

Medicine Form 1

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office of the Professions
Division of Professional Licensing Services
89 Washington Avenue
Albany, NY 12234-1000
www.op.nysed.gov

Department Use Only

MIP

Application for Licensure and First Registration

RECEIVED
PROFESSIONAL LICENSING
2011 SEP -9 A 1:00

☐ 60 ☐ \$735 ☐ ER

Applicants Must Complete All Six Pages Of This Application *In Ink*

NYS License Number

263512

Date Issued

11/8/11

Initials

RD

5 Telephone/E-Mail Address

Home Phone

Area Code

E-Mail Address (Please Print)

1 Social Security Number

(Leave this blank if you do not have a U.S. Social Security Number)

2 Birth Date

Month

Day

Year

3 Print Name Exactly As You Wish It To Appear On Your License

Last

NOVELLO

First

RENEE

Middle

4 Mailing Address (You must notify the Department promptly of any address or name changes.)

Apt./Bldg.

St.

City

WEST WINDSOR

State

VT

Zip Code

Province/Country
If not U.S.

6 Name as it appears on degree or other credentials (If different from above): Renee Johannensen Novello

7 Citizenship:

☒ United States

☐ Alien lawfully admitted for a permanent residence in the United States

☐ Other Immigration

Citizen of:

Attach a photocopy of the front and back of your Alien Registration Card

8 I wish to become licensed on the basis of:

☐ Acceptable examination scores (see page 3 of this form)

☒ Endorsement of another license

(See "Applicants Licensed in Another State" section of Instructions.)

I am using FCVS to collect my credentials:

☒ YES

☐ NO

9 Have you previously applied for a New York State License or a limited permit to practice medicine?

☐ YES

☐ NO

10 Have you ever been found guilty after trial, or pleaded guilty, no contest, or nolo contendere to a crime (felony or misdemeanor) in any court?

11 Are criminal charges pending against you in any court?

12 Has any licensing or disciplinary authority refused to issue you a license or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a professional license or certificate held by you now or previously, or ever fined, censured, reprimanded or otherwise disciplined you?

13 Are charges pending against you in any jurisdiction for any sort of professional misconduct?

14 Has any hospital or licensed facility restricted or terminated your professional training, employment, or privileges or have you ever voluntarily or involuntarily resigned or withdrawn from such association to avoid imposition of such measures?

NOTE: If you answer "Yes" to any questions numbered 10-14, submit a letter giving complete explanation. Include copies of any court records, and if you possess one, a copy of the "Certificate of Relief from Disabilities" or your "Certificate of Good Conduct."

16 Are you licensed or have you ever been licensed as a physician in any other state or country? Yes ☐ No ☒

If yes, list each jurisdiction. If appropriate, you must also submit a Form 3A or 3B. See pages 14 - 15.

| State or Country | Date License Issued | Number | Basis of Licensure | | | Any Limitations on License |
|------------------|---------------------|------------|---------------------------|-------------|-------|----------------------------|
| | | | Examination (Date passed) | Endorsement | Other | |
| VERMONT | 7/2006 | 42-0011195 | | | | NO |
| New Hampshire | 6/2006 | 13120 | | | | no |
| New Jersey | 6/2001 | MA72624 | | | | INACTIVE |

17 Complete this section only if you are a graduate of a program not registered by New York State or LCME or AOA accredited.

Have you completed all portions of the examination requirements for ECFMG certification? ☐ Yes ☐ No

Do you currently hold a valid ECFMG certificate? ☐ Yes ☐ No

Please complete and forward the ECFMG form.

