

Renee J. Novello, MD FACOG (nee Johannensen)

DOB: [REDACTED]

[REDACTED]

West Windsor, VT [REDACTED]

[REDACTED]

[REDACTED]

Curriculum Vitae

Medical Education

3/92-5/98 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

69 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

3/98-6/99

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

3/88-5/90

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.

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

Application for Licensure and First Registration

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

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

155-48-7215

2 Birth Date Month 03 Day 12 Year 64

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.
Street
City WEST WINDSOR
State VT Zip Code 02889
Province/Country
If not U.S.

5 Name as it appears on degree or other credentials (if different from above): Renee Johannessen 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	MA72024				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 4/2006	American Board of Otolaryngology
Fellow 6/2006	" "

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

EXAMINATION COMBINATIONS

- ☒ USMLE Steps 1, 2, and 3
- ☐ FLEX Parts I, II, and III
- ☐ FLEX Components I and II
- ☐ NBME Parts I, II, and III
- ☐ NBME Parts I and II and USMLE Step 3
- ☐ NBME Part I, USMLE Step 2 and NBME Part III
- ☐ NBME Part I, and USMLE Steps 2 and 3
- ☐ USMLE Step 1, and NBME Parts II and III
- ☐ USMLE Step 1, NBME Part II, and USMLE Step 3
- ☐ USMLE Steps 1 and 2 and NBME Part III
- ☐ USMLE Step 1, NBME Part II, and FLEX Component II
- ☐ NBME Part I, USMLE Step 2, and FLEX Component II
- ☐ USMLE Steps 1 and 2 and FLEX Component II
- ☐ NBME Parts I and II and FLEX Component II
- ☐ FLEX Component I and USMLE Step 3
- ☐ NBOME Parts I, II, and III
- ☐ 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

25

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

Post Medical School Activity Record Form

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

Post Medical School Activity Record

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.

1 Social Security Number

Please 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 J

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

Apt./Bldg.

Street

City

WEST WINDSOR

State

VT

Zip Code

Province/Country

Post Office

5 AFFIDAVIT WITH ACKNOWLEDGMENT (Notarization required.)

APPLICANT

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: [Signature]

NOTARY

State of

Vermont

County of

Windsor

On the

27th

day of

DECEMBER

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

[Signature]

Notary ID number

1214

Expiration date

02

10

2015

DENEL MCINTIRE

Notary Public - State of Vermont

My Comm. Expires: Feb. 10, 2015

Renee J. Novello, MD FACOG (nee Johannensen)

DOB: [REDACTED]

[REDACTED]
West Windsor, VT [REDACTED]
[REDACTED]
[REDACTED]

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Last NOVELLO

First RENEE

Middle

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

City/Block

Street 2 2 1 7 BLOOD HILL ROAD

W E S T W I N D S O R

State V I

0 5 0 8 9

Province/Country

(not U.S.)

5 Name as it appears on degree or other credentials if different from above

RENEE NOVELLO

6 I am a

☒ U.S. citizen

or I am a foreign citizen of

☐ Other Immigration

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

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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."

effectiveness of the study design, and
 the reliability of the data collected.
 The study design is a key factor in
 the effectiveness of a study.
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 the effectiveness of a study.

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✓

[illegible]

I, John Doe, dated 10/10/2022,
 the 10th day of October, 2022, do hereby certify that the undersigned person,
John Doe, is/are known to me or proved to me to the satisfaction of the
 undersigned whose name is subscribed to this declaration, and acknowledged to me that he/she executed this
 declaration and swore that the statements made by him/her in the declaration and in supporting materials are
 correct.

1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 26

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