

Commonwealth of Massachusetts Board of Registration in Medicine Ten West Street, 3rd Floor, Boston, MA 02111 (617) 727-3086

Physician Registration Renewal Application

. Add late fee of \$75 MM if necessars'	19 200 Program renewal application in GREEN envelope. Enclose check with coupon in BLUE envelope.
Please review carefully the following informate alterations as required	PEDACTED COP
1. Current Status: Active Registration No.	
	of the following boxes to indicate your <u>new</u> status: (Check only one)
Active Retiring (see instructions)	Inactive (see instructions) Do not wish to renew
2. Other Name(s), if any, under which you were licensed:	Please make corrections (type or print)
2. Olice (value(1), it may, under writer you was	Other Name(s):
3. A) Mailing/Business Address:	Mailing Address: City/TownState:
MAUREEN E PAUL PLANNED PARENTIIOOD LGE	
1055 COMMONWEALTH AVENUE	Zip: Country:
BOSTON, MA 02215	
B) Home Address:	Business Address: State: State: Zip: Country:
B) Home Address.	Zip: Country:
	Business Telephone: ()
	Home Address
	City/Town: State:
Home Phone:	Home Telephone
Business Phone: (617)524-1241 (617)616-7	1600
Business Phone:	PLEASE NOTE: No P.O. Box addresses for home or business addresses.
L) Co	7 Current American Board of Medical Specialties Certification (See Tab
4. a) Date of Birth. b) Sex: F	OBode: bW Code:
c) SS#:	8. Drug License Numbers, if any:
5. a) Name of Medical School:	a) Federal (DEA):
	b) Massachusetts
b) Year Graduated: 1979 c) Degree M.D.	9. a) Other states where you are now licensed to practice (Abbr.)
6. Specialty Code(s) (See Table 1) Code(s) Hours per Week in Mass.	b) States where you were previously licensed (Abbr.)
OM 0 Occupational Medicine	WA CT
10. Current health care facilities at which you have complete	the credentialing process for the provision of patient care. (Supply hose health care facilities where you have admitting privileges (AP) if patient care hours that you provide in each facility)

PRINT YOUR LAST NAME:	LICENSE NUMBER:
	. •
11. My medical malpractice insurance is covered by a) [V] Insura	ince Carrier b) Letter of Credit
TO BE HOW TO A TOWN COLD AND C. OT	Auctimiticity, incident
I am registering with Active status but I am not covered by medic	al maipractice insulance occasse i air (40000 -000)
a) Not involved in direct/indirect patient care in Massachuse	tts b) Otherwise exempt
12 Are you currently in a post-graduate training program in Mass	achusens as a resident or clinical fellow? (check one) Yes No
13. A. What is your principal work setting? (See Table 4) 2	<u>5</u>
a) outpation	care hrs/wk b) inpatient careins/wk
2) What is the approximate percentage of your patient care	hours in primary care?%
DARTA OUESTIONS REFER ONLY TO THE F	PAST TWO (2) YEARS
	Charles at the service of NO (NOT N/A) to each question Fromus
details on Form R for all YES answers except for question 22.	Refer to the instruction booklet for additional information and
definitions. You must answer ALL questions, or this form wil	be returned to you and your license renewal may be delayed. YES NO
 CLAIMS MADE: Has any medical malpractice claim been settled or adjudicated, whether or not a lawsuit was filed in r 	CIRCION to Dic cipan.
15. CLAIMS RESOLVED: Has any medical malpractice clair	m that has been made against you been settled, was filed in relation to the claim?
16. Has any lawsuit, other than a medical malpractice suit, which or your professional conduct in the practice of medicine, been	. is related to votit comnetency to discuse incure it.
otherwise resolved? 17. Have you been charged with any criminal offense, other than	a minor traffic violation?
	Affans miles hy-jaws of standards of practice of
	Ce Or broadstorms society as account
19. Has your privilege to possess, dispense or prescribe controlle restricted by, or surrendered to any state or federal agency?	
20 Have you withdrawn an application for a medical license or	been denied a medical license for any reason:
21. Has any professional liability insurance provider restricted, it co-payment, or placed any condition related to professional cyou voluntarily restricted, limited or terminated your insurant professional liability insurance provider?	ice coverage in response to an inquiry by a
22 CME CERTIFICATION: Have you completed your CME	requirements preceding your renewal date? Yes No
CLAR Waiver requested /CME waiver form.duc 30 days	s prior to date of license expiration) - Li Civil exemption
CME requirements. Do not submit docu	mentation of your CMEs with your renewal application.
Burguers to C. L. e. 112, 6.2, I will not charge to or collect from a M.	edicare beneficiary more man me predicare fee schedule amount
Pursuant to G.L. c. 62C, § 49A, to the best of my knowledge and bel	lief, I have filed all Massachusetts state tax returns and part an is applies even if you reside out-of-state or out of the United States.
Pursuant to G.L. c. 62C, § 47A, to the best of my knowledge with helding and remitting Child Support.	e and belief, I am in compliance with M.G.H.C. 119A retaing to
Bosses to G L a 112 & LA. I will fulfill my obligation to report	n abuse or neglect of children as required by G.L. c. 119, § 51A.
 I hereby certify under the penalties of perjury that all the i 	nformation on the Renewal Application and Form R is true.
Signature: Maureer Saul	Date: 7 / /2 / 01
<i>(</i> \	

YOU MUST SIGN AND INCLUDE PART B, WITH YOUR RENEWAL APPLICATION

Board Regulations require that you notify the Board, in writing, of any change of address

MAKE A COPY OF YOUR APPLICATION AND ALL ATTACHMENTS BEFORE MAILING.



Commonwealth of Massachusetts Board of Registration in Medicine Ten West Street, 3rd Floor, Boston, MA 02111 (617) 727-3086, ext. 320

Physician Registration Renewal A

Copy this form an	d all attachm	Before proceedin ents for your own record	g, please rea ds; you will n		entialing and dishir pur	• •
• Remit \$25 • Add late fo		wal fee, if necessary.		• Return renev • Enclose check	val application in 6.00 k with coupon in BL	BOY PRYSIONE
Registration No.:	48979	Renewal Date:			Status: Act ve	CEIVEN
If you want to chan	ge your curre	ent status, please indicat				UG 13 1999 12/
Active	Retiring	(see instructions)	Inactiv	ve (see below *)	Do not wish	4 [
2. Other Name(s),	if any, under	which you were licensed	i :	Other Name(s):	ctions (type of print)	ration in Medicine
	E PAUL PARENTHO 10NWEALT			Ĭ	Country:	i
B) Home Addre	955:			City/Town:	Country:	State:
Home Phone: Business Phone 4. 'A) Date of Bird B) SS#:		Sex: F		Date of Birth: (M) <u>616 - 163</u> ND/Y)://	ĺ
5. A) Name of M Tufts Univer	edical School sity School of	l: F Medicine				
B) Year Gradu 6. Specialty Code(Code(s) 0 Horo OM 0	s) (See Table urs nor Week Obsterries	C) Degree: M.D. in Mass and Cynecology mel Medicine		Year Graduated: Code(s) OBG OMI	Hours Per Wee	M.D. D.O.
Code: 8. Drug License l A) Federal (DI	Cod Numbers, if a 3A):	• -	ification (See	: Table 2)	Code: OG Federal (DEA): Mass:	
Abbr:	where you a	re now licensed to pract			Abbr:	

*If requesting Inactive status, you agree not to practice medicine, including writing prescriptions, in Massachusetts.

nnii	NT NAME AND NUME	IER: Last No	ame: PAUL		Registration	Number: 480	<u> 179 .</u>
10. C	Current health care facility odes from Table 3 and pl	ies at which ; ace a check n	you have completed the cre nark next to those health or	dentialing pro tre facilities wh hat you provid	cess for the provision here you have admitti e in each facility.	of patient care. ing privileges (A)	Supply P). Next to
	22 22 2 . 108	/ /	ar in the Case 901	40(AB)	% Facility Code:	/ (AF	P)%
Facil	lity Code: 4 7 11 0/3	(AD)	% Facility Code:	(AP)	% Facility Code:	/(AF	²)%
		(Ar)	75 Tacinty Code,	(
If 99	9, print name(s):		overed by a) 🔀 Insurance	Carrier b	Letter of Cred	it	
					Lizamotivaly indicals	PWOILUIT	ممد مم
. 1	Name of Insurer:	OLZ TABOR	not covered by medical n	alpractice insu	rance because I am (check one)	ege attod
1 am	registering with Active a	/indirect pati	ent care in Massachusetts	b) Other	wise exempt		-
			•				
ricas	se explain exemption	oraduste tri	aining program in Massach	usetts as a resi	dent or clinical fellow	v? (check one) [] Yes 🕡 No
12. 7	te you currently in a pos	work setting	? (See Table 4) 2 5	•			
10, 7	3,. Care of patients in Ma	eachuseits (instruction booklet)				
	1) Average weekly ho			e 26 hrs/	wk b) inpatient care	: <u>3</u> hrs/wk	
	1) Myerage weekly her	mate percent	age of your patient care ho	urs in primary	care?		
n a t	2) What is the approxi	CREEER	ONLY TO THE PAS	T TWO (2)	YEARS		
			the contract of the	ok either VES	S or NO (NOT N/A)	to each question	1. Provide
defin	itions. You must answer	ALL ques	tions, or this form will be	returned to y	ou and your license	renewal may be	delayed.
							YES NO
	settled or adjudicated, wi	h¢thér or not	nalpractice claim been ma a lawsuit was filed in relat	ion to the ciam	11		
15.	CLAIMS RESOLVED:	Has any m	edical malpractice claim the ether or not a lawsuit was	iat has been mi filed in relation	ade against you been to the claim?		
	or your professional cond otherwise resolved?	luct in the pro	malpractice suit, which is a actice of medicine, been fil	ea against you	Of Secil sertien, anju-	ce medicine, licated or	
17.	Have you been charged v	vilh any crim	inal offense, other than a n	ninor traffic vi	olation?		
18.	Have you been formally	charged with	or disciplined for any viol y, health care facility, grou	ation of laws, 1 p practice or p	rules, by-laws or stand rofessional society or	G3300IBHOT.	
	revoked denied or restric	cted by any 5	se or prescribe controlled state or federal agency?				•
20.	Have you withdrawn an	application fo	or a medical license or been	n denied a med	lical license for any re	:ason?	
21.	Has any professional lial co-payment, or placed at you voluntarily restricted professional liability ins	bility insurand ny condition (d, (imited or t urance provid	ce provider restricted, limit related to professional com terminated your insurance of ter?	ted, terminated petency or con coverage in res	, imposed a surcharge duct on your coverage ponse to an inquiry b	e or ge or have y a	
22.	CME CERTIFICATIO	N: Have yo	u completed your CME rea	quirements pre	ceding your renewal o	date? Yes	☐ No
	CME Waiver reque	sted (CME v	vaiver form due 30 days pr	ior to date of li	cense expiration)	L CM	E exemption
Sec	Instructions for CME t	equirement	s. Do not submit docume	ntation of you	r CMEs with your r	enewal applicat	ilon.
•	Pursuant to G.L. c. 112, §	2, will not o	charge to or collect from a N	iedicare benefi	clary more than the M	edicare fee school	nie amonur
•	Pursuant to G.L. c. 62C, Massachusetts state taxes	§ 49A, to the i	best of my knowledge and be lired under law. <u>NOTE</u> : TI	elief, I have file ils applies even	d all Massachusotts sta if you reside out-of-sta	ite tax returns and ate or out of the U	d paid all Inited States.
	Porsuant to G.L. c. 112.	S IAL I will ful	fill my obligation to report	buse or neglec	t of children as require	ed by G.L. c. 119,	§ 51Å.
•	I hereby certify under to	he penalties	of perjury that all the info	rmation on the	Renewal Application	n and Form R i	s irue.
			- Daul r				
-) INCLUDE <u>PART E</u>				

DIVISION OF REGISTRATION ROOM 1520 - 100 CAMBRIDGE STREET BOSTON, MASSACHUSETTS 02202 RENEWAL APPLICATION BOARD OF REGISTRATION IN MEDICINE

IMPORTANT - READ, COMPLETE AND SIGN -PURSUANT TO M.G.L. C.82C, S.49A, I CERTIFY UNDER THE PENALTIES OF PERJURY THAT I, TO MY BEST KNOWLEDGE AND BELIEF. HAVE FILED ALL STATE TAX RETURNS AND PAID ALL STATE TAXES REQUIRED UNDER LAW.

BOC, SEC NO OR FEDERAL ID NO YOU MUST SIGN BELOW

147 MASON TERRACE

DO NOT WRITE BELOW THIS LINE

BROOKLINE, MA. 02146

AS A REGISTERED PHYSICIAN

aurun PAY THIS DATE TO BE RENEWED LICENSE NUMBER LATE FEE FEE MO DA YH CODE TYPE REGISTRATION NO. 01 15 84 100.00 48979 100.00 MD PLEASE PRINT ANY NAME OR ADDRESS CHANGES DELOW

PLEASE USE THE ENCLOSED RETURN ENVELOPE

MY SIGNATURE ON THIS RENEWAL

APPLICATION INDICATES THAT I

ATTEST UNDER THE PAINS AND PENALTIES OF PERJURY TO THE

COMPLETION OF CONTINUING

EDUCATION REQUIREMENTS IN COMPLIANCE WITH THE BOARD'S

STATUTES AND/OR RULES AND

THIS APPLICATION MUST BE SIGNED AND RETURNED WITH A CERTIFIED CHECK OR MONEY ORDER - PAYABLE TO:

COMM. OF MASS. P.O. BOX 6 BOSTON, MASS. 02297

UNCERTIFIED PERSONAL CHECKS/BUSINESE CHECKS WILL NOT BE ACCEPTED.

3500600489799 011584 10000000009

REGULATIONS.

DO NOT FOLD OR

MAUREEN E PAUL

1. Principal Specialty(les): 2. Home Address:	2. Principal work setting: * 3 7 4. Primary work address: 90 CUSHLNG AV.
5. States other than Massachusotts in which you are licensed to	
6. Has a judgement been returned against you in a malpractice suit s -	1
7. Have you ever been convicted of any criminal offense other than of8. Has any disciplinary action been taken against you in this state or	!
 Has your privilege to possess, dispense or prescribe controlled subs in this state or any other? 	stances ever been suspended or revoked
10. I have completed my C.M.E. requirements between 1/15/82 & 1/15	•
THEREBY CERTIFY UNDITETHE PENALTY OF PETIGINY THAT THE ABOVE I. *SEE CODE SHELL!	(YOU MUST ALSO SIGN THE FRONT OF THIS CARD)

MAUREEN irst Name	E Middle Initial	PAI Lasi	Name	Suffix
take changes to name here	***************************************	40 - 3 3 4 4 4 4 4 4 7 3 3 0° 4 5 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		995 gar 1 m. at h. h w y mar dahka A wagay and d dd a f og ame a h d d'
lass License # 48979 license Status Active	24027915TT		First Issue Date03	(02/82
		ospital Affiliation		
The Med. CtrMemorial 119 Belmont Street Worcester, MA 01605 U.S.A. (508) 793-6255	C.	niversity of Massachuset linic led Ctr of Central Mass-V		
Make address corrections here:	Make e	any corrections to above he		
	Ме	d Ctr of Cen	tral Mass - W	orc Memo
Insurance Plan Affiliation		es Held in Other States:	Accepting New Patients	7 Tyes WNo
Blue Cross - Blue Pilgrim CHHC		**************************************	Accept Medicaid?	Yes No
		ase correct as necessary)		
. EDUCATION & TRAIN	<u>ING</u>		20	
Tufts University School of Medical School	ledicine	MD Degree	79 Date	
Make currections here LNIV, DF WASHING Residency Program(s)	TON 0B-64N	1979	19	81 End
LIFTS UNIVER	6/14 00 94	<u></u>	19	84 End
Residency Program(s) UNW. OF MAESA Residency Program(s)	CHUSETTS UCC	UPATIONAL 19 DICINYE	87 19	&& End
I. SPECIALTY		BOARD CERT		and Gunecology
	s and Gynecology		Name: Board of Obstetrics	
secondary Specialty: Occupation Make any corrections here:	mai Micdicine	Make any correcti		

cisions and orders iss	ed by the Massachusetts Board of R	egistration in Medicine.		:'
Nature	<u>Date</u>		Board Action	: : !
TAL DISCIPLINE Hospital	<u>Date</u>		Disciplinary Action	
d when the court syste	nable to obtain accurate data for this is fully computerized. Please list a	any criminal convictions.	Inclide conviction date and nature	:
PRACTICE of claims paid for D	PAUL	No. of Y	ears in Practice: #	
An	ount Paid 0.0000	Basis for Complaint		**********
An	ount Paid			
An	ount Paid			
An	ount Paid	Basis for Complaint		
An	ount Paid	Basis for Complaint		14.00
SICIAN HONORS	& PEER-REVIEWED PUBLIC	CATIONS		
enter any peer-review sional recognition you	d publications to which you have co	ontributed and any awards	for community service or	
Awards, Ho			Publications	
Awarus, III	(1) OBSTETRIC	5 + GYNECOLOG	14
ICAN MEDIC	AL WOMEN'S G	AHER, JOUR	NAL OF INDUSTRIAL	MEDIC
	PRUDUCTIVE (3) JOURNAL OF	NAT'L CANCER INS	ntin
UTH AWAR		4) PRIHARY	CAPE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Microbia de la confirmida de la confirmi	(6) SEMINARS	IN PERINATOLO	64
	(
Alaka	loose return the curver	— PE in the enclosed en	RSPECTIVES	
Note:	lease return the survey	6 ENVIRONM in the enclosed en	A.	MAL HEALTH REPECTIVES lope to:

Commonwealth of Massachusetts Board of Registration in Medicine Ten West Street, 3rd Floor, Boston, Massachusetts 02111 1995-1997 Physician Registration Renewal Application

Registration No. Status Fee Renewal Date Late Fee 48979 ACTIVE \$250.00 09/19/95 \$25.00	Correction of Mailing Address Address (Mailing): DIVISION OF REPRODUCTIVE MEDICAL
Malling Address: MAUREEN E PAUL, M.D.	Address (Mailing): DIVISION OF RETROSTORY MCCM MEMORIAL - 119 BELMONT ST. City/Town: WORCESTER State: MA · 01605 Country: USA
Directions: Before proceeding, please read the instruction booklet. Some qu	estions are optional.
 Failure to renew in a timely manner will cause your license to lapse an ability to practice medicine in the Commonwealth. (See enclosed letter). 	d may affect your
· Add late fee if necessary.	\\
 Make a copy of this form and all attachments for your own records - y credentialing and other purposes. The Board will charge a fee for each copy See instructions on detachable coupon at bottom of this page. 	ou will need copies for it provides.
	DOMEDE SECUCION INMEDICINE
Pre-Printed Information	Corrections of Pre-Printed Information
1. Other name(s), if any, under which you were licensed:	Name: (NEW HOME ADDRESS AS OF 9/1/9
2. Business Address: UNIV OF MASS MED CTR 55 LAKE AVENUE N WORCESTER, MA 01655	City/Town: _ Zip:
3. Date of Birth: Sex: p Lic. Issue Date: 03/02/82 Sex: p SS#:	Date of Birth (M/D/Y):
Home Phone Business Phone (508) 793-6266 4. Name of Medical School:	Full Name of Medical School:
Tufts University School of Medicine	Year Graduated: Degree (MD/DO):
Year Graduated: 79 Degree: MD 5. a) Other states where you are now licensed to practice (Abbr): b) States where you previously were licensed to practice (Abbr): WA	
6. Specialty Code(s) (See Table 1): Code Hours per Week in Mass.	Code Hours per Week in Mass.
OBG 30 Obstetrics and Gynecology OM 20 Occupational Medicine	If OS, print specialty:
7. If you are currently American Specialty Board certified, enter codes: (See Table 2) Code: Code: PM03
Code: OG Code: PM	Code: Code: F17105
8. Drug license number(s), if any: a) Federal (DEA) b) Massachuseus	Federal (DEA): Mass:
 Activity Status: I am applying to be registered with the following sta I hereby certify that if requesting Inactive status, I will not practice 	ce medicine, including writing prescriptions, in Massachusetts.

