer witst as your mailing address. File # -7798
N Address	World Address (* * * * * * * * * * * * * * * * * *
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illospital	Privilege Full Consissy Consult
PORTSMOUTERBEIGHA PERTSME	16**(5) Nisi
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Please answer each of the following questions. If your answer to any question is "Yes", you must provide a complete written explanation of the circumstances including any required documents. <u>DO NOT RESUBMIT INFORMATION REPORTED ON A PRIOR RENEWAL APPLICATION.</u>

In the past 24 months: YES NO With regard to any and all Boards or licensing bodies with which you hold or have held a license to practice medicine, have you been subject to any disciplinary action, limitation or restriction on your beense, or entered into any agreement with a flooring body for any. reason, inclinding but not limited to reliabilitation? 2. Have you been demed, or have you surrendered or allowed to lapse, a heense to pragrice medicine in any siste other than New Hampshire? Blave you been subject to any investigation of to a demail, restriction, suspension, loss or revocation of your DEA certificate? 4. Have you been treated, other than through the Physician Health Program, for abuse or manse of any chemical substance; including atcohol? 5. Have you had any emotional disturbance or mental or physical illness which has impaired your ability to practice medicine? 6. Have your been found guilty or entered a plea of no contest to any telopy, misdemeanor or alcohol or deig related offense that has not been annulled by a court? there you been reposted to the Marional Practitioner's Data Bank? If yes, please submit a oreigny et i ille (Selenie)

provide of medicing? Please exclude investigations and disciplinary proceedings conducted by the New Ekingshire Beard of Medicine.

i Flave you been the subject of an investigation of disciplinary accordating regarding the

- there any hospital provinges been suspended. Immed or denot other than for medical security of the second security states or medical take?
- to there any medical assignmence chains been made against you? See attached reporting forms

**Presumit to RSA 125:25-e, Liplease attach a list of A11, the growth and the appendic services in which you have an ownership interest.

THEREBY CERTIFY UNDER PENALTY OF PERJURY THAT ALL INFORMATION ON THIS FORM IS CURRENTLY ACCURATE.

Signature of Licensee (Signature Stamp Not Accepted)

Curuin

327/09

Date

... Telephone #:: 603-271-6934 ... APR 1 1 2011



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

For expiration on: 06/60/2013 NH BRENEY	VAL APPLICATION Renewal Fee: \$300.00
If you DO NOT wish to renew your license will be required to file a relistationent application	
	ition on file for you with the Board of Medicine. <u>Please mate</u> and to RSA 329 16-6 all licensees must inform the Board as within 30 days of the change
Specialty: Otic	Currently Board Certified? (Y/N) Y Please list ABMS Board Specialty ORG
. Currently beensed in the states of (2 letter	State abbrev.) ME NH NH
You must provide both home and business stre Please mark the box assette the address you word License #. — 7106	a prefer to list as your mailing address. File #: 7798
Flome Address	Work Address
CAVERIUMEN M TOTANIEN MID	S73 GREENLAND RD BU ORCHARD PARK PERTSMOLUTEL ARI (1880)
Phone:	Phones of all of 1667 Business from Amigss 1873
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