18 Are you applying for licensure on the basis of a Fifth Pathway program? ☐ Yes ☒ No

If Yes, list name and location of medical school or hospital and the inclusive dates of attendance.

| Name and Location of Medical School or Hospital | Inclusive Dates of Attendance |
|---|-------------------------------|
| | |
| | |
| | |
| | |

19 List in English, all specialty qualifications you have earned. (i.e., Board Specialty Certification or Diplomate Certificate)

| Name of Qualifications | Name and location of organization issuing credential |
|----------------------------|--|
| Board Certification 1/2006 | American Board of Ob/Gyn |
| Fellow 6/2006 | " " |
| | |
| | |

20 ☐ I will be applying for USMLE Step 3
OR
☐ I have successfully completed the examination combination indicated below:

EXAMINATION COMBINATIONS

| | |
|--|--|
| <input checked="" type="checkbox"/> USMLE Steps 1, 2, and 3 | <input type="checkbox"/> USMLE Step 1, NBME Part II, and USMLE Step 3 |
| <input type="checkbox"/> FLEX Parts I, II, and III | <input type="checkbox"/> USMLE Steps 1 and 2 and NBME Part III |
| <input type="checkbox"/> FLEX Components I and II | <input type="checkbox"/> USMLE Step 1, NBME Part II, and FLEX Component II |
| <input type="checkbox"/> NBME Parts I, II, and III | <input type="checkbox"/> NBME Part I, USMLE Step 2, and FLEX Component II |
| <input type="checkbox"/> NBME Parts I and II and USMLE Step 3 | <input type="checkbox"/> USMLE Steps 1 and 2 and FLEX Component II |
| <input type="checkbox"/> NBME Part I, USMLE Step 2 and NBME Part III | <input type="checkbox"/> NBME Parts I and II and FLEX Component II |
| <input type="checkbox"/> NBME Part I, and USMLE Steps 2 and 3 | <input type="checkbox"/> FLEX Component I and USMLE Step 3 |
| <input type="checkbox"/> USMLE Step 1, and NBME Parts II and III | <input type="checkbox"/> NBOME Parts I, II, and III |
| | <input type="checkbox"/> Other: _____ |

Date examination sequence was completed 12/98

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GENDER AND ETHNICITY: (This item is optional.)

Information on gender and ethnicity is sought solely to allow the Education Department to collect and analyze data concerning diversity in the licensed professions. The ethnic and gender data you provide will be used only for statistical, research, and program evaluation purposes. It will not be released to the public. This information has absolutely no bearing on your qualification for licensure.

GENDER: ☐ Male☒ FemaleETHNICITY: ☒ White (not Hispanic) ☐ Black (not Hispanic) ☐ Asian ☐ Hispanic ☐ Native American

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STUDENT LOAN DISCLOSURE:

The State Education Department is required* to ask these questions about any student loans made or guaranteed by the New York State Higher Education Services Corporation, and to forward any "yes" responses to the New York State Higher Education Services Corporation. Your license application is not complete without this information.

(a) Do you have any outstanding loans made or guaranteed by the New York State Higher Education Services Corporation?

☐ Yes ☒ No

(b) If you have such a loan(s), is any part in default?

☐ Yes ☐ No

*New York State Education Law, section 6501-a

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CHILD SUPPORT OBLIGATION:

Everyone applying for a professional license, permit, or registration, or any renewal thereof, must file a written statement that, as of the date of the filing, she or he is, or is not, under an obligation to pay child support*. Individuals who are four months or more in arrears in child support or who have failed to comply with a summons, subpoena or warrant relating to a paternity or child support proceeding may be subject to suspension of their business, professional, drivers and/or recreational licenses and permits. The intentional submission of false written statements for the purpose of frustrating or defeating the lawful enforcement of support obligations is punishable under section 175.35 of the Penal Law.

You must complete this section before we can issue the credential for which you have applied. Individuals who are not in compliance with their obligation to pay child support can be issued a credential for no more than six months in order to comply with their child support obligations.

Check only A or B below. If you check B, you must check one of the five statements listed below it.