PRINT NAME AND NUMBER: Physician Last Name: PAUL Registration Number: 4	8979
10. a) Current health care facility(ies) at which you have completed the credentialing process for the provision of patient care. Supple codes from Table 3 and place a check mark next to those facilities where you have admitting privileges (AP).	y the
Facility Code: A 4 1 / (AP) Facility Code: 996 / (AP) Facility Code:/_	•
Facility Code:/(AP) Facility Code:/(AP) Facility Code:/	(AP)
If 999, print name(s):	
b) Additional hospitals at which you previously held privileges and other health care facilities with which you were associated in t (See Table 3)	
Facility Code: Facility Co	le:
If 999, write name(s):	
11. My medical malpractice insurance is covered by (a) Insurance Carrier (b) Letter of Credit If applicable, check List Insurer:	
Alternatively, indicate as follows: I am registering with ACTIVE status, but I am not covered by medical malpractice insurance because (Check One): (i) Not involved in direct/indirect patient care in Massachusetts; (ii) Otherwise exempt: State how otherwise exempt: Univ. of Massachusetts Hedital Center Self-Justicent Contents 12. Are you currently in a post-graduate training program in Mass. as a resident or clinical fellow? Yes No (Check One):	eTrust
	k unic)
13. a) What is your principal work setting? (See Table 4)	
b) Care of patients in Massachusetts (See instruction booklet.) i) How many hours per typical week are you currently involved in outpatient care in Mass? hrs/wk	
i) How many hours per typical week are you currently involved in outpatient care in Mass? How many hours per typical week are you currently involved in inpatient care in Mass? hrs/wk	
c) Approximately what percentage of your patient care hours are in primary care?	
(See instructions for definition of primary cars.) 50 %	
Questions 14 through 24 refer to the past two years only. Check either YES or NO (NOT N/A) to each question. Provide detail Forms R-1 and R-2 for all YES answers. Refer to the instruction booklet for additional information and definitions.	is on
IN THE PAST TWO YEARS:	YES NO
14. CLAIMS MADE: Has any medical malpractice claim been made against you which has not yet been finally settled or adjudicated, whether or not a lawsuit was filed in relation to the claim?	•
15. CLAIMS RESOLVED: Has any medical malpractice claim against you been settled, adjudicated or otherwise resolved, whether or not a lawsuit was filed in relation to the claim?	
16. Has any lawsuit, other than a medical malpractice suit, which is related to your competency to practice medicine, or your pro-	
fessional conduct in the practice of medicine, been filed against you by a patient, or been settled, adjudicated or otherwise resolved?	
17. Have you been charged with any criminal offense, other than a minor traffic violation?	
18. Have you been formally charged with or disciplined for any violation of the rules, by-laws or standards of practice of any governmental authority, health care facility, group practice or professional society or association?	
19. Has your privilege to possess, dispense or prescribe controlled substances been surrendered to or suspended, revoked, denied or restricted by any state or federal agency?	
20. Have you withdrawn an application for a medical license or been denied a medical license for any reason?	
21. Has any professional liability insurance provider restricted, limited, terminated or imposed a surcharge on your coverage or	
have you voluntarily restricted, limited or terminated your insurance coverage in response to an inquiry by a professional liability insurance provider?	
22. Have you been diagnosed with or do you have a medical condition which limits or impairs your ability to practice medicine?	
23. Have you engaged in the use of any chemical substance(s) which in any way interfered with your ability to practice?	•
24. Have you voluntarily modified or otherwise limited your scope of practice of medicine for any reason other than a medical condition?	
25. I have completed my CME requirements in the two years preceding my renewal date: Yes No, waiver requested No, training program exemption (see instruction booklet).	
If requesting a waiver you must fill out a separate Waiver Form. The waiver must be granted by the Board before your license will renewed. See instructions for CME requirements. Do not submit documentation of your CMEs with your renewal application.	l be
· Pursuant to G.L. c. 112, sec. 2, I will not charge to or collect from a Medicare beneficiary more than the Medicare reasonal	ole charges.
 Pursuant to G.L. c. 62 C, sec. 49A, I hereby certify under the pains and penalties of perjury that, to the best of my knowled. I have filed all Massachusetts state tax returns and paid all Massachusetts state taxes that are required under law. NOTE: This 	
even if you reside out-of-state or out of the United States.	•
 Pursuant to G.L. c. 112, sec. 1A, I hereby certify that I will fulfill my obligation to report abuse or neglect of children as red G.L. c. 119, sec. 51A. 	quired by
• I hereby certify under the gains and penalties of perjury that all information on this form and Forms R-1 and R-2 is true.	
	a
Signature: Maureen Saul MD Date: 7,251	<u>75</u>

Commonwealth of Massachusetts Board of Registration in Medicine Ten West Street, 3rd Floor, Boston, Massachusetts 02111 1993-1995 Physician Registration Renewal Application

Registration No. Status Fee Renewal Date Late I 6.775 ACTIVE \$250.00 19719795 \$25.	Correction of Mailing Address:
Malling Address:	Address (Mailing):
FAURA NEW MAULE MED.	City/Town:
	State:
	Country Code (See Table 1):
Directions: Staple check to bottom of form. Add late fee if necessa	FY. STORE - MATERIAL SWINNERS FOR REPARCHED
• Questions 1-8 include information from Board files. Please correct as	ry. necessary in the boxes For Office Use Only 4 1993 M.R. S.L.
provided on the right hand side of the page.	MR
 Before proceeding, please read the instruction booklet. Some question Make a copy of this form and all attachments for your own records 	s arc optional.
for credentialing and other purposes. The Board will charge a fee for	each copy it provides.
 Enclose the \$250.00 renewal fee by means of a certified check, money 	order or personal check made
payable to the Commonwealth of Massachuseus.	รีกิสตรีสาราสาราช พลายาสาราช สาราช การาช การ เกิดสาราช การาช การา
Pre-Printed Information	Corrections of Pre-Printed Information
1. Other name(s), if any, under which you were licensed:	
	Name:
2. a) Address (Home):	Address (Home):
	State: Zip:
	Country Code: If 999 print Country:
b) Address (Business):	Address (Business):
DRIV OF MASS MAD LYN	Address (Business): O /6 5:5 Country Code: If 999 print Country:
DE CARE AVENUE W	Country Code 1797 print Country,
BULL ISTORY HA DIBUS	
	Date of Birth (M/D/Y): Sex (M/F):
3. Date of Birth: Sex: F Lie, Issue Date: 72/144/62 SS#	Lic. Issue Date (M/D/Y): SS#:
	WP 3 4 3 7
Telephone Number: Home Business	Home: () Business: (508 - 793 - 625
(505)/75ma200	Full Name of Medical School:
4. Name of Medical School:	Full Name of Medical School:
Tures university school of medicine	
	Year Graduated: Degree (MD/DO):
Year Graduated; ? v Degree: v'i)	
5. a) Other states where you are now licensed to practice (Abbr):	
b) States where you previously were licensed to practice (Abbr): Wh	
	Code Hours per Week in Mass.
6 Smarialma (Audula) (Saa Tabla 2).	trium per vecta in mass.
6. Specialty Cude(s) (See Table 2): Code Hours per Week in Mass.	
	If OS, print specialty:
ა არ ან მოstetnics and wynocology. - მი მი მიითგინმოის Medicina	
7. a) If you are currently American Specialty Board Certified, enter Code.	s: (See Table 3)
Code: Code: Code:	code: Code:
b) If you previously were American Specialty Board certified, but are r	
please enter codes of prior certification: (See Table 3)	
Code: Code:	Code: Code:
8. Drug License Number(s), if any: a) Federal (DEA)	Federal (DEA):
b) State (MA)	State (MA):
2. I have completed my CME requirements in the two years preceding my	y renewal date: Yes No, waiver requested
You must fill out a separate Waiver Form. The waiver must be granted CME requirements. Do not submit documentation of your CMEs with	

Staple Check Here

PRINT NAME AND NUMBER:	Physician Last Name:	Registration Number:	
	•	,	:'
10. Activity Status: I am applying to be regis	tered with the following status: Ac	tive Inactive	
. I hereby certify that if requesting Inact	ive status, I will not practice medi	cive' incinant aliant blescibatory in istrance and	
11. My medical malpractice insurance is cove	ned by (a) INSURANCE CARRIE MASS ACHUSETTS	or (b) LETTER OF CREDIT If applicable, che MEDICAL CENTER not covered by medical malpractice insurance because I are NOTHERWISE EXPMPT:	eck one.
List Insurer.	ering with ACTIVE status, but I am	not covered by medical malpractice insurance because I ar	m
(Check Open (i) NOT INVOLVED IN DIRE	CT/INDIRECT PATIENT CAKE I	WMA35: (II) OTHER WIDE LEGISLET	
(Crass basis otherwise exempt)'			
12. Current Health Care Facility Affiliations.	Supply the codes from Table 4 and	place a check mark next to those facilities where you have	
admitting privileges (AP). Facility Code: 8 4 1 (AP)	Facility Code: 9961	(AP) Facility Code: /(AP)	
Facility Code:	Facility Code:/.	(AP) Facility Code: / (AP)	

Additional hospitals at which you previous	y held privileges and other health er	re facilities with which you were associated in the past 2 y	cars.
Facility Code: Facility Code:	Facility Code:	Facility Code: Facility Code:	
If 999, write name(s):			
13. Are you currently in a post-graduate trai	ning program in MA as a resident o	clinical fellow? Yes No. (Check one)	
14. a) What is your principal work setting	7 (See Table 5)		
		totient care in MA? 12 hrs/wk in MA	
 i) How many hours per typical wee ii) How many hours per typical wee 	ek are you currently involved in impo	utient care in MA? 22 hrs/wk in MA	
Questions 15 through 23 refer to the pr Provide details on Form 15A for all YE	at two years only. Check cither Y	2S on NO (NOT N/A) to each question.	
IN THE PAST TWO YEARS:		YES	20
at the second of	made against you, whether or not a	lawsuit was filed in relation to the claim?	
13. Mas any medical marphaetic claim town	d offence, other than a minor traffic	violation?	
16. Have you been charged with any climan	a contract the contract the	makes burshappe or standards of practice of ally	
17. Have you formally been charged with or governmental authority, health care faci	lity, group practice of professional a	ociety of association (
or restricted by any state or federal agen	cy?		
19. Have you withdrawn an application for	s medical license or born denied a m	edical license for any reason?	
20 Have you had any mental illness which !	ias impaired your ability to practice	medicine or to function as a student of medicine?	
21. Have you had an organic illness which h	as impaired your ability to practice	medicine or to function as a student of medicine?	
22 Are you now or have you been in the Di	ist two years, dependent upon alcoh-	ol or drugs?	
23. Has any professional liability insurance	provider restricted, limited, termina	ed or imposed a surcharge on your coverage?	
		dicare beneficiary more than the Medicare reasonable o	
 Pursuant to G.L. c. 62C, sec. 49A, I is filed all Massachusetts state tax returns an reside out-of-state or out of the country. 	ereby certify under the penalties d paid all Massachusetts state tax	of perjury that, to the best of my knowledge and belief, es that are required under law. NOTE: This applies ev	I have en if you
• I hereby certify that I will fulfill my	obligation to report abuse or negk	ct of children pursuant to G.L. c. 119, sec. 51A.	
• I hereby certify under the penalties of			
Signature: Maureur	Paul MD	Date: 10,14,93	ı



Abbr:

Commonwealth of Massachusetts Board of Registration in Medicine Ten West Street, 3rd Floor, Boston, MA 02111 (617) 727-3086, ext. 320

Physician Registration Renewal Application

Before proceeding, please read the instruction booker. Copy this form and all attachments for your own records; you will a line Board will charge a fee for each copy. Remit \$250.00 for renewal fee. Add late fee of \$25.00, if necessary.	 Return renewal application in GREEN envelope. Enclose check with coupon in BLUE envelope. 	<u> </u>
Registration No.: 48979 Renewal Date: 09/19/9	RVI.	~11T
I. Activity Status: Active Retiring (s (Check only one) Inactive (see below) Do not wish	h to renew	CHI
2. Other Name(s), if any, under which you were licensed:	Corrections (type or print) Other Name(s):	
3. A) Mailing/Business Address: MAUREEN E PAUL, M.D. MEMORIAL HOSPITAL\OB GYN 119 BELMONT STREET WORCESTER, MA 01605	Mailing Address: City/Town: State: Zip: Country:	
B) Home Address:	Other Address: City/Town: Zip: Country:	
Home Phone: Business Phone: (508) 793-6255 4. A) Date of Birth: B) Lic. Issue Date: 03/02/82 D) SS#:	Home: (Business: (508) 792 - 8463 Date of Birth (M/D/Y): / / Sex (M/F): Lic. Issue Date (M/D/Y): / / SS#: Full Name of Medical School:	•
5. A) Name of Medical School:		·
Tufts University School of Medicine B) Year Graduated: 79 C) Degree: MD	Year Graduated: Degree (MD/DO):	
6. Specialty Code(s) (Sec Table 1) Code(s) Hours per Week in Mass. OBG 30 Obstetrics and Gynecolo OM 20 Occupational Medicine	Code(s) Hours Per Week in Mass. OB 63 40 ON 10 10	100 g
7. Current American Board of Medical Specialties Certificat Code: OG Code: PM	Code: Code:	
8. Drug License Numbers, if any:A) Federal (DEA):B) Massachusetts:	Federal (DEA):	***************************************
9. A) Other states where you are now licensed to practice Abbr: B) States where you previously were licensed to practice	Abbr: CN	

^{*}If requesting Inactive status, you agree not to practice medicine, including writing prescriptions, in Massachusetts

PR	UNT NAME AND NUMBER: Last Name: PAUL Registration Number:_	48979
10.	A. Current health care facilities at which you have completed the credentialing process for the provision of patient care. Sup Table 3 and place a check mark next to those health care facilities where you have admitting privileges (AP). Facility Code: 529/AP) Facility Code: 996/AP) Facility Code: //AP)	/ (AP)
	B. Additional health care facilities at which you previously held privileges or with which you were associated in the past (See Table 3)	two (2) years.
	Facility Code: Facili	
11.		
	Name of Insurer: The University of Massachusetts Self-leusenauce Progr	am
	Alternatively, indicate as follows: I am registering with Active status but I am not covered by medical malpractice insure	
	1 am (check one) a) Not involved in direct/indirect patient care in Massachusetts b) Otherwise exempt Please explain exemption:	•
12.		Yes the No
	A. What is your principal work setting? (See Table 4) _/_ Q	
	B. Care of patients in Massachusetts (see instruction booklet).	
	1) Average weekly hours involved in: a) outpatient care 16 hrs/wk b) inputient care 17 hrs/w	k
	2) What is the approximate percentage of your patient care hours in primary care? 20 %	
n.		
	ART A	
Ou	estions 14 through 22 refer to the past two (2) years only. Check either YES or NO (NOT N/A) to each que	-si Donasida
det	ails on Form R for all YES answers except for question 22. Refer to the instruction booklet for additional in	
<u>det</u> def	ails on Form R for all YES answers except for question 22. Refer to the instruction booklet for additional in Simitions.	formation and
det def	ails on Form R for all YES answers except for question 22. Refer to the instruction booklet for additional in	
det def IN 14.	ails on Form R for all YES answers except for question 22. Refer to the instruction booklet for additional initions. THE PAST TWO (2) YEARS: CLAIMS MADE: Has any medical malpractice claim been made against you that has not yet been finally scutled or	formation and
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det def IN 14. 15. 16. 17. 18.	THE PAST TWO (2) YEARS: CLAIMS MADE: Has any medical malpractice claim been made against you that has not yet been finally settled or adjudicated, whether or not a lawsuit was filed in relation to the claim? CLAIMS RESOLVED: Has any medical malpractice claim that has been made against you been settled, adjudicated, or otherwise resolved, whether or not a lawsuit was filed in relation to the claim? Has any lawsuit, other than a medical malpractice suit, which is related to your competency to practice medicine, or your professional conduct in the practice of medicine, been filed against you or been settled, adjudicated or otherwise resolved? Have you been charged with any criminal offense, other than a minor traffic violation? Have you been formally charged with or disciplined for any violation of the rules, by-laws or standards of practice of any	formation and
11. 15. 16. 17. 18. 19. 20.	THE PAST TWO (2) YEARS: CLAIMS MADE: Has any medical malpractice claim been made against you that has not yet been finally settled or adjudicated, whether or not a lawsuit was filed in relation to the claim? CLAIMS RESOLVED: Has any medical malpractice claim that has been made against you been settled, adjudicated, or otherwise resolved, whether or not a lawsuit was filed in relation to the claim? Has any lowsuit, other than a medical malpractice suit, which is related to your competency to practice medicine, or your professional conduct in the practice of medicine, been filed against you or been settled, adjudicated or otherwise resolved? Have you been charged with any criminal offense, other than a minor traffic violation? Have you been formally charged with or disciplined for any violation of the rules, by-laws or standards of practice of any governmental authority, health care facility, group practice or professional society or association? Has your privilege to possess, dispense or prescribe controlled substances been surrendered to or suspended, revoked, denied or restricted by any state or federal agency? Have you withdrawn an application for a medical license or been denied a medical license for any reason?	formation and
11. 15. 16. 17. 18. 19. 20.	THE PAST TWO (2) YEARS: CLAIMS MADE: Has any medical malpractice claim been made against you that has not yet been finally settled or adjudicated, whether or not a lawsuit was filed in relation to the claim? CLAIMS RESOLVED: Has any medical malpractice claim that has been made against you been settled, adjudicated, or otherwise resolved, whether or not a lawsuit was filed in relation to the claim? Has any lawsuit, other than a medical malpractice suit, which is related to your competency to practice medicine, or your professional conduct in the practice of medicine, been filed against you or been settled, adjudicated or otherwise resolved? Have you been charged with any criminal offense, other than a minor traffic violation? Have you been formally charged with or disciplined for any violation of the rules, by-laws or standards of practice of any governmental authority, health care facility, group practice or professional society or association? Has your privilege to possess, dispense or prescribe controlled substances been surrendered to or suspended, revoked, denied or restricted by any state or federal agency?	formation and
18. 19. 20. 21.	THE PAST TWO (2) YEARS: CLAIMS MADE: Has any medical malpractice claim been made against you that has not yet been finally settled or adjudicated, whether or not a lawsuit was filed in relation to the claim? CLAIMS RESOLVED: Has any medical malpractice claim that has been made against you been settled, adjudicated, or otherwise resolved, whether or not a lawsuit was filed in relation to the claim? Has any lawsuit, other than a medical malpractice suit, which is related to your competency to practice medicine, or your professional conduct in the practice of medicine, been filed against you or been settled, adjudicated or otherwise resolved? Have you been charged with any criminal offense, other than a minor traffic violation? Has your privilege to possess, dispense or prescribe controlled substances been surrendered to or suspended, revoked, denied or restricted by any state or federal agency? Have you withdrawn an application for a medical license or been denied a medical license for any reason? Has any professional liability insurance provider restricted, limited, terminated, imposed a surcharge or co-payment, or placed any condition related to professional competency or conduct on your coverage or have you voluntarily restricted,	formation and
18. 19. 20. 21.	THE PAST TWO (2) YEARS: CLAIMS MADE: Has any medical malpractice claim been made against you that has not yet been finally settled or adjudicated, whether or not a lawsuit was filed in relation to the claim? CLAIMS RESOLVED: Has any medical malpractice claim that has been made against you been settled, adjudicated, or otherwise resolved, whether or not a lawsuit was filed in relation to the claim? Has any lowsuit, other than a medical malpractice suit, which is related to your competency to practice medicine, or your professional conduct in the practice of medicine, been filed against you or been settled, adjudicated or otherwise resolved? Have you been charged with any criminal offense, other than a minor traffic violation? Has you been formally charged with or disciplined for any violation of the rules, by-laws or standards of practice of any governmental authority, health care facility, group practice or professional society or association? Has your privilege to possess, dispense or prescribe controlled substances been surrendered to or suspended, revoked, denied or restricted by any state or federal agency? Have you withdrawn an application for a medical license or been denied a medical license for any reason? Has any professional liability insurance provider restricted, limited, terminated, imposed a surcharge or co-payment, or placed any condition related to professional competency or conduct on your coverage or have you voluntarily restricted, limited or terminated your insurance provider?	formation and
14. 15. 16. 17. 18. 19. 20. 21.	ails on Form R for all YES answers except for question 22. Refer to the instruction booklet for additional initions. THE PAST TWO (2) YEARS: CLAIMS MADE: Has any medical malpractice claim been made against you that has not yet been finally settled or adjudicated, whether or not a lawsuit was filed in relation to the claim? CLAIMS RESOLVED: Has any medical malpractice claim that has been made against you been settled, adjudicated, or otherwise resolved, whether or not a lawsuit was filed in relation to the claim? Has any lawsuit, other than a medical malpractice suit, which is related to your competency to practice medicine, or your professional conduct in the practice of medicine, been filed against you or been settled, adjudicated or otherwise resolved? Have you been charged with any criminal offense, other than a minor traffic violation? Have you been formally charged with or disciplined for any violation of the rules, by-laws or standards of practice of any governmental authority, health care facility, group practice or professional society or association? Has your privilege to possess, dispense or prescribe controlled substances been surrendered to or suspended, revoked, denied or restricted by any state or federal agency? Have you withdrawn an application for a medical license or been denied a medical license for any reason? Has any professional liability insurance provider restricted, limited, terminated, imposed a surcharge or co-payment, or placed any condition related to professional competency or conduct on your coverage or have you voluntarily restricted, limited or terminated your insurance coverage in response to an inquiry by a professional liability insurance provider? Have you completed your CME requirements preceding your renewal date (see instruction booklet)?	formation and
14. 15. 16. 17. 18. 19. 20. 21.	initions. THE PAST TWO (2) YEARS: CLAIMS MADE: Has any medical malpractice claim been made against you that has not yet been finally settled or adjudicated, whether or not a lawsuit was filed in relation to the claim? CLAIMS RESOLVED: Has any medical malpractice claim that has been made against you been settled, adjudicated, or otherwise resolved, whether or not a lawsuit was filed in relation to the claim? Has any lowsuit, other than a medical malpractice suit, which is related to your competency to practice medicine, or your professional conduct in the practice of medicine, been filed against you or been settled, adjudicated or otherwise resolved? Have you been charged with any criminal offense, other than a minor traffic violation? Have you been formally charged with or disciplined for any violation of the rules, by-laws or standards of practice of any governmental authority, health care facility, group practice or professional society or association? Has your privilege to possess, dispense or prescribe controlled substances been surrendered to or suspended, revoked, denied or restricted by any state or federal agency? Have you withdrawn an application for a medical license or been denied a medical license for any reason? Has any professional liability insurance provider restricted, limited, terminated, imposed a surcharge or co-payment, or placed any condition related to professional competency or conduct on your coverage or have you voluntarily restricted, limited or terminated your insurance coverage in response to an inquiry by a professional liability insurance provider? Have you completed your CME requirements preceding your renewal date (see instruction booklet)? Waiver requested (waiver form due 30 days prior to date of license expiration). Training Program exemption	YES NO
14. 15. 16. 17. 18. 19. 20. 21.	ails on Form R for all YES answers except for question 22. Refer to the instruction booklet for additional initions. THE PAST TWO (2) YEARS: CLAIMS MADE: Has any medical malpractice claim been made against you that has not yet been finally settled or adjudicated, whether or not a lawsuit was filed in relation to the claim? CLAIMS RESOLVED: Has any medical malpractice claim that has been made against you been settled, adjudicated, or otherwise resolved, whether or not a lawsuit was filed in relation to the claim? Has any lowsuit, other than a medical malpractice suit, which is related to your competency to practice medicine, or your professional conduct in the practice of medicine, been filed against you or been settled, adjudicated or otherwise resolved? Have you been charged with any criminal offense, other than a minor traffic violation? Have you been formally charged with or disciplined for any violation of the rules, by-laws or standards of practice of any governmental authority, health care facility, group practice or professional society or association? Has any privilege to possess, dispense or prescribe controlled substances been surrendered to or suspended, revoked, denied or restricted by any state or federal agency? Have you withdrawn an application for a medical license or been denied a medical license for any reason? Has any professional liability insurance provider restricted, limited, terminated, imposed a surcharge or co-payment, or placed any condition related to professional competency or conduct on your coverage or have you voluntarily restricted, limited or terminated your insurance coverage in response to an inquiry by a professional liability insurance provider? Have you completed your CME requirements preceding your renewal date (see instruction booklet)? Waiver requested (waiver form due 30 days prior to date of license expiration). Training Program exemption	YES NO

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30M - 9/90 - P813971

Commonwealth of Massachusetts Board of Registration in Medicine Ten West Street, 3rd Floor, Boston, Massachusetts 02111 1991-1993 Physician Registration Renewal Application

Registration No. Statue	Fee Renews Date	For Office Use Only			
5979 ACTIVE Dr. MAUREEN		M.R / Pr /_ /_			
or a montan	T T NOL	Bk/			
		Ch. DEL MEDEN 100			
Nrections: Ouestions: 1-7 include information: Before proceeding, please read the Answer all non-optional questions Make a copy of this form and all at \$3.00 plus postage for each copy fi	a instruction booklet. completely. (The instructions spec tachments for your own records-fr				
Englose the \$150,00 renewal lee b	y means of a certilled check, mon	y order or personal check made payable to the Commonwealth of Massachusetta,"			
Activity Status: am applying to be registered with th	e following status: Active	Inactive			
I hereby certify that if req	useting inective status, I will ne	gractice medicine in Madauhusetts.			
Pre-Printed Information		Corrections of Pre-Printed Information			
. Other Name(s), if any, under whi	ch you were licensed:	Name:			
2. a) Address (Home):		Address:			
		City/Town			
		State: Zip:			
		Country Code: (If 989 write Country):			
2. b) Address (Business): (NIV OF MASS MED CI	r p	Address:			
5 LAKE AVENUE N		City/Town:Zip:Zip:			
CACESTER, MA 01605	5 ~	Country Code: (If 999, write Country):			
3. Date of Birth:	Sex: F	Date of Birth (M/D/Y):/Sex (M/F):			
Lic. Issue Date: 13/02/62	SSN #	Lio. Issue Date(M/D/Y): / / SSN #:			
Telephone Number: Home	Business	Home: () Business: 608) 793-6266			
	(503)793-6255				
4. Medical School Code NACCT	Year Graduated? ♀ Degree				
Name of School:		If 99999, write School:			
•	School of Medici) e			
5. a) Other States where you are nowb) States where you previously were					
8. Specialty Code(s) (See Table 3)	,				
Code Hours par Week		Code Hours per Week in Mass.			
	stetrics and Gyne	cology 30			
	upational Medici	ne <u>ZU</u>			
		If OS, write specialty:			
7.a) Are you American Specialty Bo	ard Certifled? (Y/N)Y 7.b)	YES, Enter Codes:			
	of Obstetrics an	Gynecology Code:			
Code:		Code: PM			
		1			
B. Drug License Number(s) (if any)	(optional): a) Federal (DEA) c) State (MA) #M	b) How many DEA nos. do you have? 1			
	quinements in the two years preced	ling my renewal date: YES X Waiver Requested			
I have completed my C.M.E. re-	MILINO PROPERTO IN THE RULE WORKS COMPA				

[For Office Use Only: Waiver Granted____

Date:___

FIL	L IN NAME AND NUMBER: Physician Last Name: Paul Registration No.: 48979
10.	
	List insurer: The University of Massachusetts Self Insurance Program Alternatively, Indicate as follows: I am registering with ACTIVE status, but I am not covered by medical malpractice insurance because I am (Check one): (i) NOT INVOLVED IN DIRECT/INDIRECT PATIENT CARE: (ii) OTHERWISE EXEMPT:
	(State how otherwise exampt).
11.	
	Facility Code: 4 0 2 / (AP) Facility Code: 9 9 9 / (AP) Facility Code:/_(AP)
	Facility Code: 8 4 1 / (AP) Facility Code:/_(AP) Facility Code:/_(AP)
	# 999, write Name(s): Family Health and Social Service Center
	Additional Hospitals at which you <u>previously</u> held privileges and other Health Care Facilities with which you were associated in the past 4 years. (See Table 5.) Facility Code: Facility Code: Facility Code:
	# 999, write Name(s) Dorchester Neighborhood Health Center
12.	Post Graduate Training in Massachusetta (MA) (See Instruction booklet.) a) Are you currently in a post-graduate training program in MA as a resident or clinical fellow? Yes No X (Check one.) b) If you are in a MA program, are you a i) Resident ii) Clinical Fellow or iii) Research Fellow? (Check one.) c) How many hours per typical week do you spend in this MA post-graduate training program? hrs.wk. in MA.
13.	Care of Patients in Massachusetts (MA) (<u>See</u> instruction booklet.) a) How many hours per typical week are you currently involved in <i>outpatient</i> care in MA? 25 hrs./wk. in MA. b) How many hours per typical week are you currently involved in <i>inpatient</i> care in MA? 10 hrs./wk. in MA.
14.	Principal Work Setting.
	a) What is your principal work setting? (See Table 5) 1 0
Be	sations 15 through 22 refer to the <u>past four years</u> only. Check either YES or NO (not N/A) to <u>each</u> question. Provide details on Form 15A. For to the instruction booklet for additional information. Yes No
16.	sations 15 through 22 refer to the <u>past four years</u> only. Check either YES or NO (not N/A) to <u>each</u> question. Provide details on Form 15A. <u>Yes</u> <u>No.</u> Has any pending or new medical malpractice claim been made against you (whether or not a Iswault was filed in relation to the claim)?
16.	the provided and the past four years only. Check either YES or NO (not NA) to each question. Provide details on Form 16A. Yes the instruction booklet for additional information. Yes the Has any pending or new medical malpractice claim been made against you (whether or not a lawsuit was filed in relation to the claim)? Have you been a defendant in any pending or new criminal proceeding other than a minor traffic offense?
16. 16.	Have you been a detendant in any pending or new criminal proceeding other than a minor traffic offense?
16. 16. 17.	the instruction booket for additional information. Has any pending or new medical malpractice claim been made against you (whether or not a lawsuit was filed in relation to the claim)? Have you been a detendant in any pending or new criminal proceeding other than a minor traffic offense? Are any formal disciplinary charges pending or has any disciplinary action (as defined by Board regulations—See Instructions) been taken against you by any governmental authority, hospital or other health care facility, or professional medical association (international, national, state or local)?
16. 16. 17.	the instruction bookiet for additional information. Yes the least any pending or new medical majoractice claim been made against you (whether or not a lawauit was filed in relation to the claim)? Have you been a defendant in any pending or new criminal proceeding other than a minor traffic offense? Are any formal disciplinary charges pending or has any disciplinary action (as defined by Board regulations—See Instructions) been taken against you by any governmental authority, hospital or other health care facility, or protessional medical association (international, national, state or local)?
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16. 16. 17. 18 19 20 21	setions 15 through 22 refer to the past four years only. Check either YES or NO (not NA) to each question. Provide details on Form 16A, or to the instruction booklet for additional information. Yes No Has any pending or new medical malpractice claim been made against you (whether or not a lawsuit was filed in relation to the claim)? Have you been a detendant in any pending or new criminal proceeding other than a minor traffic offense? Are any formal disciplinary charges pending or has any disciplinary action (as defined by Board regulations—See Instructions) been taken against you by any governmental authority, hospital or other health care facility, or professional medical association (international, national, state or local)?
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16. 16. 17. 18 19 20 21 22 Pu	Has any pending or new medical malpractice claim been made against you (whether or not a !swault was filed in relation to the claim)? Have you been a detendant in any pending or new oriminal proceeding other than a minor traffic offense? Are any formal disciplinary charges pending or has any disciplinary action (as defined by Board regulations.—See Instructions) been taken against you by any governmental authority, hospital or other health care facility, or professional medical association (international, national, state or local)? Has your privilege to possess, dispense or prescribe controlled substances been suspended, revoked, denied, restricted, surrendered, or have you been called before or been warned by this state or any other jurisdiction including a federal agency?
16. 16. 17. 18 19 20 21 22 Pt.	Sections 15 through 22 refer to the past four years only. Check either YES or NO (not N/A) to each question. Provide details on Form 16A, er to the instruction bookiet for additional information. Yes to Has any pending or new medical malpractice claim been made against you (whether or not a lawsuit was filed in relation to the claim)? Have you been a defendant in any pending or new criminal proceeding other than a minor traffic offense?
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BOARD OF REGISTRATION IN MEDICINE

TEN WEST STREET **BOSTON, MASSACHUSETTS 02111** RENEWAL APPLICATION 1987-1989

MAUREEN E PAUL

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COOE	TYPE	REGISTRATION NO.	AMOUNT		NO.	DA	Y#1	
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SEE REVERSE SIDE
YOU ARE REQUIRED TO COMPLETE THE QUESTIONS BELOW AND ON THE REVERSE SIDE OF THIS APPLICATION. (SEE THE ENCLOSED INSTRUCTIONS FOR DETAILS.)
IF YOU ANSWERED "YES" TO QUESTIONS 15
THROUGH 24, YOU MUST CHECK THIS BOX: 1....70

PLEASE USE THE ENCLOSED RETURN ENVELOPE

THIS APPLICATION MUST BE SIGNED AND RETURNED WITH A \$100 PAYMENT, A CERTIFIED CHECK OR MONEY ORDER IS PREFERRED, PERSONAL CHECKS ARE ACCEPTABLE.

PAYABLE TO: **COMMONWEALTH OF** MASSACHUSETTS TEN WEST STREET, 2nd FLOOR

SIGNATURE

	4307	PLEASE PRINT ANY NAM CHANGES BE	SEACHUSETTS 02111 ME OR ADDRESS SLOW
7. Principal Specialty(ies): CASTETRICS AND	M.D.? D.O.? Check One.) A. 5. Date of Graduation: CO OF OBSTETRICS ANGUNE COLOGY B. Principal work setting:	2. Date of Birth: WONTH 6/1/79 10 GYNECOLOGY HOSPITAL 1008: UNIV. OF MASSACHU	7
9. Home address: SAME AS ABOV	55 LAKE AV.	N WORGESTER	MA 01605
11. List all hospitals at which you have currently effective privile 12. List all hospitals at which you have held privileges in the pa NOW TON — WEZLESLEY HO 13. States other than Massachusetts in which you are presently	net 20 years: NEW ENGLAND MED, of September 19 NONE	TI'S MEDICAL CE CTR ST. MARGAR	NIFR ET'S HOSPITS
 List any other states where you were previously licensed to Has any medical malpractice claim been made against you 		iled in relation to the claim)?	YES NO
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19. Have you over withdrawn an application for medical licens		t t	-
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21. Have you ever had an organic illness which has impaired y		tudent of medicine?	
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23. Have you ever, for any reason, lost American Specialty Bo 24. Have you been donled recertification by one or more speci If yes, which one(s)?	ialty boards?		
25. I have completed my C.M.E. requirements in the two years OCCLL? 19 26. I am an active vinactive practitioner. (Chack Onc			•
I HEMEBY CERTIFY UNDER THE PENALTY OF PERJURY THA PURSUANT TO CHAPTER 475 OF THE ACTS OF 1985, I WILL ABLE CHARGE FOR MY SERVICES.	NOT CHARGE TO OR COLLECT FROM A MEDICAR	RE BENEFICIARY MORE THAN THE	MEDICARE HEASON-
ABLE CHARGE FOR MY SERVICES. PURSUANT TO M.G.L. c. 82C, § 49A, I CERTIFY UNDER THE I RETURNS AND PAID ALL STATE TAXES REQUIRED UNDER I	PENALTIES OF PERJURY THAT I, TO MY BEST KNI LAW. PLEASE NOTE: THIS APPLIES EVEN IF YOU	OWLEDGE AND BELIEF, HAVE FILE RESIDE OUT OF STATE OR OUT OF MINUUM	D'ALL STATE TAX THE COUNTRY.

(See Reverse Side)

DATE: -



Commonwealth of Massachusetts Board of Registration in Medicine Ten West Street, 3rd Floor, Boston, Massachusetts 02111 1989-1991 Physician Registration Renewal Application, Page 1 of 2

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Carlotte Carlotte			التفريخ بالمساوي						
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Massachusetts Board of Registration in Medicine 1989-1991 Renewal Application, Page 2 of 2 Registration No.: 48979 Paul Fill In name and number. Physician Last Name: 12. a) Other States where you are now licensed to practice (Abbreviste): 12. b) States where you previously were licensed to practice (Abbreviate): WA If ACTIVE, answer questions 14, a) through c). If INACTIVE, answer question 14, b) only. NACTIVE_ 13. Fam applying to be registered with the following status: :ACTIVE_ I investive, asswer question 14. 6) there completed my C.M.E. requirements in the two years ending on the renewal date as follows: (Fit in e of hours or type of residency, or check waiter.) Category I: 328hrs., Category It 20 hrs., (Risk-Management: 10 hrs.); Residency Program In: Walver Requested (You must fill out a separate Walver Form.) 14. b) My medical matpractics insurance is covered by INSURANCE CARRER LETTER OF CREDIT. If applicable, check one and identify the name. Insurer: Univ. of MA Self Insurance Ins NOT INVOLVED IN DIRECT/INDIRECT PATIENT CARE OTHERWISE EXEMPTED___(SIALL NOW)_ 14, c) Percent of Practice Time in Massachusetts: 100 % Questions 15 through 17 refer to the past four years only. Check either YES or NO (not N/A) to each question. Provide details on Form 15A, attached. Yes No 15, Has any pending or new medical malpractice claim been made against you (whether or not a lawsuit was filed in relation to the claim)?........ 16. Have you been a defendant in any panting or new criminal proceeding other than a minor traffic offense?..... 17. Are any formal disciplinary charges pending or has any disciplinary action (as defined by Board regulations—See instructions) been taken against you by any governmental authority, hospital or other health care tability, or professional medical association (international, national, size or local)? If you enswered "YES" to question 15, 18, or 17 provide details on Form 15A, attached. Questions 18 through 24 refer to the past four years only. Check either YES or NO (not N/A) to each question. Provide details in the next section. Yes No 18. Has your privilege to possess, dispense or prescribe controlled substances been suspended, revoked, deciled, restricted, surrendered, or have you been called before or been warned by this state or any other jurisdiction including a federal agency? 19, Have you withdrawn an application for a medical license or bean denied a medical license for any reason?....... 20. Have you had any mental iliness which has impaired your shiftly to practice medicine or to function as a student of medicine?...... 21. Have you had an organic lilness which has impaired your ability to practice medicine or to function as a student of medicine?..... 22. Are you now, or have you been in the past, dependent upon alcohol or drugs?.....

23. Have you, for any reason, lost American Specialty Board Certification?......

24, Have you been denied recertification by one or more specialty boards? #YES, list Board(s):



Commonwealth of Massachusetts Board of Registration in Medicine 560 Harrison Avenue, Suite #G-4, Boston, MA 02118 - (617) 654-9810 http://www.massmedboard.org

Physician Registration Renewal Application

Before proceeding, please read the instruction booklet. Copy this form and all attachments for your own records; you will need copies for credentialing and other purposes. This completed renewal form with strachments must be returned in the Board of green envelope at least 4 weeks before your renewal date. Registration in Medicine · Return renewal application in GREEN envelope. ·Remit \$400.00 for renewal fee (non-refundable). · Enclose check with coupon in BLUE envelope. ·Add late fee of \$25.00, if necessary. Please review carefully the following information for accuracy and completeness. Make any corrections or alterations as required. All questions must be answered or your renewal will be delayed. Registration No.:48979 Renewal Date: 09/19/2003 1. Current Status: Active If you want to change your current status, please check one of the following boxes to indicate your new status: (Check only one) Do not wish to renew inactive (see instructions) Active Retiring (see instructions) Please make corrections (print) 2. Other Name(s), if any, under which you were licensed: Name Change (enter name below) Other Name(s) A) Mailing/Business Address: MAUREEN E PAUL Mailing Address: Planned Parenthood Golden Gate City/Town: ____ 815 Eddy St., # 300 San Francisco, CA 94109 Country: B) Home Address: Business Address: State: City/Town: ___ Country: Business Telephone: (_ Home Address: City/Town: Home Phone: Zip: Country: Home Telephone: **Business Phone:** PLEASE NOTE: Only one address can be a P.O. box. The (415)441-7858 mailing address cannot be a P.O. Box. 7. Current American Board of Medical Specialties Certification (See Table 2) 4. a) Date of Birth: b) Sex: Code: OG Code: PM c) SS#: 8.Drug License Numbers, if anv-5. a) Name of Medical School: a) Federal (DEA): Tufts University School of Medicine b) Messachusetts: b) Year Graduated: 1979 c) Degree: a) Other states where you are now licensed to practice (Abbr.) 6. Specialty Code(s) (See Table 1) Hours per Week in Mass. Code(s) b) States where you were previously licensed (Abbr.) Obstetrics and Gynecology OBG Occupational Medicine 10. List all current health care facilities at which you are affiliated or have completed the credentialing process for the provision of patient care. (Supply the codes from Table 3 and place a check mark next to those health care facilities where you have admitting privileges (AP). Next to each facility, write the approximate percentage of patient care hours that you provide in each facility). ____ No affiliations.

PRINT YOUR LAST NAME:	LICENSE NUMBER:
11. My medical malpractice insurance	is covered by \(\subseteq \) Insurance Carrier \(\subseteq \) Letter of Credit
Insurer's name. (Required):	Policy dates: From:/
Alternatively, indicate as follows because I am: Check One:	I am registering with Active status but I am not covered by medical malpractice insurance. Not involved in direct/indirect patient care in Massachusetts
Otherwise exempt Please expl	lain exemption:
 What is your principal work setting for the provision of patient care y 	ng? (See <u>Table 4</u>) If you are affiliated with a healthcare facility or credentialed you must complete question #10 on page 1 and list your affiliations.
13. Care of patients in Massachusetts	
	volved in: A) inpatient carehrs/wk B) outpatient carehrs/wk
	percentage of your patient care hours in primary care?%
PART A - QUESTIONS REF	FER ONLY TO THE PAST TWO (2) YEARS (SEE INSTRUCTIONS)
question. Provide details on Form	e period since you signed your last renewal application. Check either YES or NO to each R for all YES answers (except question 22). Refer to instructions for additional information this section must be answered. Do not answer NA or the form will be incomplete and delay
	YES NO
vet been finally settled or adjudic	ling): Has any medical malpractice claim been made against you that has not cated, whether or not a lawsuit was filed in relation to the claim?
adjudicated, or otherwise resolve	medical malpractice claim that has been made against you been settled, d, whether or not a lawsuit was filed in relation to the claim?
16. Has any lawsuit, other than a med	dical malpractice suit, which is related to your competency to practice medicine, he practice of medicine, been filed against you or been settled, adjudicated or
17. Have you been charged with any	1 1
any governmental authority, heal	hisciplined for any violation of laws, rules, by-laws or standards of practice of the care facility, group practice or professional society or association?
restricted by, or surrendered to an	·
•	ion for a medical license or been denied a medical license for any reason?
co-payment, or placed any condit	tion related to professional competency or conduct on your coverage, or have d or terminated your insurance coverage in response to an inquiry by a rovider?
22. CME CERTIFICATION: Hav	re you completed your CME requirements preceding your renewal date?
CME Waiver. CME waiver	form must be submitted at least 30 days prior to license expiration date.
CME EXEMPTION: Check of	ne: Inactive status Residency/Fellowship training (See instructions).
	er or exemptions. Do not submit documentation of your CMEs with application.
 Pursuant to G.L. c. 112, Sec and the punishment for failu 	1A, I understand my obligations to report abuse or neglect of children under G.L. c. 119, Sec. 51A re to comply.
 Pursuant to G.L. c. 112, Sec. amount. 	. 2, I will not charge to or collect from a Medicare beneficiary more than the Medicare fee schedule
Massachusetts state tax retur	A, I certify that I have complied with all laws of the Commonwealth related to the filing of ms and payment of all Massachusetts state taxes; reporting of employees and contractors under g and remitting child support pursuant to G.L. c. 119A. (See instructions).
I hereby certify under the penalti	es of perjury that all information on this Renewal Application, Part B and Form R is true.
Signature: Maur	Un Date: 7 15 103
<u>YOU MUST SÌGN A</u>	ND INCLUDE PART B, WITH YOUR RENEWAL APPLICATION

YOU MUST SIGN AND INCLUDE PART B, WITH YOUR RENEWAL APPLICATION

Board Regulations require that you notify the Board, in writing, of any change of address

MAKE A COPY OF YOUR APPLICATION AND ALL ATTACHMENTS BEFORE MAILING.