A ☒ I am not under an obligation to pay child support;

OR

B ☐ I am under an obligation to pay child support and (please check only one of the following)

- ☐ I am current and am not four months or more in arrears in the payment of child support; or,
- ☐ I am making payments by income execution or by court agreed payment plan or by a plan agreed to by the parties; or,
- ☐ The child support obligation is the subject of a pending court proceeding; or,
- ☐ I am receiving public assistance or supplemental security income; or,
- ☐ None of the above four statements apply.

*New York State General Obligations Law, section 3-503

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89 Washington Avenue
Albany, NY 12234-1000
www.op.nysed.gov

Full in

Ms 11/3/11

INSTRUCTIONS: Please complete this form, have it notarized by a Notary Public and return it to the Office of the Professions at the address at the end of this form.

(Leave this blank if you do not have a U.S. Social Security Number)

Mont ☐ D ☐ Yes ☐

[illegible][illegible]

Apt./Bldg. [REDACTED]
[REDACTED]
WEST WINDSOR

State VT Zip Code 05602

Province/Country
If not U.S.

I, being duly sworn, declare and affirm that the statements made in this application, including accompanying documents, are true, complete and correct. I understand that any false or misleading information in, or in connection with, my application may be cause for denial or loss of licensure and may result in criminal prosecution.

Signature of the applicant:

State of Vermont County of Windsor

On the 27th day of OCTOBER in the year 2011 before me, the undersigned, personally appeared RENEE NOVELLO personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to this application and acknowledged to me that he/she executed the application and swore that the statements made by him/her in the application and all supporting materials are true, complete, and correct.

Notary Public signature

Notary ID number

Expiration date 02 / 10 / 2015
Month Day Year

DENEL McINTIRE
Notary Public - State of Vermont
My Comm. Expires: Feb. 10, 2015

Renee J. Novello, MD FACOG (nee Johannensen)

DOB: [REDACTED]
[REDACTED]
[REDACTED]
West Windsor, VT [REDACTED]
[REDACTED]
[REDACTED]

Curriculum Vitae

Medical Education

8/92-5/98 University of Medicine & Dentistry of New Jersey – New Jersey Medical School,
Newark, NJ Degree: MD 5/1998

Elected Alpha Omega Alpha Honor Medical Society (inducted as a third year medical student)

American Medical Women's Association – Janet M. Glasgow Memorial Achievement Citation

Merck Manual Award for Academic Excellence

Elected to Sigma Xi Scientific Research Honor Society

Undergraduate Education

1/86-5/90 Rutgers University – Newark

BA, Biology

Elected Phi Beta Kappa

Magna Cum Laude

College Honors Program

Elected Beta Beta Beta - Biological Honor Society

Residency

07/99-6/03 Monmouth Medical Center

300 2nd Avenue, Long Branch, NJ 07740

Resident: Obstetrics and Gynecology

Chief Resident: 7/02-6/03

Awards: Dr. Robert M. Mackensie Award (to the resident who contributed most to
overall teaching program and patient care in field of OB/GYN) 2001, 2003

Highest In-service score – all four years

Highest in-service score for Level – all four years

OB/GYN Resident Physician Research Award – 2000, 2001, 2002

Licensure

State of New Jersey – 2001

State of New Hampshire – 2006

State of Vermont – 2006

Board Certification

Board Certified American College of Obstetrics and Gynecology 1/2006 expires 12/31/2011

Designated Fellow 2006

Voluntary Recertification 2008, 2010

Medical Employment

5/1/2010 – Present

Planned Parenthood of Northern New England

89 Main Street

West Lebanon, NH

General gynecology with focus on family planning.

3/08-Present

Dartmouth Hitchcock Medical Center

1 Medical Center Drive

Lebanon, NH

Practice consists of hospital based obstetrics (laborist) and coverage of Emergency Department derived gynecology. Resident and medical student training and education.

1/15/07- 4/2010

Mt. Ascutney Hospital

289 County Road

Windsor, VT

Mt. Ascutney Hospital Clinic

Gynecology practice only

Practice consisted of general gynecology including office based, surgical and referral practice consisting of all aspects of general gynecology.

Research

6/98-6/99

UMDNJ & Albert Einstein College of Medicine, Bronx, NJ
Reproductive Endocrinology

Role of progesterone on regulation of LH secretion and the regulation of the menstrual cycle. This research came out of the work I did earlier with HMG-CoA reductase inhibitors & studying pooled progesterone measurements.

2/95-6/96

UMDNJ-New Jersey Medical School

Research Assistant

Worked in a reproductive endocrinology lab initially performing assays and later helping to refine assays. Research dealt with the effects of HMG-CoA reductase inhibitors on the menstrual cycle. Sponsored by Merck Pharmaceuticals

9/88-5/90

Rutgers University – Newark

Research Assistant – Student

Senior thesis was derived from work performed in the Physical Biochemistry Laboratory. We isolated and studied the physical and biochemical properties of Rhodopsin and other membrane proteins.

Residency Research Topics: Case Report on Fetal Triploidy and Acute Fatty Liver of Pregnancy, Case Report on Disseminated Gonococcal Disease in Pregnancy, Investigation of Cost Effectiveness of Bacterial Vaginosis Diagnosis with Gram Stain versus Femcard (research award given), and the investigation to determine if pregnant women over utilize medical services to determine the gender of their fetus (research award given).

10/06-approx. 10/07

The Good Neighbor Health Center
White River Junction, VT
Provide free general gynecology services to the uninsured

7/08-Present

Planned Parenthood Of Northern New England
(The work I do for Planned Parenthood is largely as a volunteer)

Other Employment

6/84-12/89

Arnhold and S. Bleichroeder, Inc.

Syndicate Associate - Syndication Department

Registered Representative Series 7 & 63

Distribution of initial public offerings and other new public security issues.

(Held this job full time throughout college)

New York, NY

Personal: Married, 4 children ages 9-21. Strong interests in farming, knitting, snowboarding and equestrian pursuits.

Publications

Case Report

Fibrin Sealant for Management of Complicated Obstetrical Lacerations

Whiteside, Asif and Novello

Obstetrics & Gynecology Vol. 115, Number 2, Part 2, February 2010

6/98

Excellent Correlation of a Single Measurement of Pregnanediol Glucuronide (PDG) from Whole Cycle Pooled Urine with Mean Daily PDG. Renee Johannensen Novello, Yesim Endaz, Tovaghgol Adel, Frank Curvin, Nanette Santoro, MD

10th International Society of Endocrinology

Spanish Lessons for Residents Increase Patient Satisfaction in a Predominately Spanish Population Clinic. L. Silva, K. Rao, R. Novello

Presented at 2006 APGO Conference in Orlando Florida

Professional Organizations

AMA – American Medical Association

ACO&G – American College of Obstetrics and Gynecology

APGO – Association of Professors of Gynecology and Obstetrics

Medical Committees

Monmouth Medical Center & Mt. Ascuntey Hospital – Performance Improvement Committee

Monmouth Medical Center – General Medical Education Committee

Monmouth Medical Center – OB/GYN Education Committee

Volunteer Experience & Community Service

Monmouth Healthcare Foundation*

Monmouth Medical Center*

Foodbank of Monmouth County*

Rumson Country Day School*

Monmouth University*

Monmouth Historical Society

Monmouth Conservation

Prevention First (Drug Education for Children)

Ski Runners 2010-Present

(Teaching Elementary School Children to snowboard)

*Spouse is former member of the Board of Trustees of these organizations

9/98-6/99

& 10/03-4/06

Planned Parenthood of Central New Jersey

Initially as a general volunteer &

then as a clinical volunteer

9/03 – 6/06

Monmouth Medical Center
300 2nd Avenue, Long Branch, NJ 07740
Department of Obstetrics and Gynecology
Director of Clinic Services

Director of general obstetrics, gynecology and colposcopic hospital based clinics, general Hospital Clinic Service obstetrical, gynecologic and antenatal in-patient services, and Hospital Clinic Service obstetrical and gynecologic surgery.