CK# L5 78

MA License Number: 48979 Date license revived:

Commonwealth of Massachusetts - Board of Registration in Medicine 560 Harrison Avenue, Sulte #G-4, Boston, MA 02118 - (617) 654-9810 www.massmedboard.org

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Last Name (type or print cle	arly) F	int	Middle		Suffix (Jr., etc.)	MEDICINE
Medical Degree:	MD.] D.O. [] Ph.D.	Other o	degree	_
Other Name(s) Used as medical education a					your identifying doc	zuments, such
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Have you attached an u	p-to-date copy of y	our curriculum v	itae? 🔽	Yes	□ No	
*Inactive status: If you not practice medicine		_	sign the la	psed application	on, you certify tha	t you will

APPLICANT'S NAME: MAUREEN EUZABETH PAUL Page - 2

Postgraduate Education:

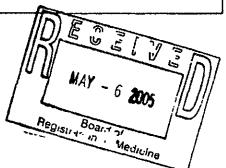
List all postgraduate training chronologically from medical school to the present, the name and address of the facility, your position, e.g. PGY 1, 2, fellow, etc. and dates of affiliation. You must account for all periods of training or postgraduate work from the time you graduated from medical school.

Facility: TUFTS UNIV. SCHOOL OF MEDICINE	Position	STUDENT	From 07/0//75	To .
Street: 145 HARRISON AV.	_ City:	BOSTON		State: <u>MA</u> . 02111
Facility: UNIV. OF WASHINGTON MEDICAL CTR.	Position	PKY 1-2	07/01/79	06 130 181
Street 1969 NE PACIFIC	City:	SEATLE		State: WA. 98195
Facility: TUPTS NEW ENGLAND MEDICAL CTR.	- Position	1642-4	07101181	06 30 84
Street 750 WASHINGTON ST.	_ City:	BOSTON		State: 49, 021/1
Facility UNIV. OF MASSACHUSETTS MEDICALC	B Sition	PGYI		12131187
Street: 55 LAKE AV. N.	City:	WORCESTER	١	State: MA. 0165
Facility: BOSTON UNIV, SCHOOL OF PUBLIC HE	Position	: 5740ENT	091 184	05/15/88
Street: 750 ALBANY ST. (TALBOT BLDS)	City:	BOSTON		State: MA. 021/8
· · ·				

Hospital Affiliations and Employment

List in chronological order all hospital appointments where you had active staff privileges, including the name and address of the facility, your position and dates of affiliation in postgraduate training. Also include periods of unemployment or employment outside of medicine. Do not include postgraduate training facilities. Attach a separate sheet of paper if necessary.

•	<u>From</u> <u>To</u>
Facility. NEW ENGLAND MEDICAL CENTER	Position: PHYSICIAN 08/01/84 12/31/86
Street: 750 WASHINGTON ST.	City: 80570N State: MA 02/1/
Facility: UMASS MEMORIAL HEACTH CARE	Position: 577FF 40 01 01 88 06 27 01
Street: 119 BELMONT ST.	City: WORLESTER State: MA.01605
Facility: PLANNED PARENTHOOD LEAGUE OF M	1A . MO + MEDICAL Position: PIRECAPR 07/01/98 05/18/02
Street: 1055 COMMONWERLTH AV.	City: 80578N State: MA. 02215
Facility: BETH ISRAEL DEACONESS MEDIC	
Street: 375 LONGWOOD AV.	City: <u>80570N</u> State: <u>407.</u> 02//£
SEE ATTACHED PAGE	



APPLICANT'S NAME: Maureen Elizabeth Paul

Hospital Affiliations and Employment (continued)

Facility: Planned Parenthood Golden Gate

815 Eddy Street, San Francisco, CA. 94109

Position: Chief Medical Officer From 07/01/02 to Present

Facility: San Francisco General Hospital

1001 Potrero Av., San Francisco, CA. 94110

Position: Courtesy Privileges From 12/17/02 to 01/20/04

Facility: UCSF Mt. Zion Medical Center

1600 Divisadero St., San Francisco, CA. 94115

Position: Attending From 11/30/04 to Present

APPLICANT'S NAME: MAUREEN ELIZABETH PAUL Medical Malpractice Information: My medical malpractice insurance coverage is by: 🚺 Insurance carrier 🔲 Letter of Credit Print name of insurer: NATIONAL UNION FIRE INSURANCE CO. Policy dates: From: 12/31/04 To: 12/31/05 K) Alternatively, indicate as follows: I am registering with Active status but I am not covered by medical malpractice insurance because:

1 am not involved in direct patient care

Otherwise exempt Explain exemption: Continuing Medical Education Credits Read instructions for continuing medical education requirements before completing. Activity status: Active Inactive Exemption Category 1 credits 113 Category 2 credits ____ Risk management Category 1 8 Category 2 2 Continuing medical education credit requirements must be completed before the Lapsed License can be revived. 1. List other states (abbreviations) where you are currently or have ever been licensed: CA AR CT WA 2. Are you certified by the American Board of Medical Specialties (ABMS)? Yes 3. List only ABMS certification(s): OBSTETRICS + GYNECOCOGY OCCUPATIONAL MEDICINE 4. Reason for reviving Lapsed License in Massachusetts: MOVING BACK TO THE NORTHEAST Affidavit of Applicant I, the undersigned applicant, hereby certify that all information included in this application for licensure constitutes a true statement made under the pains and penalties of perjury. Jaureer Saul

Lapsdapplication-10/07/2002

CURRICULUM VITAE

Maureen E. Paul, M.D., M.P.H.

CURRENT POSITION

Chief Medical Officer
Planned Parenthood Golden Gate
815 Eddy St., 3rd Floor
San Francisco, CA 94109

415/202-7220

COLLEGE & GRADUATE EDUCATION

1988 Boston University School of Public Health, Boston, MA, --M.P.H. -

Epidemiology and Environmental Health

1979 Tufts University School of Medicine, Boston, MA - M.D.

1975 University of Washington, Seattle, WA – B.S.

RESIDENCIES

1987 University of Massachusetts Medical School, Worcester, MA

Resident in Occupational Medicine

1981-84 Tufts New England Medical Center, Boston, MA

Resident in Obstetrics and Gynecology (PGY2-4)

1979-1981 University of Washington Medical Center, Seattle, WA

Resident in Obstetrics and Gynecology (PGY1-2)

LICENSES & CERTIFICATIONS

Licenses

California Medical License (G86493) expires 9/30/05

Massachusetts Medical License (48979) expired 9/19/03

Arkansas Medical License (E-3126) expired 9/30/03

DEA Certificate (AP8758293) expires 3/31/08

Board Certifications

1990 American Board of Preventative Medicine (Occupational Medicine)

. 1986 American Board of Obstetrics and Gynecology

Recertified 1996, with annual voluntary recertifications in 1999, 2000.

2001, 2002, 2003, and 2004

EMPLOYMENT

2002-present Chief Medical Officer

Planned Parenthood Golden Gate, San Francisco, CA

2000-2002 Staff Gynecologist and Director of Resident Training

Planned Parenthood League of Massachusetts

STORY CH

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1998–2000 Medical Director
Parenthood League of Massachusetts

1988-1998 Faculty Physician, Dept. of Obstetrics & Gynecology
University of Massachusetts Medical Center, Worcester, MA

1984-1986 Faculty Physician, Dept. of Obstetrics & Gynecology
Tufts New England Medical Center, Boston, MA

Academic Appointments

University of California, San Francisco

2003-present

Associate Clinical Professor

Department of Obstetrics, Gynecology and Reproductive Sciences

University of Massachusetts Medical School

1993-2002

Associate Professor

Departments of Obstetrics & Gynecology and Family & Community

Medicine

1988-1992

Assistant Professor

Department of Obstetrics & Gynecology and Family & Community

Medicine

Tufts University School of Medicine

1984-1986

Assistant Professor

Department of Obstetrics and Gynecology

HONORS AND AWARDS

Medical Students for Choice Outstanding Research Award 2001 "Early Surgical Abortion: Safety and Efficacy" National Abortion Federation/Ortho-McNeil Scientific Paper Award 2001 "Is Pathology Examination Useful after Early Surgical Abortion?" Voters for Choice/Gloria Steinem Reproductive Freedom Award 2000 Distinguished Alumni Award 1999 Boston University School of Public Health Reproductive Health Award 1994 American Medical Women's Association George W. Mitchell Award 1984 (for highest score on CREOG examination) Tufts University School of Medicine Phi Beta Kappa 1981 University of Washington

PROFESSIONAL ACTIVITIES

Membership in Professional Organizations

1998-present Physicians for Reproductive Choice and Health
1997-present Association of Physicians in Reproductive Health

Maureen E. Paul, M.D., M.P.H.

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1994-present	National Abortion Federation
1985-present	American Public Health Association
1981-present	American College of Obstetricians and Gynecologists (Fellow)
2000-2003	American College of Physician Executives
1996-1999	Association of Professors in Gynecology and Obstetrics/Council on Resident Education in Obstetrics and Gynecology
1994-2003	American Medical Women's Association
1988-1999	American College of Occupational and Environmental Medicine
1988-1995	Association of Occupational and Environmental Clinics
1985-1989	Society for Adolescent Medicine (New England Chapter)
Committee App	ointments
2005-present	Reproductive Health Access Project, Advisory Board
2004-present	National Network of Abortion Funds, Advisory Board
2002-present	National Medical Committee, Planned Parenthood Federation of America
2002-present	Reproductive Options Education Consortium for Nursing, Advisory Board, Massachusetts General Hospital
2001-2003	University of California San Francisco Center for Reproductive Health Policy and Research, Advisory Committee
1997-2000	National Abortion Federation, Research Committee
1995-2002	National Abortion Federation, Board of Directors, (Chair 2000-02)
1995-2000	National Abortion Federation, Clinical Policies Committee
1995 & 1999	National Abortion Federation, Strategic Planning Committee
1994-2002	Massachusetts Department of Public Health, Abortion Advisory Board
1994-1997	Boston University Environmental Hazards Center, Board of Advisors
1993	U.S. Public Health Service, Agency for Toxic Substances and Disease Registry, Scientific Committee on Reproductive Biomarkers
1993	U.S. Public Health Service, Agency for Toxic Substances and Disease Registry Scientific Committee to Assist in Developing a Standardized Test Battery for Birth Defects and Reproductive Disorders for Use in Environmental Health Field Studies
1992-1996	American College of Occupational and Environmental Medicine, Environmental Medicine Committee
1992-1995	NYU Medical Center, Board of Advisors, "Guide to Staying Healthy In A Risky Environment"
1990-1992	March of Dimes Birth Defects Foundation, Board of Directors, Massachusetts Chapter
1989-1990	Conte Institute for Environmental Health, Scientific Committee on Reproductive Risk Assessment

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1988-1990	March of Dimes Birth Defects Foundation, Health Professional Advisory Committee, Massachusetts Chapter
1988-1990	Massachusetts Department of Public Health, Occupational Reproductive Hazards Policy Task Force
1988-1989	March of Dimes Birth Defects Foundation: Chair, Occupational Health Committee: Massachusetts/New Hampshire
1985-1986	Health Research Committee, Center for Environmental Management, Tufts University
1985	Massachusetts Department of Public Health, Committee for Review of Health and Environmental Problems in Woburn, MA

Service to Professional Publications

ad hoc reviewer for:

Obstetrics and Gynecology

American Journal of Obstetrics and Gynecology

Reproductive Toxicology

Primary Care Medicine

International Journal of Occupational and Environmental Health

American Journal of Industrial Medicine

reviewer for:

1993

Institute of Medicine, "Environmental Medicine and the Medical School Curriculum"

INVITED PAPERS, LECTURES, PRESENTATIONS

Invited Testimony

August 5, 1994

U.S. Senate Committee on Veterans Affairs, Hearing on Reproductive Hazards Associated with Military Service

Invited Lecturer

International

2000

Pathfinder International

1995

Australasian College of Physicians & Surgeons and Australasian College of Occupational Medicine Combined Scientific Conference, Keynote speaker

<u>National</u>

2001, 1992,1988 American Public Health Association Annual Meeting

1999

American Medical Women's Association

1995-2001

Medical Students for Choice Annual Meeting

1994

New England College of Occupational and Environmental Medicine

Annual Meeting

Maureen E. Paul, M.D., M.P.H.

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1994	U.S. Public Health Service, medical conference
1994, 1993	Organization of Teratology Information Services Annual Meeting
1994, 93, 92	American College of Occupational and Environmental Medicine Annual Meeting
1993	Perinatal Nurses Education Association Annual Meeting
1992	American Academy of Family Physicians/Lifetime Medical Television (television talk show participant)
1992	American Industrial Hygiene Association Annual Meeting
1992	Semiconductor Safety Association Annual Meeting
1992	Teratology Society Annual Meeting
1990	American College of Nurse Midwives Annual Meeting
1990	National Council on International Health, conference
1990	U.S. Environmental Protection Agency, medical conference
1989	American Association of Occupational Health Nurses Annual Meeting
1989	National Safety Council, conference
1989	U.S. Navy, Division of Occupational Health and Preventative Medicine, medical conference
1988	March of Dimes Birth Defects Foundation, medical conference
State & Regional	
2000, 2001, 2004	4 University of Puerto Rico School of Medicine, Department of Obstetrics and Gynecology Grand Rounds
2001, 1995	Women and Infants Hospital, Department of Obstetrics and Gynecology Grand Rounds
1997	Massachusetts Association of Family Physicians Annual Meeting
1997	Massachusetts Department of Public Health, medical conference
1996	Maine Department of Public Health, medical conference
1996	St. Francis Hospital (Hartford, CT), Department of Obstetrics and Gynecology Grand Rounds
1996 1996	St. Francis Hospital (Hartford, CT), Department of Obstetrics and
	St. Francis Hospital (Hartford, CT), Department of Obstetrics and Gynecology Grand Rounds St. Luke's Hospital/Roosevelt Medical Center (NYC), Department of
1996	St. Francis Hospital (Hartford, CT), Department of Obstetrics and Gynecology Grand Rounds St. Luke's Hospital/Roosevelt Medical Center (NYC), Department of Obstetrics and Gynecology Grand Rounds University of Utah School of Medicine, medical conference Alaska Nurse Practitioners Association Annual Meeting
1996 1996	St. Francis Hospital (Hartford, CT), Department of Obstetrics and Gynecology Grand Rounds St. Luke's Hospital/Roosevelt Medical Center (NYC), Department of Obstetrics and Gynecology Grand Rounds University of Utah School of Medicine, medical conference
1996 1996 1995	St. Francis Hospital (Hartford, CT), Department of Obstetrics and Gynecology Grand Rounds St. Luke's Hospital/Roosevelt Medical Center (NYC), Department of Obstetrics and Gynecology Grand Rounds University of Utah School of Medicine, medical conference Alaska Nurse Practitioners Association Annual Meeting Hartford Hospital, Department of Obstetrics and Gynecology Grand

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1994	Baystate Medical Center, Department of Obstetrics and Gynecology Grand Rounds
1994	New York Environmental Institute, medical conference
1994	Northeastem Industrial Hygiene Association Annual Meeting
1994	Philadelphia County Medical Society Annual Meeting
1993	Milwaukee Gynecological Society Annual Meeting
1993	New Hampshire Department of Public Health, medical conference
1993	New Jersey Occupational Medicine Association Annual Meeting
1993	Oregon Health Sciences University, medical conference
1993	Organization Resources Counselors, Inc., Washington DC, conference
1992	New Hampshire Safety Council Annual Meeting
1992	Ohio University, Department of Family Medicine, medical conference
1992, 90, 89	Berkshire Medical Center, Department of Obstetrics and Gynecology Grand Rounds
Local	
2005	Contra Costa Medical Center, Department of Family Medicine Conference
2004	University of California, San Francisco, Department of Family & Community Medicine conference
2004, 2003	University of California, San Francisco, School of Medicine, Medical Students for Choice conference
2004, 2003	Stanford University School of Medicine, Medical Students for Choice Conference
2003	Natividad Medical Center, Department of Family Medicine conference
2003	Sutter Medical Center-Santa Rosa, Department of Family Medicine conference
2002	University of Massachusetts Memorial Medical Center, Department of Obstetrics and Gynecology Grand Rounds
2001	Tufts University School of Medicine, Department of Obstetrics and Gynecology Grand Rounds
2000	Cambridge Hospital, Department of OB-GYN Grand Rounds
2000	Massachusetts General Hospital, Interhospital Women's Health Grand Rounds
1997	Medical Center of Central Massachusetts, Department of Family Practice Grand Rounds
1995	University of Massachusetts Medical Student Forum on Abortion
1995	University of Massachusetts Women in Medicine Abortion Seminar
1994	Beth Israel Hospital (NYC), medical conference

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1994	Boston University School of Nurse Midwifery
1994	Worcester District Medical Society Annual Meeting
1999, 1993	Beth Israel Deaconess Medical Center (Boston), Department of Obstetrics and Gynecology Grand Rounds
1991	Greater Boston Occupational Health Nurses Association Annual Meeting

SERVICE

Community Service

1992–2003	Massachusetts Abortion Access Project, Co-founder and Member of the Board of Directors
1999-2002	Eastern Massachusetts Abortion Fund, Advisory Board
1993-2000	Massachusetts Teratology Information Services, Advisory Board
1993	National Environmental Birth Defects Registry, Advisory Board
1992-2000	Massachusetts Reproductive Rights Network
1986-1995	Massachusetts Toxics Network, Board of Directors

Government Service

1994	Review Panel, Annual (MA) Governor's Award for Toxics Use Reduction
1991	Expert Consultant, U.S. General Accounting Office, Study Commissioned by the Senate Committee on Governmental Affairs, "Reproductive and Developmental Toxicants: Regulatory Actions Provide Uncertain Protection,"

University Service

1994-1998	University of Massachusetts Medical School, Medical Student Advisor
1992-1996	University of Massachusetts Memorial Hospital Women's Strategic Planning Committee

TEACHING

Residency Rotations

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2005-present	Director, Planned Parenthood Golden Gate-Contra Costa Medical Center Early Abortion Rotation for Family Medicine Residents
2004-present	Director, Planned Parenthood Golden Gate-University of California San Francisco, Early Abortion Rotation for Family Medicine Residents
2003-present	Director, Planned Parenthood Golden Gate-Sutter Medical Center/Santa Rosa, Early Abortion Rotation for Family Medicine Residents
2003-present	Co-Director, Planned Parenthood Mar Monte-Natividad Medical Center Early Abortion Rotation for Family Medicine Residents
2000-2001	Director, Planned Parenthood League of Massachusetts-Baystate Medical Center, Abortion and Family Planning Rotation for OB-GYN Residents

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Director, University of Massachusetts Medical Center-Planned
Parenthood League of Massachusetts, Abortion and Family Planning
Rotation for OB-GYN Residents

Director, University of Massachusetts Medical Center, Elective Rotation
Occupational & Environmental Reproductive Hazards Center

Course Faculty

Planned Parenthood Federation of America, Medical Directors Council, Scientific Meeting

2005 Seminar, Challenging Cases in Reproductive Healthcare

American College of Obstetricians and Gynecologists Annual Meetings

2001 Postgraduate 060 Course, Recent Advances in Contraception and Postgraduate 060 Course, Emerging Issues in Contraception and 2000 Abortion Postgraduate 060 Course, Induced Abortion: Modern Methods and 1999 Practices Postgraduate 060 Course, New Developments in Medical and Surgical 1998 Abortion Clinical Seminar, Medical Termination of Pregnancy 1997 Clinical Seminar, Pregnant Women in the Workplace: Assessing the 1995, 1994 Hazards Luncheon Conferences 1986, 1988, 1989, 1991, 1992, 1993, 1994, 1995, various dates

American College of Occupational and Environmental Medicine

1994, 1993 Environmental Medicine Core Curriculum Course

1989 Postgraduate course, Reproductive Hazards in the Workplace

American Medical Women's Association

1994-1996 Master Faculty, Reproductive Health Initiative

Australasian College of Occupational Medicine

1995 Training Course on Occupational Reproductive Hazards, Brisbane, Australia

Boston University School of Public Health

1990 - 1993 Reproductive Epidemiology Course

Harvard School of Public Health

1990-91, 93-95 Occupational Medicine Course

National Abortion Federation

2001	Risk Management Seminar, Re-examining Abortion Practices: Integrating Experience and Research
2000	Risk Management Seminar, Misoprostol for Cervical Ripening and Abortion
1999	Co-Chair, Postgraduate Course, Abortion: Spotlight on Progress
1998	Postgraduate Course, First Trimester Surgical Abortion
1996	Risk Management Seminar, Clinical Policy Guidelines: Ensuring Quality Care
1995	Co-chair, Postgraduate Seminar on Medical Abortion

National Institute for Occupational Safety and Health

1994, 1993 Course Director, Educating Physicians in Occupational Health and the Environment

Organization of Teratology Information Services

1994 Course on Occupational and Environmental Reproductive Hazards

University of Massachusetts Medical Center - Core Curriculum for OB/GYN Residents

1996, 1993 Induced Abortion

1993 Occupational Reproductive Hazards

University of Massachusetts Medical School

1997	Elective on "Abortion and Reproductive Choice"
1994	Toxicology Course
1992, 89, 88	Occupational Health and Safety Institute
1991- 94	Maternal Child Health Clerkship (quarterly)
1989	Hazard Reduction and Control in Hospitals
1988-1998	OB-GYN Clerkship (3rd Year Medical Students)

University of Massachusetts School of Public Health

1996, 1994 Occupational Medicine Course

RESEARCH

Research Experience, Awards, and Funding (If supported, funding listed in parentheses)

2005 Co-Principal Investigator, University of California, San Francisco,

"Expanded Pregnancy Care by Advanced Practice Nurses Project", John B. Merck Fund (\$75,000), Educational Foundation of America

(\$140,000)

Principal Investigator, Planned Parenthood Golden Gate, "Manual Vacuum Aspiration Training Project for Advanced Practice Clinicians", Planned Parenthood Federation of America (\$35,000) 2003-present Co-Principal Investigator and Director, University of California, San Francisco and Planned Parenthood Golden Gate, "Training in Early Abortion for Comprehensive Healthcare (TEACH) Project," Buffet Foundation (\$650,000), Schiro Foundation (\$30,000), Gold Fund (\$50,000) 2001 Medical Students for Choice Outstanding Research Award "Early Surgical Abortion: Safety and Efficacy" 2001 National Abortion Federation/Ortho-McNeil Scientific Paper Award "is Pathology Examination Useful after Early Surgical Abortion?" Principal Investigator and Director, "Massachusetts Abortion and Family Planning Training Initiative", Kenneth J. Ryan Residency Training Program in Abortion and Family Planning, Buffel Foundation, (\$90,000) 1998–1999 Co-Principal Investigator, "Methotrexate and Misoprostol for Early Abortion", Planned Parenthood Federation of America Principal Investigator, Innovations in Medicine Education Grant, "Integrating Abortion and Reproductive Choice into Medical School Curricuta", University of Massachusetts Medical School (\$2,000) 1996-1998 Principal Investigator, "Efficacy and Safety of Misoprostol for Induction of Labor" Principal Investigator, Abortion Training and Advocacy Initiative, Jessie B. Cox Trust and John B. Merck Fund (Trust and Fund contributed equally to a total funding of \$240,000) 1993-1994 Principal Investigator, "Educating Physicians in Occupational Health and the Environment (EPCH-Envi)", National Institute for Occupational Safety and Health 1992-1993 Co-Principal Investigator, "Coupational and Environmental Reproductive Hazards Policies: Follow-up to the Family, Work, and Health Survey." Principal Investigator, "Cocupational Electromagnetic Field Exposures in a Neonatal Intensive Care Nursery," Principal Investigator, "National Working Conference on Occupational and Environmental R		
Francisco and Planned Parenthood Goldon Gate, Training in Early Abortion for Comprehensive Healthcare (TEACH) Project", Buffet Foundation (\$650,000), Schiro Foundation (\$30,000), Gold Fund (\$50,000) Medical Students for Choice Outstanding Research Award "Early Surgical Abortion: Safety and Efficacy" National Abortion Federation/Ortho-McNell Scientific Paper Award "Is Pathology Examination Useful after Early Surgical Abortion?" Principal Investigator and Director, "Massachusetts Abortion and Family Planning Training Initiative", Kenneth J. Ryan Residency Training Program in Abortion and Family Planning, Buffet Foundation, (\$90,000) Co-Principal Investigator, "Methotrexate and Misoprostol for Early Abortion", Planned Parenthood Federation of America Principal Investigator, Innovations in Medicine Education Grant, "Integrating Abortion and Reproductive Cholce into Medical School Curricula", University of Massachusetts Medical School (\$2,000) Principal Investigator, "Efficacy and Safety of Misoprostol for Induction of Labor" Principal Investigator, Abortion Training and Advocacy Initiative, Jessie B. Cox Trust and John B. Merck Fund (Trust and Fund contributed equally to a total funding of \$240,000) 1994-1997 Co-Investigator, "Educating Physicians in Occupational Health Medicine, National Institute of Environmental Health Sciences (\$125,000 per year) Principal Investigator, "Educating Physicians in Occupational Health and the Environment (EPOCH-Envi)", National Institute for Occupational Safety and Health 1992-1993 Co-Principal Investigator, "Corporate Reproductive Hazards Policies: Follow-up to the Family, Work, and Health Survey." Principal Investigator, "Occupational Electromagnetic Field Exposures in a Neonatal Intensive Care Nursery. Principal Investigator, "Occupational Electromagnetic Field Exposures in a Neonatal Intensive Care Nursery. Principal Investigator, "Occupational Electromagnetic Field Exposures and Disease Registry (U.S. Public Health Service) (approximately	2004	Vacuum Aspiration Training Project for Advanced Practice Cilincians, Planned Parenthood Federation of America (\$35,000)
National Abortion: Safety and Efficacy National Abortion Federation/Ortho-MoNeil Scientific Paper Award "Is Pathology Examination Useful after Early Surgical Abortion?" Principal Investigator and Director, "Massachusetts Abortion and Family Planning Training Initiative", Kenneth J. Ryan Residency Training Program in Abortion and Family Planning, Buffet Foundation, (\$90,000) Co-Principal Investigator, "Methotrexate and Misoprostol for Early Abortion", Planned Parenthood Federation of America Principal Investigator, Innovations in Medicine Education Grant, "Integrating Abortion and Reproductive Choice into Medical School Curricula", University of Massachusetts Medical School (\$2,000) Principal Investigator, "Efficacy and Safety of Misoprostol for Induction of Labor" Principal Investigator, Abortion Training and Advocacy Initiative, Jessie B. Cox Trust and John B. Merok Fund (Trust and Fund contributed equally to a total funding of \$240,000) Co-Investigator, Academic Award in Occupational and Environmental Medicine, National Institute of Environmental Health Sciences (\$125,000 per year) Principal Investigator, "Educating Physicians in Occupational Health and the Environment (EPOCH-Envi)", National Institute for Occupational Safety and Health Co-Principal Investigator, "Corporate Reproductive Hazards Policies: Follow-up to the Family, Work, and Health Survey," Principal Investigator, "Occupational and Environmental Reproductive Hazards Center/Community Education Project," March of Dimes Birth Defects Foundation Principal Investigator, "National Working Conference on Occupational and Environmental Reproductive Hazards," Ruth Mott Fund, March of Dimes Birth Defects Foundation, Agency for Toxic Substances and Disease Registry (U.S. Public Health Service) (approximately	2003-present	Francisco and Planned Parenthood Golden Gate, Training in Early Abortion for Comprehensive Healthcare (TEACH) Project", Buffet Foundation (\$650,000), Schiro Foundation (\$30,000), Gold Fund
"Is Pathology Examination Useful after Early Surgical Abortion?" Principal Investigator and Director, "Massachusetts Abortion and Family Planning Training Initiative", Kenneth J. Ryan Residency Training Program in Abortion and Family Planning, Buffet Foundation, (\$90,000) Co-Principal Investigator, "Methotrexate and Misoprostol for Early Abortion", Planned Parenthood Federation of America Principal Investigator, Innovations in Medicine Education Grant, "Integrating Abortion and Reproductive Choice into Medical School Curricula", University of Massachusetts Medical School (\$2,000) Principal Investigator, "Efficacy and Safety of Misoprostol for Induction of Labor" Principal Investigator, Abortion Training and Advocacy Initiative, Jessie B. Cox Trust and John B. Merck Fund (Trust and Fund contributed equally to a total funding of \$240,000) Co-Investigator, Academic Award in Occupational and Environmental Medicine, National Institute of Environmental Health Sciences (\$125,000 per year) Principal Investigator, "Educating Physicians in Occupational Health and the Environment (EPOCH-Envi)", National Institute for Occupational Safety and Health Co-Principal Investigator, "Corporate Reproductive Hazards Policies: Follow-up to the Family, Work, and Health Survey," Principal Investigator, "Occupational and Environmental Reproductive Hazards Center/Community Education Project," March of Dimes Birth Defects Foundation Principal Investigator, "National Working Conference on Occupational and Environmental Reproductive Hazards," Ruth Mott Fund, March of Dimes Birth Defects Foundation, Agency for Toxic Substances and Disease Registry (U.S. Public Health Service) (approximately	2001	"Early Surgical Abortion: Safety and Efficacy"
Planning Training Initiative", Kenneth J. Hyan Hesidency Training Program in Abortion and Family Planning, Buffet Foundation, (\$90,000) 1998–1999	2001	"Is Pathology Examination Useful after Early Surgical Abortion?"
Principal Investigator, Innovations in Medicine Education Grant, "Integrating Abortion and Reproductive Choice into Medical School Curricula", University of Massachusetts Medical School (\$2,000) 1996-1998 Principal Investigator, "Efficacy and Safety of Misoprostol for Induction of Labor" 1995-1997 Principal Investigator, Abortion Training and Advocacy Initiative, Jessie B. Cox Trust and John B. Merck Fund (Trust and Fund contributed equally to a total funding of \$240,000) 1994-1997 Co-Investigator, Academic Award in Occupational and Environmental Medicine, National Institute of Environmental Health Sciences (\$125,000 per year) 1993-1994 Principal Investigator, "Educating Physicians in Occupational Health and the Environment (EPOCH-Envi)", National Institute for Occupational Safety and Health 1992-1993 Co-Principal Investigator, "Corporate Reproductive Hazards Policies: Follow-up to the Family, Work, and Health Survey," 1991-1992 Principal Investigator, "Occupational and Environmental Reproductive Hazards Center/Community Education Project," March of Dimes Birth Defects Foundation 1991-1992 Principal Investigator, "Occupational Electromagnetic Field Exposures in a Neonatal Intensive Care Nursery," 1991 Principal Investigator, "National Working Conference on Occupational and Environmental Reproductive Hazards," Ruth Mott Fund, March of Dimes Birth Defects Foundation, Agency for Toxic Substances and Disease Registry (U.S. Public Health Service) (approximately	2000-2001	Planning Training Initiative", Kenneth J. Hyan Hesidency Training Program in Abortion and Family Planning, Buffet Foundation,
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a Neonatal Intensive Care Nursery," 1991 Principal Investigator, "National Working Conference on Occupational and Environmental Reproductive Hazards," Ruth Mott Fund, March of Dimes Birth Defects Foundation, Agency for Toxic Substances and Disease Registry (U.S. Public Health Service) (approximately	1991-1992	Hazards Center/Community Education Project, March of Diffies Birth Defects Foundation
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	1991	Environmental Reproductive Hazards," Ruth Mott Fund, March of Dimes Birth Defects Foundation, Agency for Toxic Substances and Disease Registry (U.S. Public Health Service) (approximately

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1990-1992	Principal Investigator, "Uterine Activity during Physical Work Tasks as Assessed by Ambulatory Uterine Monitoring", March of Dimes Birth Defects Foundation (\$60,000)
1989-1990	Principal Investigator, "Analysis of Reproductive Health Effects Information on Material Safety Data Sheets"
1989-1990	Principal Investigator, "Occupational and Environmental Reproductive Hazards Center," March of Dimes Birth Defects Foundation and Ruth Mott Fund, (approximately \$50,000)
1988-1989	Consultant, "Environmental Tobacco Smoke During Pregnancy and Carcinogen- Hemoglobin Adducts in Maternal and Cord Blood", March of Dimes Birth Defects Foundation
1988	Principal Investigator, "Family, Work, and Health Survey"

PUBLICATIONS

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Paul ME: Worker reproductive fitness and risk. Occupational Medicine: State of the Art Reviews. 1988; 3:329-340

Paul ME, Himmelstein J: Reproductive hazards in the workplace: what the practitioner needs to know about chemical exposures. Obstet Gynecol 1988; 71:921-938

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Paul M, Schaff E, Nichols M. The role of clinical assessment, human chorionic gonadotropin assays, and sonography in medical abortion practice. Am J Obstet Gynecol, 2000; 183 (Suppl): S34-S43

Kruse B, Popperna S, Creinin MD, **Paul M**. *Management of side effects and complications in medical abortion*. Am J Obstet Gynecol, 2000; 183 (Suppl): S65-S75

Lichtenberg ES, Paul M, Jones H. First trimester surgical abortion practices: a survey of National Abortion Federation members. Contraception 2001;64:345-352

Paul M, Lackie E, Mitchell C, Rogers A, Fox M. *Is pathology examination useful after early surgical abortion?* Obstet Gynecol 2002;99:567-571; Also response to letter to the editor. Obstet Gynecol 2002;100:378-379

Paul M, Mitchell CM, Rogers AJ, Fox MC, Lackie EG. Early surgical abortion: efficacy and safety. Am J Obstet Gynecol 2002; 187:407-411

Sankey HZ, Lewis RS, O'Shea D, **Paul M**. Enhancing resident training in abortion and contraception through hospital-community partnership. Am J Obstet Gynecol 2003;189:644-646

Paul M, Nobel K. Papaya: a simulation model for training in uterine aspiration. Fam Med 2005;37:242-244

Other Publications

Books

Paul ME (ed). Occupational and Environmental Reproductive Hazards: A Guide for Clinicians. Baltimore: Williams and Wilkins, Inc. 1993

Paul ME, Lichtenberg ES, Borgatta L, Grimes DA, Stubblefield P (eds). A Clinician's Guide to Medical and Surgical Abortion. New York: Churchill Livingstone, 1999

Book Chapters

Brent R, Meistrich M, Paul M. Ionizing and non-ionizing radiations. In: Paul ME (ed). Occupational and Environmental Reproductive Hazards: A Guide for Clinicians. Baltimore: Williams and Wilkins, Inc., 1993

Paul ME. Video display terminals. In: Paul ME (ed). *Occupational and Environmental Reproductive Hazards: A Guide for Clinicians*. Baltimore: Williams and Wilkins, Inc., 1993

Paul ME. Clinical evaluation and management. In: Paul ME (ed). *Occupational and Environmental Reproductive Hazards: A Guide for Clinicians*. Baltimore: Williams and Wilkins, 1993

Paul ME. Common clinical encounters. In: Paul ME (ed). Occupational and Environmental Reproductive Hazards: A Guide for Clinicians. Baltimore: Williams and Wilkins, 1993

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Edwards J, Darney P, Paul M. Surgical abortion in the first trimester. In: Paul ME, Lichtenberg ES, Borgatta L, Grimes DA, Stubblefield P (eds). A Clinician's Guide to Medical and Surgical Abortion. New York: Churchill Livingstone, 1999

Randall L, Paul M, Herman S. Health and safety issues. In: Paul M, Lichtenberg ES, Borgatta L, Grimes DA, Stubblefield P (eds). A Clinician's Guide to Medical and Surgical Abortion. New York: Churchill Livingstone, 1999

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Welch LS, Paul ME (guest editors): Case Studies in Environmental Medicine: Reproductive and Developmental Hazards. Atlanta: U.S. Department of Health and Human Services, Public Health Service, Agency for Toxic Substances and Disease Registry, September 1993

Non-Peer Review Publications/Poster Presentations

Daniels C, Paul ME, Rosofsky R. Family, Work, and Health Survey Report. Boston: Massachusetts Department of Public Health, 1988

Paul ME, Daniels C. Health, equity, and reproductive risks in the workplace. Second Annual Women's Policy Research Conference Proceedings. Washington, DC: Institute for Women's Policy Research, 1990

Paul ME, Kurtz S. Reproductive Hazards in the Workplace: A Syllabus for Clinicians. Worcester: University of Massachusetts Medical School, Occupational and Environmental Reproductive Hazards Center, 1990.

Paul ME. Integration of occupational and environmental reproductive health issues into ob/gyn residency curricula. Abstract and poster presentation, CREOG/APGO Annual Meeting, 1991

Paul ME, Kurtz S. Analysis of reproductive health hazard information on material safety data sheets for lead and the ethylene glycol ethers. Poster presentation, American Public Health Association Annual Meeting, 1992

Paul ME. Reproductive hazards revisited. Bulletin of the Society for Occupational and Environmental Health, 1993

Paul M, Nicholas C, Atkins R, Weiss J, Paul D. Abortion Training: A Guide to Establishing an Effective Program at your Facility. Worcester: Abortion Training and Advocacy Initiative, 1998

Goedken J, Poehlmann S, **Paul M**. A blinded randomized clinical trial of misoprostol, dinoprostone, and oxytocin for labor induction. Poster presentation. ACOG Annual Meeting, 2000

Paul ME, Mitchell C, Rogers A, Fox M, Lackie E. *Efficacy and safety of early surgical abortion*. Poster presentation. National Abortion Federation Annual Meeting, Chicago, 2001

Paul ME, Creinin MD (eds). Early abortion options: a self-learning guide for health care professionals. Washington DC: National Abortion Federation, 2001

Paul M, Stewart FH, Weitz TA, Wilcox N, Tracey JM. Early Abortion Training Workbook. San Francisco: UCSF Center for Reproductive Health Research and Policy, 2003.

Goodman S, Waxman NJ, Hammer H, Villela T, Nobel K, **Paul M**. Training in Early Abortion for Comprehensive Healthcare (TEACH) with UCSF Family Medicine residencies. UCSF Research Colloquium, October 29, 2004

SUPPLEMENT FORM FOR LAPSED APPLICATION

PRINT NAME: MAUREEN ELIZABETH PAUL DATE: 04/19/2005

IMPORTANT NOTE: If you answer "yes" to any of these questions, you must provide the additional information on pages 4-10.

OUESTIONS

YES NO

- 1-A. Have you ever, for any reason, been denied a medical license, whether full, limited, temporary, or have you withdrawn an application for medical licensure?
- 1-B. Have you ever voluntarily surrendered a license to practice medicine or any healing art?
- 2. Have you ever, for any reason, lost American Board of Medical Specialty or been denied required recertification by one or more specialty boards?
- 3-A. Are any formal disciplinary charges pending against you, or do you have knowledge of any pending investigation into your professional competence or conduct by any governmental authority, health care facility, group practice or professional medical society or association (international, national, state or local)? (See definition).
- 3-B. Has any disciplinary action ever been taken against you for violation of laws, rules, by-laws, or standards of practice by any governmental authority, healthcare facility, group or professional medical society or association (national, state or local)?
- 4-A. Have you ever voluntarily relinquished any medical staff membership?
- 4-B. Has your medical staff membership, medical privileges or medical staff status at any hospital been limited, suspended, revoked, not renewed or subject to probationary conditions or has processing toward any of those ends been instituted or recommended by a medical staff committee or governing board?
- 4-C. Have you ever been denied medical staff membership, or advancement in medical staff status, or has such denial been recommended by a standing medical staff committee or governing body?
- 4-D. Have you ever, for any reason, withdrawn an application for hospital privileges or appointment?
- 5. Have you ever been charged with any criminal offense, other than a minor traffic offense?
- 6. Has your privilege to possess, dispense or prescribe controlled substances ever been suspended revoked, denied, restricted or surrendered, or have you over been called before or warned by any state or other jurisdiction including a federal agency regarding such privileges?

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Signed: Maureen Saul

Date: 04-19-2005

YES NO

- 7. Has any professional liability insurance provider ever restricted, limited, terminated, imposed a surcharge or co-payment, or placed any condition related to professional competency or conduct on your coverage or have you ever voluntarily restricted, limited or terminated your insurance coverage in response to any inquiry by a professional liability insurance provider?
- 8. Have you ever been the subject of any suspension or probation proceedings instituted Blue Cross or Blue Shield, Medicare, Medicaid, or any other medical Reimbursement plan; or have you ever been restricted from receiving payments from any Blue Cross or Blue Shield, Medicare, Medicaid (any state), or third party programs?
- 9. Have you ever had an application for membership as a participating provider rejected by any HMO/PPO/IPA or other prepaid health care plan or your contract as a participating provider terminated by any HMO/PPO/IPA or other prepaid plan?
- 10-A. In the past ten (10) years, has any medical malpractice claim been made against you, whether or not a lawsuit was filed in relation to the claim?
- 10-B. In the past ten (10) years, has any lawsuit, other than a medical malpractice suit, which is related to your competency to practice medicine, or your professional conduct in the practice of medicine, been filed against you or has such a suit been settled, adjudicated or otherwise resolved?