Teaching and Research:

4/2007 - present

Teaching of Dartmouth Hitchcock Ob/Gyn residents and Dartmouth Medical School students in clinical settings and lectures.

10/2003-6/2006

Lecture series, presentations and extensive clinical training of Ob\Gyn residents

Lecture series and clinical training for medical students from Drexel University College of Medicine and St. George University School of Medicine

Coordinator of resident research efforts at Monmouth Medical Center in 2005 and submitted 5 projects (4 awards were given to 3 of the projects in various categories).

Received 2006 APGO Excellence in Teaching Award

Appointments

2006 Clinical Assistant Professor of Obstetrics and Gynecology
Drexel University College of Medicine

2008 Dartmouth Medical School
Clinical Instructor

Chronologic list of all activities since graduation from medical school to present including vacation periods and periods of employment:

05/98-06/99

Time between medical school graduation and residency. Time devoted to family. Volunteered at Planned Parenthood of Central, NJ, continued with research in Reproductive Endocrinology at New Jersey Medical School and volunteered at Monmouth Historical society, children's programs.

07/99-6/03

Employed at a resident at Monmouth Medical Center

300 2nd Avenue, Long Branch, NJ 07740

Department of Obstetrics and Gynecology. Resident: Obstetrics and Gynecology

06/03-09/03

Time between graduating from residency and starting position of teaching staff physician held at Monmouth Medical Center.

09/03 – 06/06

Employed at Monmouth Medical Center

300 2nd Avenue, Long Branch, NJ 07740

Department of Obstetrics and Gynecology

Director of Clinic Services

06/06-01/07

Time between positions held at Monmouth Medical Center and Mt. Ascutney Hospital. Moved with family from New Jersey to Vermont.

1/15/07- 4/2010

Employed at Mt. Ascutney Hospital

289 County Road

Windsor, VT

Mt. Ascutney Hospital, gynecology practice only

3/08-Present

Employed at Dartmouth Hitchcock Medical Center – Department of OB/GYN

1 Medical Center Drive

Lebanon, NH

Dartmouth Medical School – academic appointment: Instructor

5/1/2010-Present

Employed by Planned Parenthood of Northern New England

89 Main Street

West Lebanon, NH

General gynecology with focus on family planning.

Provide a chronological list of all activities since graduation from medical school to the present. Include vacation periods and periods of employment. Attach additional sheets if necessary.

Please see attached
listing and resume
R. Newell Bond

Post Medical School Activity Record Form, Page 2 of 2, July 2004

27 EDUCATION PROGRAM REVIEW

I give permission to the New York State Education Department to release my examination results to my professional school for the confidential purposes of program review and institution research and planning. I may rescind this authority at any time by notifying the Division of Professional Licensing Services in writing.

☒ Yes

☐ No

Please initial: (RN)

28 AFFIDAVIT WITH ACKNOWLEDGMENT (Notarization required.)**APPLICANT**

I declare and affirm that the statements made in this application, including accompanying documents, are true, complete and correct. I understand that any false or misleading information in, or in connection with, my application may be cause for denial or loss of licensure and may result in criminal prosecution.

Signature of the applicant: 

Date: 09 / 06 / 2011
Month Day Year

NOTARY

State of Vermont County of Windsor

On the 6th day of September in the year 2011 before me, the undersigned, personally appeared Renee Novello, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to this application and acknowledged to me that he/she executed the application and swore that the statements made by him/her in the application and all supporting materials are true, complete, and correct.

Notary Public signature 

DENEL MCINTIRE
Notary Public - State of Vermont
My Comm. Expires: Feb. 10, 2015

Notary ID number VT N/A

Expiration date: 02 / 10 / 2015
Month Day Year

Mail this form and appropriate fee to: New York State Education Department, Office of the Professions, PO Box 22063, Albany, NY 12201. DO NOT SEND CASH. Make check or money order payable to the New York State Education Department.