Applicant's Signature:

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Date: 04/19 /2005

MALPRACTICE (IISTORY

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l authorize Board of F including t	e my professional liability camer(s) listed below to release to the Commonwealth of Massachusetts, Registration in Medicine, my malpractice history and any and all claims or actions for damages, the following:	
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1) Carrent States. Mente	enewal Due Date: 08	
If you want to change your current statt (Check only one). (See Renewal Instru	is, please check <u>one</u> o uctions, page 3.)	f the following boxes to indicate your <u>new</u> status:
☐ Active ☐ Retiring	☐ Inactive	Do not wish to renew
2) Addresses & Contact Information. Please of required to notify the Board of Registration i Business addresses <u>CANNOT</u> be a Post Office.	n Medicine within 3	ses and make changes, if necessary. You are 0 days of any change of address. Home and Please make corrections (print)
Planned Parenthood NYC 26 Bleecker Street	. М	ailing Address: ty/Town: State:
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2b) HOME ADDRESS	1	lome Address:
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2c) BUSINESS ADDRESS — Planned Parenthood NYC 26 Bleecker Street		Buşiness Address: City/Town: State:
New York, NY 10012		Zip: Country: (2/2) 274 - 72(-/
Phone: Address (ad Phone this address (Phone Phone Pho	ded only	Business Telephone: (213) 274-7266 Business address cannot be a Post Office Box
3) E-mail Address:		
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5) Specialties (See Renewal Instructions, page	: 4.) Delete?	Additional specialties:
Obstetrics and Gynecology	O	
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Gynecology	0	
6) Current American Board of Medical Spe (See enclosed instructions and Renewal Instru	ecialtles (ABMS) or actions, page 4.)	American Osteopathic Association (AOA) Information.
List Certifying Board(s) below:	Update General Ce below. Please add a	rtificates and Subspecialty Certificates additional Certifications as required.
Board Name ABMS or AOA	Certificate/Subspe	
Obstetrics & Gynecology ABMS	Obstetrics and Gyne	
Preventive Medicine ABMS	Occupational Medic	ine 🗆 🗅

Massachusetts Physician Renewal Application

License No.: 48979

Physician Name: Maureen E Paul

PART A

Preventive Medicine

ABMS

Massachusetts Physician Renewal Application

Physician Name: Maureen E Paul					
(See Renewal Instructions, page 4.) 7) Drug License Numbers, if any: a) Massachusetts: b) Federal (DEA): c) Federal (DEA) XS:	8a) Other s 	tates who	CA.	ow licensed to pusty licensed (Abbr.)
9) What is your principal work setting? (See Renewal Principal Work Setting: Clinic Please enter the <u>approximate</u> number of work hours		Chang	2e 10:		
10) List all current health care facilities where you a provision of patient care. (Supply the name of the houst ruction booklet). Next to each facility, write you associate or Consulting), and the approximate number linely and affiliations with on-line prescribing service facilities on a separate sheet, if necessary.	re affiliated ealth care fac or staff categ ber of hours rices or comp	or have or cility from ory at the of patien canies. Pl	completed the m Reference Test facility (Additional test facility (Additional test facility) and the manufacture of the manufac	credentialing; Fable 5 on Pag Imitting, Activ u provide at th all information	e, Courtesy, at facility.
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11) Care of patients in Massachusetts (See Renewal Average weekly hours involved in: a) inpatient can b) outpatient care.	e <u> </u>	ırs/wk	Change to:	hrs/wk hrs/wk	
12) Medical Liability Insurance Information (See Roman My medical liability insurance is provided through Insurance Carrier (complete below)	Renewal Instru Check one	uctions, p	page 5.)		
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Physician Name: Maureen E Paul	License No.: 48979
13) Do you perform any surgery in your office? (See Renewal Instructions, parties, please complete Form PCA-O "Office Based Surgery"	page 5.) Yes No
In questions 14-21, the phrase "time period" refers to the following: license renewal/application, to the day you sign this renewal applicati	
You must check either YES or NO to each question. Provide details on $\underline{Form\ R}$ if Renewal Instructions for additional information and definitions. ALL questions in	this section must be answered.
	YES NO
14) CLAIMS MADE a) New: Has any medical malpractice claim been made against you during to not a lawsuit was filed on that claim?	his time period, whether or
b) Pending: Are there any unresolved malpractice claims against you today, finally settled or finally adjudicated?	any claims that have not been
15) CLAIMS PAID Has any medical malpractice claim against you (whether or not a lawsuit w resolved, settled, or adjudicated during this time period?	ras filed on that claim) been
16) OTHER CIVIL LAWSUITS Question 16 refers to claims or actions related to your competency to practi professional conduct in the practice of medicine.	ice medicine or your
a) New: Have there been any lawsuits, other than medical malpractice claim during this time period?	is, been filed against you
b) Resolved: Have you resolved, settled or adjudicated any lawsuits, other the claims, during this time period?	han medical malpractice
17) CRIMINAL CHARGES	
a) Have you been charged with any criminal offense during this time period	?
b) Are there any criminal charges pending against you today?	
c) Have any criminal offenses/charges against you been resolved during this	s time period?
18) Have you been charged with or disciplined for any violation of laws, rules, of any governmental authority, health care facility, group practice or profes	
19) Has your privilege to possess, dispense or prescribe controlled substances be denied, restricted by, or surrendered to any state or federal agency?	peen suspended, revoked,
20) Have you withdrawn an application for a medical license, allowed a license or have you been denied a medical license for any reason?	application to become obsolete
21) Has any medical liability insurance carrier restricted, limited, terminated, in co-payment, or placed any condition related to professional competency or have you voluntarily restricted, limited or terminated your insurance covera	conduct on your coverage, or

Massachusetts Physician Renewal Application

a medical naturny insurance carrier:	
22) CME CERTIFICATION:	
a) Have you completed your CME requirements preceding your renewal date? Yes No	
b) If no, are you requesting a CME waiver?	
Check to request CME Waiver. A CME waiver request form must be submitted at least 30 days prior to your license expiration date. (See Renewal Instructions, page 8.)	
c) If you are exempt from CME requirements, check reason for exemption. (See Renewal Instructions, page 8.)	
CME EXEMPTION: (check one)	

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Massachusetts Physician Renewal Application

Physician Name: Maureen E Paul License No.: 48979

	I have reviewed my Physician Profile at <u>profiles.massmedboard.org</u> and confirm that the information is accurate.
123	I have reviewed my Physician Profile and attached a copy of the Profile with corrections.
	My status is Inactive and I do not have a Physician Profile. (See Renewal Instructions, page 10.)

CERTIFICATIONS

- 1) I certify that I have complied with my obligations to report abuse or neglect of children pursuant to G.L. c. 119, sec. S1A, and I understand the punishment for failure to comply.
- 2) I certify that I have complied with my obligations to report abuse or neglect of disabled persons pursuant to G.L. c. 19C, sec. 10, and I understand the punishment for failure to comply.
- 3) I certify that I have complied with my obligations to report abuse, neglect or financial exploitation of elderly persons pursuant to G.L. c.19A, sec. 15, and I understand the punishment for failure to comply.
- 4) I certify that I have complied with my obligations to report the treatment of wounds, burns and other injuries pursuant to G.L. c. 112, sec. 12A.
- 5) I certify that I have complied with my obligations to report the treatment of victims of rape or sexual assault pursuant to G.L.c. 112, sec. 12A 1/2.
- 6) I certify that I have complied with my obligations to report a physician to the Board of Medicine, pursuant to G.L. c. 112, sec. 5F, when I have a reasonable basis to believe that person violated any provisions of G.L. c. 112, sec. 5 or any Board regulation.
- 7) I certify that I have complied my obligations related to charging and collecting fees from Medicare beneficiaries in accordance with the Medicare fee schedule, and I understand my obligations under G.L. c.112, sec. 2.
- 8) I certify that I have complied with my obligations to file Massachusetts tax returns and to pay Massachusetts taxes, and I understand that, pursuant to G.L. c. 62C, sec. 49A, my license shall not be issued or renewed unless I make these certifications under penalties of perjury.
- 9) I certify that I have complied with my obligations related to the reporting of employees and contractors pursuant to G.L. c.62E.
- 10) I certify that I have complied with my obligations related to the withholding and remitting of child support pursuant to G.L. c. 119A.
- 11) I certify that I have complied with my obligations to file an Incident Report with the Board when certain adverse events occur in my private office, pursuant to G.L. c. 112 sec. 5 and 243 C.M.R. 3.00 et seq., and I understand that the Patient Care Assessment (PCA) programs at the health care facilities where I practice report certain Major Incidents to the Board.

Under penalties of perjury, I declare that I have examined this renewal application and all its accompanying instructions, forms and statements, and to the best of my knowledge and belief, the information contained herein is true, correct, and complete. I authorize the Board of Registration in Medicine to access any and all criminal case information on me held by the Massachusetts Criminal History Systems Board.

Signature: Mauler Dave Dave Date: 07/17/06

MAKE A COPY OF YOUR APPLICATION AND ALL ATTACHMENTS BEFORE MAILING, FOR YOUR RECORDS, FOR CREDENTIALING AND OTHER PURPOSES.

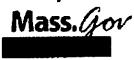
Page 5 of 7

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Massa	chusetts Physician	n Renewal A	Application
Physician Name: Maureen			License No.: 48979
The NPI will replace all other identi and health care purchasers for purpo	ifiers assigned to health care pro uses of conducting these business	roviders as "health c viders, such as those s transactions.	are providers" in HIPAA standard transactions. assigned by health plans, government programs of the required to obtain an NPI by May 23, 2007.
site at www.NPPES.cms Option 2: Certify you have persor you must notify the Boa Option 3: Certify another authorize	gistration in Medicine with your ships gov. ally applied for your NPI and yourd. Please complete the NPI fon zed institution has applied for an e you have received your NPI Notion 2). Registration in Medicine to applied	r valid NPI. You can ou have not received m at the Board's web a NPI on your behalf iumber, you must not ly for an NPI on your	it yet. Once you have received your NPI Number, site at www.massmedboard.org . and you have not received it yet (supply ify the Board by completing the NPI form at the behalf.
Check the appropriate box below, su My current NP1 is:	upply appropriate information, a		
By checking this option and s	ng a third party (enter name): — igning the bottom of this page, I		(follow instructions for Option 3) Board to apply for an NPI on my behalf.
As an inactive physician, I do	not wish to obtain an NPI.		
Please provide the HIPAA taxonom providing the taxonomy code, pleas taxonomy code is required if you au	e indicate your specialty in the s	newal Instructions, propage provided (Taxo	age 13 for more information). In addition to momy Description). The primary provider
	Taxonomy (Specialty) Code	Taxonomy Description (Print)
Primary Provider Taxonomy:	DOTVOO	DOOX	OBSTETRICS & GYNECOLOGY
Provider Taxonomy:			
Provider Taxonomy:			
In an ongoing effort to improve the as necessary. Please note: This info	NPI REQUIRED and appropriate of the information we commation is required if you authorized.	llect, please review	the following information and make corrections y for an NPI on your behalf.
Social Security Number:			
State of Birth (if US):	MA. Countr	y of Birth (if outside	the US): <u> </u>
Gender:	E Female		
18 U.S.C. 1001 authorizes criminal the United States knowingly and wi fictitious or fraudulent statements or fictitious or fraudulent statement or Offenders that are organizations are derived by the offender if it is great	illfully falsifies, conceals or cover representations, or makes any entry. Individual offenders are sessiblect to fines of up to \$500,0 or than the amount specifically a	who in any matter wi ers up by any trick, s false writing or docu subject to fines of up 00. 18 U.S.C. 3571(authorized by the sen	thin the jurisdiction of any department or agency of theme or device a material fact, or makes any false ment knowing the same to contain any false, to \$250,000 and imprisonment for up to five years d) also authorizes fines of up to twice the gross gait tending statute.
1 authorize the Board of Registration	on in Medicine to provide my	NPI to any authoria	ted hospital, health plan, or health organization Date: 07 / 17 / 06
PLEASE MAKE A COPY O		ENEWAL APPLIC	ATION AND ALL ATTACHMENTS

Page 6 of 7

255 250 88 F 2.00





Back | Home | How to Read a Profile



Massachusetts **Board of Registration in Medicine** Physician Profile

MAUREEN E PAUL MD

Physician Information I.

(The information in sections I - V has been provided by the physician.)

License Status:

Active

License Issue Date:

03/02/1982

Accepting New Patients:

Nο

Accepts Medicaid:

No

Primary Work Setting:

Clinic

Business Address:

Planned Parenthood NYC

26 Bleecker Street

NEW YORK, NY 10012

Phone:

None Reported

Translation Services Available:

None Reported

Insurance Plans Accepted:

None Reported

Hospital Affiliations:

Clinic **Beth-Israel Deaconess-Medical Center**

LIMess Memorial Medical Center

Beth Israel Hedical Ctr. New York City, NY

11. **Education & Training**

Medical School:

Tufts University School of Medicine

Graduation Date:

1979

Post Graduate Training:

7/1/1981-6/30/1984 - Tufts-New England Medical Cent -

Resident: Obstetrics and Gynec

1/1/1987-12/31/1987 - Univ of MA Med Ctr - Resident:

Occupational Medicin

9/1/1981-5/15/1987 - BU School of Public Health -

III. Specialty

Area of Specialty:

Obstetrics and Gynecology Occupational Medicine

ABMS Board Certification:

Obstetrics and Gynecology

IV. Honors and Awards

Distinguished Alumni Award Boston University

School of Public Health 2000 AMWA Reproductive Health Award 1994

V. <u>Professional Publications</u>

26 Articles and 2 Books in the area of reproductive Health.

VI. <u>Malpractice Information</u>

Some studies have shown that there is no significant correlation between malpractice history and a doctor's competence. At the same time, the Board believes that consumers should have access to malpractice information. In these profiles, the Board has given you information about both the malpractice history of the physician's specialty and the physician's history of payments. The Board has placed payment amounts into three statistical categories: below average, average, and above average. To make the best health care decisions, you should view this information in perspective. You could miss an opportunity for high quality care by selecting a doctor based solely on malpractice history.

When considering malpractice data, please keep in mind:

- Malpractice histories tend to vary by specialty. Some specialties are more likely than others
 to be the subject of litigation. This report compares doctors only to the members of their
 specialty, not to all doctors, in order to make Individual doctor's history more meaningful.
- This report reflects data for the last 10 years of a doctor's practice. For doctors practicing less than 10 years, the data covers their total years of practice. You should take into account how long the doctor has been in practice when considering malpractice averages.
- The incident causing the materiactice claim may have happened years before a payment is finally made. Sometimes, it takes a long time for a materiactice lawsuit to move through the legal system.
- Some doctors work primarily with high risk patients. These doctors may have malpractice
 histories that are higher than average because they specialize in cases or patients who are at
 very high risk for problems.
- Settlement of a claim may occur for a variety of reasons which do not necessarily reflect negatively on the professional competence or conduct of the physician. A payment in settlement of a medical malpractice action or claim should not be construed as creating a presumption that medical malpractice has occurred.

You may wish to discuss information provided in this report, and malpractice generally, with your doctor. The Board can refer you to other articles on this subject.

Or. PAUL has not made a payment on a malpractice claim in Massachusetts in the last ten years.

VII. <u>Disciplinary and/or Criminal Actions</u>

A. <u>Criminal Convictions, Pleas and Admissions;</u>
 The information in this section may not be comprehensive. The courts are now required by law

to supply this information to the Board.

Dr. PAUL has had no criminal convictions in the past ten years.

B. Hospital Discipline:

This section contains several categories of disciplinary actions taken by Massachusetts hospitals during the past ten years which are specifically required by law to be released in the physician's profile.

Dr. PAUL has no record of hospital discipline in the past ten years.

C. Board Discipline;

This section includes final disciplinary actions taken by the Massachusetts Board of Registration in Medicine during the past ten years.

Dr. PAUL has not been disciplined by the Board in the past ten years.

Additional information about a physician, including closed complaints, may be available by calling the Massachusetts Board of Registration in Medicine Phone 617-654-9830

Toll Free Number (Massachusetts only) 1-800-377-0550

Return to
Physician Profile Search

Direct questions and comments about these results to Massachusetts Board of Registration in Medicine 560 Harrison Avenue, Boston MA 02118
Phone 617-654-9800
For direct response please use Email

Please read the Board of Registration in Medicine Disclaimer



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privacy policy : site map

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Massachusetts Physician Renewal Application

Physician Name: Maureen E Paul License No.: 48979

PART A		
1) Current Status: Active R	enewal Due Date: 08/2	2/2006 Birth Date:
		the following boxes to indicate your new status:
(Check only one). (See Renewal Instr		Do not wish to renew
☐ Active ☐ Retiring	☐ Inactive	Li Do not wish to renew .
2) Addresses & Contact Information. Please required to notify the Board of Registration Business addresses <u>CANNOT</u> be a Post Office	in Medicine within 30 e te Box.	
2a) MAILING ADDRESS RECEIVED Planned Parenthood NYC		
26 Dianeles Compt	anne I	ling Address:
New York, NY 10012 JUL 17 2	City	Town: State:
Board of Regis	stration Zip:	· Country:
Check here to change this addrom Medici 2b) HOME ADDRESS	RECEIVED	
X.I	Ho	me Address:
. 101	L 2 7 2006 Cit	y/Town:State:
		Country:
* *	Medicine Ho	me Telephone:
Phone: Check here to change this address		Home address cannot be a Post Office Box
20 RUSINESS ADDRESS	ar resi lar	siness Address:
Planned Parenthood NYC	· · · · · · · · · · · · · · · · · · ·	
		y/Town: State:
New York, NY 10012		Country
Phone:	Bu	siness Telephone: (213) 274-7266
Phone: Check here to change this address (ad	are order	Business address cannot be a Post Office Box
3) E-mail Address:	,	
4) Fax Number: 212-274-	727/0	· · · · · · · · · · · · · · · · · · ·
4) Pax Number.		
5) Specialties (See Renewal Instructions, page	(4.) Delete?	Additional specialties:
Obstetrics and Gynecology		
Occupational Medicine	<u> </u>	•
Gynecology		
- · ·		
6) Current American Board of Medical Spe (See enclosed instructions and Renewal Instru		erican Osteopathic Association (AOA) Information.
List Certifying Board(s) below:		ficates and Subspecialty Certificates
See State of Mark 1860 (1960) See State of Mark 1960 (1960)	•	itional Certifications as required.
Board Name ABMS or AOA		ty
Obstetrics & Gynecology ABMS	Obstetrics and Gynecole	ogy \cdots
		ALCOHOL TO A TOTAL AND A STATE OF THE STATE
	Occupational Medicine	
	Occupational Medicine	

Massachusetts Physician Renewal Application

Physician Name: Maureen E Paul			Licens	e No.: 4897)
Physician Name: Wauteen Di au-					
See Renewal Instructions, page 4.)	Please make	correction	ons as necessar	y v licensed to t	oractice (Abbr.)
Drug License Numbers, if any:	8a) Other si	ates was	Co	. Heavyon an g	•
a) Massachusetts:	1.	<u>M1</u> .	<u>CA</u>		hhr)
b) Federal (DEA):			were previou	ISTY IRCEIISEG (1001.)
c) Federal (DEA) XS:	WA	<u>ct.</u>			
What is your principal work setting? (See Renew Principal Work Setting: Clinic Please enter the approximate number of work bour 0) List all current health care facilities where you	rs at your princ	ipal work	setting: 40	credentialing i	process for the
provision of patient care. (Supply the name of the instruction booklet). Next to each facility, write your special or Consulting), and the approximate number of the approximate number of the approximate number of the second se	our staff categ nber of bours rvices or comp	ory at the of patien anics. Pl	at facility (Ad t care that you ease provide a	mitting, Activ provide at th B information	e, Courtesy, at facility.
				Category	Approximate
Health Care Facility (See Renewal Instructions, page	ge 4.)	Delete?	Current	. Change	# Hours per Week
Both Israel Deaconess Medical Center		175	, <u></u>		
Clinic (Planned Parenthood Leagn	ncofMA.		Active		3
UMass Memorial Medical Center		M			
Out of State hospital (Both Israel	Med Ch		Active		0
out of State 1103 prior (Don 13100)	200 Alexander		Adthe		40
Out of state clinic (Planned A	CA CATHERINA				
of NYC)					
		<u> </u>	<u></u>	<u></u>	
11) Care of patients in Massachusetts (See Renewa Average weekly hours involved in: a) inpatient of b) outpatient	care 21	hrs/wk hrs/wk	Change to:	hrs/wk	
12) Medical Liability Insurance Information (See My medical liability insurance is provided through	Renewal Instr gh: (check one	uctions, p	nage 5.)		
Insurance Carrier (complete below) Current Insurance Carrier: National Union F	Fire Ins Co of P	ittsburgh	Change to:		
		DL			
Policy dates: From 12,31,05 (required)	To /2/3//				
(required) Letter of Credit subject to Board approva	l (anach a cop)	v)			
(required)	l (anach a cop)	v)	e medical liabi	lity insurance	because l am:
(required) Letter of Credit subject to Board approva I am registering with Active status but I a	l <i>(attach a cop</i>) Im not require	y) d to have			because I am:
(required) Letter of Credit subject to Board approva I am registering with Active status but I a	l (anach a cop) im not require	y) d to have patient car	e in Massachu		because l am:

Massachusetts Physician Re	newal Application	
Physician Name: Maureen E Paul	License No.: 48979	
13) Do you perform any surgery in your office? (See Renewal Instruc- If Yes, please complete Form PCA-O "Office Based Surgery"	ttions, page 5.) Yes No	
questions 14-21, the phrase "time period" refers to the follocense renewal/application, to the day you sign this renewal ap	plication, inclusive, the Kenewallin	ou noutono, può-
ou must check either YES or NO to each question. Provide details on Forewal Instructions for additional information and definitions. ALL ques	orm R if you answer "YES" to any questi- stions in this section must be answered.	ons. Refer to
CLAIMS MADE a) New: Has any medical malpractice claim been made against you not a lawsuit was filed on that claim?		
b) Pending: Are there any unresolved malpractice claims against you finally settled or finally adjudicated?	u today, any claims that have not been	
15) CLAIMS PAID Has any medical malpractice claim against you (whether or not a la resolved, settled, or adjudicated during this time period?	swsuit was filed on that claim) been	
16) OTHER CIVIL LAWSUITS Question 16 refers to claims or actions related to your competency professional conduct in the practice of medicine.		
a) New: Have there been any lawsuits, other than medical malpractiduring this time period?b) Resolved: Have you resolved, settled or adjudicated any lawsuits		
claims, during this time period?		
17) CRIMINAL CHARGES a) Have you been charged with any criminal offense during this time.	ne period?	
b) Are there any criminal charges pending against you today?c) Have any criminal offenses/charges against you been resolved d	uring this time period?	
18) Have you been charged with or disciplined for any violation of law of any governmental authority, health care facility, group practice	vs. rules, by-laws or standards of practice	!
19) Has your privilege to possess, dispense or prescribe controlled sub- denied, restricted by, or surrendered to any state or federal agency	ostances been suspended, revoked,	
20) Have you withdrawn an application for a medical license, allowed or have you been denied a medical license for any reason?		
21) Has any medical liability insurance carrier restricted, limited, term co-payment, or placed any condition related to professional compensave you voluntarily restricted, limited or terminated your insurance a medical liability insurance carrier?	SIGNED OF CONGRET ON LOSS CO. C. C. C.	
a) Have you completed your CME requirements preceding your results to the processing a CME waiver?	•	
Check to request CME Waiver. A CME waiver request form your license expiration date. (See Renewal Instructions, pag	n must be submitted at least 30 days prio e 8.)	r 10

c) If you are exempt from CME requirements, check reason for exemption. (See Renewal Instructions, page 8.)

☐ Inactive Status

☐ Residency/Fellowship training

CME EXEMPTION: (check one)

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Massachusetts Physician Renewal Application

Physician Name: Maureen E Paul License No.: 48979

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	~~	*** 4. Y		

I have reviewed my Physician Profile at profiles.massmedboard.org and confirm that the information is accurate.
 I have reviewed my Physician Profile and attached a copy of the Profile with corrections.
 My status is Inactive and I do not have a Physician Profile. (See Renewal Instructions, page 10.)

CERTIFICATIONS

- 1) I certify that I have complied with my obligations to report abuse or neglect of children pursuant to G.L. c. 119, sec. 51A, and I understand the punishment for failure to comply.
- I certify that I have complied with my obligations to report abuse or neglect of disabled persons pursuant to G.L. c. 19C, sec. 10, and I understand the punishment for failure to comply.
- 3) I certify that I have complied with my obligations to report abuse, neglect or financial exploitation of elderly persons pursuant to G.L. c.19A, sec. 15, and I understand the punishment for failure to comply.
- 4) I certify that I have complied with my obligations to report the treatment of wounds, burns and other injuries pursuant to G.L. c. 112, sec. 12A.
- 5) I certify that I have complied with my obligations to report the treatment of victims of rape or sexual assault pursuant to G.L.c. 112, sec. 12A 1/2.
- 6) I certify that I have complied with my obligations to report a physician to the Board of Medicine, pursuant to G.L. c. 112, sec. 5F, when I have a reasonable basis to believe that person violated any provisions of G.L. c. 112, sec. 5 or any Board regulation.
- 7) I certify that I have complied my obligations related to charging and collecting fees from Medicare beneficiaries in accordance with the Medicare fee schedule, and I understand my obligations under G.L. c.112, sec. 2.
- 8) I certify that I have complied with my obligations to file Massachusetts tax returns and to pay Massachusetts taxes, and I understand that, pursuant to G.L. c. 62C, sec. 49A, my license shall not be issued or renewed unless I make these certifications under penalties of perjury.
- 9) I certify that I have complied with my obligations related to the reporting of employees and contractors pursuant to G.L. c.62E.
- 10) I certify that I have complied with my obligations related to the withholding and remitting of child support pursuant to G.L. c. 119A.
- 11) I certify that I have complied with my obligations to file an Incident Report with the Board when certain adverse events occur in my private office, pursuant to G.L. c. 112 sec. 5 and 243 C.M.R. 3.00 et seq., and I understand that the Patient Care Assessment (PCA) programs at the health care facilities where I practice report certain Major Incidents to the Board.

Under penalties of perjury, I declare that I have examined this renewal application and all its accompanying instructions, forms and statements, and to the best of my knowledge and belief, the information contained herein is true, correct, and complete. I authorize the Board of Registration in Medicine to access any and all criminal case information on me held by the Massachusetts Criminal History Systems Board.

Signature: Manuel Sanl

Date: 07/17/06

MAKE A COPY OF YOUR APPLICATION AND ALL ATTACHMENTS BEFORE MAILING, FOR YOUR RECORDS, FOR CREDENTIALING AND OTHER PURPOSES.

Massachusetts Physician Renewal Application

Physician Name: Maureen E Paul License No.: 48979 NATIONAL PROVIDER IDENTIFIER (NPI) The primary purpose of the NPI is to uniquely identify health care providers as "health care providers" in IIIPAA standard transactions. The NPI will replace all other identifiers assigned to health care providers, such as those assigned by health plans, government programs and health care purchasers for purposes of conducting these business transactions. Under the final HIPAA NPI Rule; all individual and organization covered providers will be required to obtain an NPI by May 23, 2007. 🛭 In order for your license to be renewed you must take one of the following actions: Option 1: Supply the Board of Registration in Medicine with your valid NPI. You can apply for an NPI directly by using the NPPES web site at www.NPPES.cms.hhs.gov. Option 2: Certify you have personally applied for your NPI and you have not received it yet. Once you have received your NPI Number, you must notify the Board. Please complete the NPI form at the Board's web site at www.massmedboard.org. Option 3: Certify another authorized institution has applied for an NPI on your behalf and you have not received it yet (supply institution's name). Once you have received your NPI Number, you must notify the Board by completing the NPI form at the Board's website (see Option 2). Option 4: Authorize the Board of Registration in Medicine to apply for an NPI on your behalf. Option 5: If your license status is INACTIVE, you may elect not to obtain an NPI number. Check the appropriate box below, supply appropriate information, and sign the bottom of the page. My current NPI is: ☐ I have personally applied for an NPI. _____ (follow instructions for Option 3) have applied for an NPI using a third party (enter name): ___ By checking this option and signing the bottom of this page, I hereby authorize the Board to apply for an NPI on my behalf. As an inactive physician, I do not wish to obtain an NPI. **HIPAA TAXONOMY CODES** Please provide the HIPAA taxonomy (specialty) codes (refer to Renewal Instructions, page 13 for more information). In addition to providing the taxonomy code, please indicate your specialty in the space provided (Taxonomy Description). The primary provider taxonomy code is required if you authorize BORIM to apply for an NPI on your behalf. Taxonomy Description (Print) OBSTETICICS & GYNECOLOGY Primary Provider Taxonomy: Provider Taxonomy: Provider Taxonomy: NPI REQUIRED INFORMATION In an ongoing effort to improve the quality of the information we collect, please review the following information and make corrections as necessary. Please note: This information is required if you authorize BORIM to apply for an NPI on your behalf. Social Security Number: ... Country of Birth (if outside the US): 4.5.A. State of Birth (if US): ☐ Male Gender: Penalties for Falsifying Information on the National Provider Identifier Application 18 U.S.C. 1001 authorizes criminal penalties against an individual who in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry. Individual offenders are subject to fines of up to \$250,000 and imprisonment for up to five years. Offenders that are organizations are subject to fines of up to \$500,000. I8 U.S.C. 3571(d) also authorizes fines of up to twice the gross gain derived by the offender if it is greater than the amount specifically authorized by the sentencing statute. Date: 07 / 17 / 06 PLEASE MAKE A COPY OF ALL PAGES OF YOUR RENEWAL APPLICATION AND ALL ATTACHMENTS BEFORE MAILING YOUR RECORDS, FOR CREDENTIALING AND OTHER PURPOSES.

Page 6 of 7

Physician Name: Maureen E Paul, M.D.		License No.: 48979
PART A		West Posts
) Culled General	newal Due Date: 0	
If you want to change your current statu	is, please check <u>one</u>	of the following boxes to indicate your new status:
Check only one: (See Renewal Instru	ctions, page 3.)	
☐ Active ☐ Retiring	☐ Inactiv	ve
		was and make changes if necessary You are
Addresses & Contact Information. Please of required to notify the Board of Registration is	onurm your source. n Medicine within:	ases and make changes, if necessary. You are 30 days of any change of address. Home and
required to notify the board of Registration is Business addresses <u>CANNOT</u> be a Post Office	Box.	
		Please make corrections (print)
2a) MAILING ADDRESS Planned Perenthood NYC REC. REC.	CHEN 15	
Litting tangendood rivo	7 1	Mailing Address:
26 Bleecker Street	- ann	City/Town: State:
New York, NY 10012 AUG	25 2008	Lip: Country:
Check here to change this addres 80210 0		17
!_ A	Aedicine —	
2b) HOME ADDRESS IN N		Home Address:
	İ	City/Town: State:
	ļ	Zip: Country:
Phone:	L	Home Telephone: ()
Check here to change this address		Home address cannot be a Post Office Box
	г	
2c) BUSINESS ADDRESS Planned Parenthood NYC		Business Address:
26 Bleecker Street		City/Town: State:
New York, NY 10012		Zip: Country:
		Business Telephone: (
Phone: (212)274-7266	L	
Check here to change this address	-	Business address cannot be a Post Office Box
		Correct your E-mail and Fax Number below:
3) E-mail Address:		
4) Fax Number: 212-274-7276		
5) Specialties (See Renewal Instructions, page	e 4.) Delete?	List Additional Specialties:
Obstetrics and Gynecology	Ø	
Occupational Medicine	O	
Gynecology	. 0	
6) Current American Board of Medical Sp	ecialties (ABMS) o	r American Osteopathic Association (AOA) Information.
(See enclosed instructions and Renewal Instru	uctions, page 4.)	
List Certifying Board(s) below:	Update General	Certificates and Subspecialty Certificates
		sadditional Certifications as required.
Board Name ABMS or AOA	Certificate/Subsp	
Obstetrics & Gynecology ABMS	Obstetrics and Gyr	
Preventive Medicine ABMS	Occupational Med	licine 🗆
		0

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Massachusetts Physician Renewal Application Physician Name: Maureen E Paul, M.D. License No.: 48979

m - D I - manufactor once A 1			~~~	
(See Renewal Instructions, page 4.)		Please make corrections as neces		nractice
7) Drug License Numbers	Corrections:	8) Other states where you are n	MA UCERSEO M	practice
a) Massachusetts:		<u>NY CA</u>		
b) Federal (DEA):		9) States where you were previ	unaly member	
c) Federal (DEA) XS:		WA CT AR		
offices, clinics, nursing homes, et	c, For the names o	nealth care facilities (where you are If the health care facilities, refer to l te any affiliations with Internet-bas work sites, attaching a separate sh	ed prescribia	g services
List the names of all work sites in Ma	ssachusetts	Location	State	Delete?
(See above and description on page 4.)		(City or Town)	11 10	
Clinic (Planned Paventhood L	eagne of MA.)	Boston, Worceder, Springfie New York	ld MA	
Out of State Hospital (Both I 672		New York	124	<u> </u>
Ce	noter)	•		
Out of state clinic (Planned			
	T	New York	NY	
Vanerothood of N	10)	1000 1011		
				<u> </u>
11) Care of patients in Massachuse Average weekly hours involved in	: a) inpatient care b) outpatient care	0 hrs/wk Change to: h	rs/wk rs/wk	
12) Medical Liability Insurance In	formation (See Renew	val Instructions, page 5.)		
Charles I own toners must be	et notice dates. My m	edical liability insurance is provided throu	igh:	
CHECK OBS. FORMS teners were a		•		
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Massachusetts Physician Renewal Application

Physician Name: Maureen E Paul, M.D. License No.: 48979

In questions 14-21, the phrase "time period" refers to the following -- all time from the day you signed your last license Renewal Application to the day you sign this Renewal Application. (See Renewal Instructions, page 5.)

You must check either YES or NO to each question. Provide details on <u>Form R</u> if you answer "YES" to any questions. Refer to Renewal Instructions for additional information and definitions.

YES NO

 a) NEW: Have you received notification of a claim, whether or not a lawsuit was filed on that claim, or has any medical malpractice claim been made against you during this time period? (see above). b) PENDING: Are there any unresolved malpractice claims against you today, i.e., any claims that have not been finally settled or finally adjudicated? 	
15) CLAIMS CLOSED Has any medical malpractice claim against you (whether or not a lawsuit was filed on that claim) been resolved, settled, or adjudicated during this time period?	
16) OTHER CIVIL LAWSUITS Question 16 refers to claims or actions related to your competency to practice medicine or your professional conduct in the practice of medicine.	
a) New: Have there been any claims, other than medical malpractice claims, filed against you during this time period? b) Resolved: Have you resolved, settled or adjudicated any lawsuits, other than medical malpractice claims, during this time period?	
17) CRIMINAL CHARGES	
a) Have you been charged with any criminal offense during this time period?	
b) Have any criminal offenses/charges against you been resolved during this time period?	
c) Are there any criminal charges pending against you today?	
d) Are any Applications for Issuance of Process pending against you?	
18) INVESTIGATIONS AND DISCIPLINARY ACTIONS	
a) Have you withdrawn an application to any governmental authority, health care facility, group practice, employer or professional association?	
b) Have you ever taken a leave of absence from any health care facility, group practice or employer?	
c) Have you been the subject of an investigation by any governmental authority, health care facility, group practice, employer or professional association?	
d) Have you been the subject of a disciplinary action taken by any governmental authority, health care facility, group practice, employer or professional association?	
19) Have your privileges to possess, dispense or prescribe controlled substances been suspended, revoked, denied, restricted by, or surrendered to any state or federal agency?	
20) Have you withdrawn an application for a medical license, allowed a license application to become obsolete or have you been denied a medical license for any reason?	
21) Has any medical liability insurance carrier restricted, limited, terminated, imposed a surcharge or co-payment, or placed any condition related to professional competency or conduct on your coverage, or have you voluntarily restricted, limited or terminated your insurance coverage in response to an inquiry by a medical liability insurance carrier?	
22) CME CERTIFICATION:	/4-703 /
a) Have you completed your CME requirements preceding your renewal date? Yes No	
b) If no, are you requesting a CME waiver?	
A CME waiver request form must be submitted at least 30 days prior to your license expiration date.	
c) If you are exempt from CME requirements, check reason for exemption. (See Renewal Instructions, page &	1.)
CME EXEMPTION: (check one)	•

Massachusetts Physician Renewal Application Physician Name: Maureen E Paul, M.D. License No.: 48979

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AKI		ģ
Check	k One: PHYSICIAN PROFILE	9
E	I have reviewed my Physician Profile at http://profiles.massmedboard.org and confirm that the information is accurate. (Please note that if you changed or corrected your business address, business phone number, practice specialty, board certification and/or hospital affiliations on your renewal application, your Physician Profile will also be updated.)	9
	I have reviewed my Physician Profile and attached a copy of the Profile with corrections. My status is Inactive and I do not have a Physician Profile. (See Renewal Instructions, page 11.)	ä

CERTIFICATIONS

- 1) I certify that I have complied with my obligations to report abuse or neglect of children pursuant to G.L. c. 119, sec. 51A, and I understand the punishment for failure to comply.
- 2) I certify that I have complied with my obligations to report abuse or neglect of disabled persons pursuant to G.L. c. 19C, sec. 10, and I understand the punishment for failure to comply.
- 3) I certify that I have complied with my obligations to report abuse, neglect or financial exploitation of elderly persons pursuant to G.L. c.19A, sec. 15, and I understand the punishment for failure to comply.
- 4) I certify that I have complied with my obligations to report the treatment of wounds, burns and other injuries pursuant to G.L. c. 112, sec. 12A.
- 5) I certify that I have complied with my obligations to report the treatment of victims of rape or sexual assault pursuant to G.L. c. 112, sec. 12A 1/2.
- 6) I certify that I have complied with my obligations to report a physician to the Board of Medicine, pursuant to G.L. c. 112, sec. 5F, when I have a reasonable basis to believe that person violated any provisions of G.L. c. 112, sec. 5 or any Board regulation.
- 7) I certify that I have complied with my obligations related to charging and collecting fees from Medicare beneficiaries in accordance with the Medicare fee schedule, and I understand my obligations under G.L. c. 112, sec. 2.
- 8) I certify that I have complied with my obligations to file Massachusetts tax returns and to pay Massachusetts taxes, and I understand that, pursuant to G.L. c. 62C, sec. 49A, my license shall not be issued or renewed unless I make these certifications under penalties of perjury.
- 9) I certify that I have complied with my obligations related to the reporting of employees and contractors pursuant to G.L. 62E.
- 10) I certify that I have complied with my obligations related to the withholding and remitting of child support pursuant to G.L. c.119A.
- 11) I certify that I have complied with my obligations to file an Incident Report with the Board when certain adverse events occur in my private office, pursuant to G.L. c. 112 sec. 5 and the Patient Care Assessment Regulations, 243 C.M.R. 3.00 et seq. I understand that the Patient Care Assessment (PCA) programs at the health care facilities where I practice report certain Major Incidents to the Board.
- 12) I certify that I have complied with my obligations to disclose my ownership interest in any partnership, corporation, firm or other legal entity to which I have referred a patient for physical therapy services pursuant to G.L. c. 112, sec. 12AA.

Under penalties of perjury, I declare that I have examined this renewal application and all its accompanying instructions, forms and statements, and to the best of my knowledge and belief, the information contained herein is true, correct, and complete. As an applicant for renewal of a license to practice medicine, I understand that a criminal record check may be conducted for conviction and pending criminal case information from the Criminal History Systems Board only and that it will not necessarily disqualify me from licensure.

Signature: Maurun Sanl MD Date: 08, 12, 2008

MAKE A COPY OF YOUR APPLICATION AND ALL ATTACHMENTS BEFORE MAILING. YOU MUST RETAIN A COPY OF YOUR APPLICATION FOR YOUR RECORDS, FOR CREDENTIALING AND FOR OTHER PURPOSES.

Page 5 of 7

Massachusetts Physician Renewal Application

License No.: 48979 Deven V Physician Name: Maureen E Paul, M.D. PART A Birth Date: Renewal Due Date: 08/22/2008 1) Current Status: Active If you want to change your current status, please check one of the following boxes to indicate your new status: Check only one: (See Renewal Instructions, page 3.) Do not wish to renew ☐ Inactive ☐ Retiring ☐ Active 2) Addresses & Contact Information. Please confirm your addresses and make changes, if necessary. You are required to notify the Board of Registration in Medicine within 30 days of any change of address. Home and Business addresses <u>CANNOT</u> be a Post Office Box. Please make correctious (print) 2a) MAILING ADDRESS Mailing Address: Planned Parenthood NYC 26 Bieecker Street New York, NY 10012 Country: ☐ Check here to change this addres \$0010 of Registration in Medicine 2b) HOME ADDRESS Home Address: ____State: City/Town: Zip: Country: Home Telephone: (____)____ Phone: Home address cannot be a Post Office Box Check here to change this address Business Address: 2c) BUSINESS ADDRESS Planned Parenthood NYC City/Town: 26 Bleecker Street Zip: Country: New York, NY 10012 Business Telephone: (___)__ Phone: (212)274-7266 Business address cannot be a Post Office Box Check here to change this address Correct your E-mail and Fax Number below: 3) E-mail Address: 212-274-7276 4) Fax Number: List Additional Specialties: 5) Specialties (See Renewal Instructions, page 4.) Delete? Obstetrics and Gynecology Occupational Medicine Gynecology 6) Current American Board of Medical Specialties (ABMS) or American Osteopathic Association (AOA) Information. (See enclosed instructions and Renewal Instructions, page 4.) Update General Certificates and Subspecialty Certificates List Certifying Board(s) below: below. Please add additional Certifications as required. Delete? Certificate/Subspecialty Board Name ABMS or AOA Obstetrics and Gynecology **ABMS** Obstetrics & Gynecology Occupational Medicine Preventive Medicine **ABMS**

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TO REPORT VANCOS PORTOS

OR NET MASSACHUSETTS PHYSICIAN RENEWAL APPLICATION

Maureen Paul MD

License Number 48979

11. Care of patients in Massachusetts Continued:

New York City. However, I also work part-time providing per diem clinical services at Planned
Parenthood of Parenthood League of Massachusetts (PPLM), typically 3-4 days per month. I work as needed at any of the three PPLM clinics located in Springfield, Worcester or Boston.