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Provide a chronological list of all activities since graduation from medical school to the present. Include vacation periods and periods of employment. Attach additional sheets if necessary.

| DATE (mm/dd/yy) | | Type of Activity, Beginning with Date of Graduation from Medical School. Include Name and Address of Employers. |
|-----------------|-------|--|
| From | To | |
| 5/98 | 7/99 | Time between residency medical school and residency. Time devoted to family. Volunteered at Planned Parenthood of Central N.J., continued research in reproductive endocrinology at UMDNJ, and volunteered at Monmouth Historical Society, children's schools and sports programs |
| 6/03 | 10/03 | Time between graduating from residency and starting position held at Monmouth Medical Center, Long Branch, NJ. |
| 6/06 | 1/07 | Time between leaving Monmouth Medical Center position and starting at Mt. Ascutney Hospital in Vermont. Moved with family from N.J. to Vermont. |

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If you hold a New York State license in another profession, indicate the profession, your license number and date of licensure below.

| Profession | License Number | Date of Initial Licensure (mm/dd/yy) |
|------------|----------------|--------------------------------------|
| _____ | _____ | ____/____/____ |
| _____ | _____ | ____/____/____ |
| _____ | _____ | ____/____/____ |
| _____ | _____ | ____/____/____ |

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CHILD ABUSE IDENTIFICATION AND REPORTING: (check only one of the following.)

- ☐ I graduated from a medical school in New York State after September 1, 1990.
- ☐ I completed the child abuse coursework and have enclosed a certificate of completion from an approved provider.
- ☐ I am filing for an exemption to the requirement and have enclosed the exemption form.
- ☒ I am going to take the Child Abuse Identification course and submit the required form.

15 In the spaces below, give an accurate record of your educational preparation. Be sure to complete items A-E for each school. Please print. List diploma or degree titles in original language and translate. If no diploma or degree, indicate number of credits earned. Attach additional sheets if necessary.

| A. NAME OF SCHOOLS ATTENDED AND LOCATIONS | | B. NUMBER OF YEARS ATTENDED | C. ATTENDANCE | | D. TITLE OF DIPLOMA OR DEGREE OBTAINED (INDICATE YEAR OBTAINED) | E. IF NO DIPLOMA OR DEGREE, INDICATE NUMBER OF CREDITS EARNED |
|---|--|-----------------------------|--|--------------|---|---|
| | | | Entrance Date | Leaving Date | | |
| High School or Secondary School School Name <u>Ocean Township High School</u> City <u>Oakhurst</u> State/Country <u>N.J./U.S.A.</u> | | <u>3</u> | <u>9</u> / <u>78</u> / <u>4</u> / <u>82</u> | | | |
| Postsecondary Preprofessional School(s) (Exclusive of Medical School) School Name <u>Butgers University</u> City <u>Newark</u> State/Country <u>N.J./U.S.A.</u> | | <u>3</u> | <u>1</u> / <u>86</u> / <u>12</u> / <u>89</u> | <u>B.A.</u> | | |
| Medical Education (Professional, list all medical schools attended) School Name <u>UMDNJ - New Jersey Medical School</u> City <u>Newark</u> State/Country <u>N.J./U.S.A.</u> | | <u>3</u> | <u>8</u> / <u>92</u> / <u>5</u> / <u>98</u> | <u>M.D.</u> | | |
| School Name _____ City _____ State/Country _____ | | | | | | |

If you completed clinical clerkships in a country other than where your medical school is located, give the dates and location of these clerkships. Attach additional sheets if necessary.

| Inclusive Clerkship Dates | Clinical Area | Name of Health Care Facility And Address | Medical School with which Clerkship Affiliated and Address |
|---------------------------|---------------|--|--|
| | | | |