Maureen Bank

09/02/2008

(See Renewal Instructions, page 4.) (See Renewal Instructions, page 4.) (B) Drug License Numbers (B) Massachusetts: (D) Federal (DEA): (C) Federal (DEA) XS:	Corrections:	Please make corrections as no 8) Other states where you ar NY CA 9) States where you were pre WA CT AR	e <u>now</u> licensed to	
10) List all work sites in Massach offices, clinics, nursing homes, etc page 18 of the Renewal Instruction or companies. Please provide all i	. For the names on on booklet. Include nformation on all	le any affiliations with Internet-b i work sites, attaching a separate	ased prescribin sheet, if necess	g services
list the names of all work sites in Ma See above and description on page 4.)	ssachusetts	Location (City or Town)	State	Delete?
	game of MA.)	Boston, Worceaker, Spring	Gold MA	
Citize (Planned Parenthood Le Out of State Hospital (BOH) I STORY		New York	NY	
Ch	nter)			
Gut of state clinic (Planned			n
Parenthood of My	67	New York	NY	<u> </u>
Chillian Andrew Color	<i></i>	·	•	<u>l</u>
दो नेस्सः इन्द्रेष्ट्रिः				
113) Care of patients in Massachusett	a) inpatient care	0 hrs/wk Change to:	hrs/wk aff	ached a
Average weekly hours involved in: Average weekly hours involved in:	a) inpatient care b) outpatient care remation (See Renew t policy dates. My m relow) tional Union Fire Ins	o hrs/wk Change to: 3 hrs/wk Change to: 6 well Instructions, page 5.) medical liability insurance is provided the coof PittsburghChange to: 1,01,09	hrs/wk aff	
Average weekly hours involved in: Policy dates: From 0 / 100 Type of Policy: Exclose a (Enclose a)	a) inpatient care b) outpatient care remation (See Renew t policy dates. My m relow) tional Union Fire Ins 1 0 8 To 0 made with tail cover copy of the certific	o hrs/wk Change to: 3 hrs/wk Change to: 6 coof PittsburghChange to: 7 / 0 / 0 9 Tage Occurrence Policy ate of insurance or the face sheet)	hrs/wk aff	ached &
113) Care of patients in Massachusett (114) Average weekly hours involved in: (127) Medical Liability Insurance Info (128) Medical Liability Insurance Info (129) Check onc. Locum tenens must lis (129) Check onc. Locum tenens must lis (120) Check onc. Locum tenens must lis (120) Check onc. Locum tenens must lis (210) Check onc. Locum tenens must lis (211) Check onc. Locum tenens must lis (212) Check onc. Locum tenens must lis (213) Check onc. Locum tenens must lis (213) Check onc. Locum tenens must lis (214) Check onc. Locum tenens must lis (215) Check onc. Locum tenens must lis (216) Check onc. Locum tenens must lis (217)	a) inpatient care b) outpatient care remation (See Renew t policy dates. My m relow) rional Union Fire Ins 7 0 8 To 01 made with tail cover copy of the certific	o hrs/wk Change to: January Change to: Change to:	hrs/wk aff hrs/wk 5	nehed 9
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Massachusetts Physician Renewal Application

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Physician Name: Maureen E Paul, M.D. License No.: 48979 (See Renewal Instructions, page 4.) Please make corrections as necessary 7) Drug License Numbers Corrections: 8) Other states where you are now licensed to practice a) Massachusetts: CA b) Federal (DEA): 9) States where you were previously licensed c) Federal (DEA) XS: AR 10) List all work sites in Massachusetts, including health care facilities (where you are credentialed), private offices, clinics, nursing homes, etc. For the names of the health care facilities, refer to Reference Table 4 on page 18 of the Renewal Instruction booklet. Include any affiliations with Internet-based prescribing services or companies. Please provide all information on all work sites, attaching a separate sheet, if necessary. List the names of all work sites in Massachusetts Location Delete? (See above and description on page 4.) (City or Town) Clinic (Planned Paventhood 11) Care of patients in Massachusetts (See Renewal Instructions, page 4.) 0 hrs/wk Average weekly hours involved in: a) inpatient care Change to: hrs/wk b) outpatient care Change to: hrs/wk 12) Medical Liability Insurance Information (See Renewal Instructions, page 5.) Check one. Locum tenens must list policy dates. My medical liability insurance is provided through: Insurance Carrier (complete below) Current Insurance Carrier: National Union Fire Ins Co of PittsburghChange to: . From 01/01/08 To 01,01,09 Policy dates: Claims made with tail coverage Type of Policy: Occurrence Policy (Enclose a copy of the certificate of insurance or the face sheet) Letter of Credit subject to Board approval (Attach a copy.) I am registering with Active status but I am not required to have medical liability insurance because I am: Check one: Not involved with direct or indirect patient care in Massachusetts A Government Employee under Federal Tort Claims Act (FTCA)

13) Do you perform any surgery in your Massachusetts office? (See Renewal Instructions, page 5.) Yes No If Yes, please complete Form PCA-O "Office Based Surgery" Form on page 8.

Otherwise exempt (Please explain):

08/03/08/51

Massachusetts Physician Renewal Application

Physician Name: Maureen E Paul, M.D. License No.: 48979

In questions 14-21, the phrase "time period" refers to the following — all time from the day you signed your last license Renewal Application to the day you sign this Renewal Application. (See Renewal Instructions, page 5.)

You must check either YES or NO to each question. Provide details on Form R if you answer "YES" to any questions. Refer to Renewal Instructions for additional information and definitions.

	YES	NO
14) CLAIMS MADE		
a) NEW: Have you received notification of a claim, whether or not a lawsuit was filed on that claim, or has any medical malpractice claim been made against you during this time period? (see above).	! }	
b) PENDING: Are there any unresolved malpractice claims against you today, i.e., any claims that have not been finally settled or finally adjudicated?		
15) CLAIMS CLOSED		•
Has any medical malpractice claim against you (whether or not a lawsuit was filed on that claim) been resolved, settled, or adjudicated during this time period?		
16) OTHER CIVIL LAWSUITS		
Question 16 refers to claims or actions related to your competency to practice medicine or your professional conduct in the practice of medicine.		
a) New: Have there been any claims, other than medical malpractice claims, filed against you during	ľ	
this time period? b) Resolved: Have you resolved, settled or adjudicated any lawsuits, other than medical malpractice		
claims, during this time period?		
17) CRIMINAL CHARGES		
a) Have you been charged with any criminal offense during this time period?	1	
b) Have any criminal offenses/charges against you been resolved during this time period?	}	
c) Are there any criminal charges pending against you today?		
d) Are any Applications for Issuance of Process pending against you?		
18) INVESTIGATIONS AND DISCIPLINARY ACTIONS a) Have you withdrawn an application to any governmental authority, health care facility, group practice, employer or professional association?		
b) Have you ever taken a leave of absence from any health care facility, group practice or employer?		
c) Have you been the subject of an investigation by any governmental authority, health care facility, group practice, employer or professional association?		
d) Have you been the subject of a disciplinary action taken by any governmental authority, health care facility, group practice, employer or professional association?		
19) Have your privileges to possess, dispense or prescribe controlled substances been suspended, revoked, denied, restricted by, or surrendered to any state or federal agency?		
20) Have you withdrawn an application for a medical license, allowed a license application to become obsolete or have you been denied a medical license for any reason?		
21) Has any medical liability insurance carrier restricted, limited, terminated, imposed a surcharge or co-payment, or placed any condition related to professional competency or conduct on your coverage, or have you voluntarily restricted, limited or terminated your insurance coverage in response to an inquiry by a medical liability insurance carrier?		
22) CME CERTIFICATION:		*******
a) Have you completed your CME requirements preceding your renewal date? Yes No		
b) If no, are you requesting a CME waiver?		
A CME waiver request form must be submitted at least 30 days prior to your license expiration date.		
c) If you are exempt from CME requirements, check reason for exemption. (See Renewal Instructions, page	8.).	
CME EXEMPTION: (check one)		

Massachusetts Physician Renewal Application

Physician Name: Maureen E Paul, M.D. License No.: 48979

PART C

Check One: PHYSICIAN PROFILE I have reviewed my Physician Profile at http://profiles.massmcdboard.org and confirm that the information is accurate. (Please note that if you changed or corrected your business address, business phone number, practice specialty, board certification and/or hospital affiliations on your renewal application, your Physician Profile will also be updated.)

I have reviewed my Physician Profile and attached a copy of the Profile with corrections. My status is Inactive and I do not have a Physician Profile. (See Renewal Instructions, page 11.)

CERTIFICATIONS

- 1) I certify that I have complied with my obligations to report abuse or neglect of children pursuant to G.L. c. 119, sec. 51A, and I understand the punishment for failure to comply.
- 2) I certify that I have complied with my obligations to report abuse or neglect of disabled persons pursuant to G.L. c. 19C, sec. 10, and I understand the punishment for failure to comply.
- 3) I certify that I have complied with my obligations to report abuse, neglect or financial exploitation of elderly persons pursuant to G.L. c.19A, sec. 15, and I understand the punishment for failure to comply.
- 4) I certify that I have complied with my obligations to report the treatment of wounds, burns and other injuries pursuant to G.L. c. 112, sec. J2A.
- 5) I certify that I have complied with my obligations to report the treatment of victims of rape or sexual assault pursuant to G.L. c. 112, sec. 12A 1/2.
- 6) I certify that I have complied with my obligations to report a physician to the Board of Medicine, pursuant to G.L. c. 112, sec. 5F, when I have a reasonable basis to believe that person violated any provisions of G.L. c. 112, sec. 5 or any Board regulation.
- 7) I certify that I have complied with my obligations related to charging and collecting fees from Medicare beneficiaries in accordance with the Medicare fee schedule, and I understand my obligations under G.L. c. 112, sec. 2.
- 8) I certify that I have complied with my obligations to file Massachusetts tax returns and to pay Massachusetts taxes, and I understand that, pursuant to G.L. c. 62C, sec. 49A, my license shall not be issued or renewed unless I make these certifications under penalties of perjury.
- 9) I certify that I have complied with my obligations related to the reporting of employees and contractors pursuant to G.L. 62E.
- 10) I certify that I have complied with my obligations related to the withholding and remitting of child support pursuant to G.L. c.119A.
- [1] I certify that I have complied with my obligations to file an Incident Report with the Board when certain adverse events occur in my private office, pursuant to G.L. c. 112 sec. 5 and the Patient Care Assessment Regulations, 243 C.M.R. 3.00 et.seq. 1 understand that the Patient Care Assessment (PCA) programs at the health care facilities where I practice report certain Major Incidents to the Board.
- 12) I certify that I have complied with my obligations to disclose my ownership interest in any partnership, corporation, firm or other legal entity to which I have referred a patient for physical therapy services pursuant to G.L. c. 112, sec. 12AA.

Under penalties of perjury, I declare that I have examined this renewal application and all its accompanying instructions, forms and statements, and to the best of my knowledge and belief, the information contained herein is true, correct, and complete. As an applicant for renewal of a license to practice medicine, I understand that a criminal record check may be conducted for conviction and pending criminal case information from the Criminal History Systems Board only and that it will not necessarily disqualify me from licensure.

Date: 08, 12, 2008 Signature:

MAKE A COPY OF YOUR APPLICATION AND ALL ATTACHMENTS BEFORE MAILING. YOU MUST RETAIN A COPY OF YOUR APPLICATION FOR YOUR RECORDS, FOR CREDENTIALING AND FOR OTHER PURPOSES.

Page 5 of 7

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Physician Name: Maureen E Paul, M.D.

License Expiration Date: 9/19/2010

License No.: 48979

Current Status: Active

1) Activity Status: Active

2) Address & Contact Information

Mailing Address:

Planned Parenthood NYC

26 Bleecker Street

New York

New York - 10012 United States of America

Home Address:

Business Address:

Planned Parenthood NYC

26 Bleecker Street

New York

New York - 10012 United States of America

(212) 274-7266

3) Email Address:

4) Fax Number: (212) 274-7218

5) Specialties

Gynecology

Occupational Medicine

6) Current American Board of Medical Specialties (ABMS) or American Osteopathic Association (AOA) Information

ABMS/AOA

ABMS ABMS

Board Name

Obstetrics & Gynecology

Preventive Medicine

Certification

Obstetrics and Gynecology

Occupational Medicine

Subspecialty

7) Drug License Numbers

Massachusetts

Federal (DEA)

Federal (DEA) XS

8) Other states where you are now licensed to practice

California New York

9) States where you were previously licensed

Connecticut

Washington

Page 1 of 5 Date: 8/4/2010 Time: 3:12 PM



Physician Name: Maureen E Paul, M.D.

License No.: 48979

10) Work Sites

List of all work sites in Massachusetts, including health care facilities (where you are credentialed), private office, clinics, nursing homes, etc.

WorkSite

Out of State Hospital

Location NYC

11) Care of patients in Massachusetts

Average weekly hours involved in:

- a) inpatient care 0 hrs/wk
- b) outpatient care 8 hrs/wk

12) Medical Liability Insurance Information

Insurance Carrier

Policy Start Date

Policy End Date 01/01/2011

Policy Type

National Union Fire Ins Co of Pittsburgh

01/01/2010

Claims made with tail coverage

13) Do you perform any surgery in your Massachusetts office?

14) Claims Made

a) New: Have you received notification of a claim, whether or not a lawsuit was filed on that claim, or has any medical malpractice claim been made against you during this time period?

b) Pending: Are there any unresolved malpractice claims against you today, i.e., any claims that have not been resolved, settled or adjudicated during this time period?

15) Claims Closed

Has any medical malpractice claim against you (whether or not a lawsuit was filed on that claim) been resolved, settled, or adjudicated during this time period?

16) Other Civil Lawsuits

Question 16 refers to claims or actions related to your competency to practice medicine or your professional conduct in the practice of medicine.

a) New: Have there been any claims, other than medical malpractice claims, filed against you during this

time period?

b) Resolved: Have you resolved, settled or adjudicated any lawsuits, other than medical malpractice claims, during this period?

17) Criminal Charges

a) Have you been charged with any criminal offense during this period?

b) Have any criminal offenses/charges against you been resolved during this time period?

c) Are there any criminal charges pending against you today?

d) Are any Application of Issuance of Process pending against you?

18) Other Issues

a) Have you withdrawn an application to any governmental authority, health care facility, group practice employer or professional association?

b) Have you ever taken a leave of absence from any health care facility, group practice or employer?

c) Have you been the subject of an investigation by any governmental authority, health care facility, group practice, employer or professional association?

d) Have you been the subject of a disciplinary action taken by any governmental authority, health care facility, group practice, employer or professional association?

- 19) Have your privileges to possess, dispense or prescribe controlled substances been suspended, revoked, denied, restricted by or surrendered to any state or federal agency?
- 20) Have you withdrawn an application for a medical license, allowed a license application to become obsolete or have you been denied a medical license for any reason?

Time: 3:12 PM Date: 8/4/2010 Page 2 of 5



Physician Name: Maureen E Paul, M.D.

License No.: 48979

- 21) Has any medical liability insurance carrier restricted, limited, terminated, imposed a surcharge or co-payment, or placed any condition related to professional competency or conduct on your coverage, or have you voluntarily restricted, limited or terminated your insurance coverage in response to an inquiry by a medical liability insurance carrier?
- 22) Have you completed all CME requirements (100 hours of CME of which 10 hours must be in risk management. Requirement: 40 hours credit in Category 1 and 60 hours in Category 2) for this renewal period? (If you are in an approved Residency/ Fellowship program, or if your are renewing your license for the first time, please answer Yes)

Yes

- 23) Do you have a medical condition that interferes in any way or limits your ability to practice medicine?
- 24) Have you used any chemical substance(s) which in any way interferes with your ability to practice medicine?

Page 3 of 5 Date: 8/4/2010 Time: 3:12 PM



Physician Name: Maureen E Paul, M.D. License No.: 48979

Compliance with Legal Responsibilities

Online profile:

X I have reviewed my Physician Profile and confirm that the information is accurate.

- I understand and agree to comply with my obligations to report abuse or neglect of children pursuant to M.G.L. c. 119 sec. 51A and I understand the punishment for failure to comply.
- I understand and agree to comply with my obligations to report abuse or neglect of disabled persons
 pursuant to M.G.L. c. 19C sec. 10 and I understand the punishment for failure to comply.
- 3) I understand and agree to comply with my obligations to report abuse, neglect or Financial exploitation of elderly persons pursuant to M.G.L. c. 19A sec. 15 and I understand the punishment for failure to comply.
- 4) I understand and agree to comply with my obligations to report the treatment of wounds, burns and other injuries pursuant to M.G.L. c. 112 sec. 12A and I understand the punishment for failure to comply.
- 6) I understand and agree to comply with my obligations to report the treatment of victims of rape or sexual assault pursuant to M.G.L. c. 112 sec. 12A 1/2 and I understand the punishment for failure to comply.
- 6) I understand and agree to comply with my obligations to report a physical to the Board of Medicine pursuant to M.G.L. c. 112 sec. 5F, when i have a reasonable basis to believe that a person violated any provisions of M.G.L. c. 112 sec. 5 or any Board regulation.
- 7) I understand and agree to comply with my obligations related to charging and collecting fees from Medicare beneficiaries in accordance with the Medicare fee schedule, pursuant to M.G.L. c. 112 sec. 2.
- 8) I understand and have complied with my obligations to file Massachusetts tax returns and to pay Massachusetts taxes and I understand that, pursuant to M.G.L. c. 62C sec. 49A, my license shall not be issued or renewed unless I make this certification under penalties of perjury.
- 9) I understand and agree to comply with my obligations related to the reporting of the wages of employees and contractors pursuant to M.G.L. c. 62E Sec. 2.
- 10) I understand and agree to comply with my obligations related to the withholding and remitting of child support payments pursuant to M.G.L. c. 119A.
- 11)I understand and agree to comply with my obligations to file an Incident Report with the Board when certain adverse events occur in my private office, pursuant to M.G.L.c. 112 sec. 5 and 243 CMR 3.00 et seq. and I understand that the Patient Care Assessment (PCA) programs at the health care facilities where I practice report certain Major Incidents to the Board.
- 12)I understand and agree to comply with my obligations to disclose ownership interest in any partnership, corporation, firm or other legal entity to which I have referred a patient for physical therapy services, pursuant to M.G.L c. 112 sec. 12AA.
- 13) I am aware of my obligations and responsibilities under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), including the requirement that I obtain and provide to the Board a National Provider Identifier (NPI) number.
- 14)I understand and am in compliance with HIPAA and all other federal and state obligations placed upon me as a physician.
- 15)I understand that as an applicant for a license renewal to practice medicine a criminal record check may be conducted for conviction and pending criminal case information only from the Criminal History Systems Board and that it will not necessarily disqualify me.
- I have reviewed the above statements and certify that I understand my requirement to comply with the responsibilities and obligations of each and agree to do so.
- Under penalties of perjury, I declare that I have examined this renewal application and all of its accompanying instructions, forms and statements, and to the best of my knowledge and belief, I certify that the information contained herein is true, accurate, and complete.

Page 5 of 5 Date: 8/4/2010 Time: 3:12 PM



Physician Name: Maureen E Paul, M.D.

License No.: 48979

Current Status: Active

License Expiration Date: 9/19/2012

1) Activity Status: Active

2) Address & Contact Information

Mailing Address:

Planned Parenthood League of Massachusetts

1055 Commonwealth Av

Boston

Massachusetts - 02215 United States of America

Home Address:

Business Address:

Planned Parenthood League of Massachusetts

1055 Commonwealth Av

Boston

Massachusetts - 02215 United States of America

(617) 616-1600

3) Email Address:

4) Fax Number: (617) 616-1675

5) Specialties

Obstetrics and Gynecology Occupational Medicine

6) Current American Board of Medical Specialties (ABMS) or American Osteopathic Association (AOA)

Information

ABMS/AOA ABMS

ABMS

Board Name Obstetrics & Gynecology

Preventive Medicine

Certification

Obstetrics and Gynecology Occupational Medicine Subspecialty

7) Drug License Numbers

Massachusetts

Federal (DEA)

Federal (DEA) XS

8) Other states where you are now licensed to practice

Maine New York

9) States where you were previously licensed

California Connecticut Washington

Page 1 of 6 Date: 7/15/2012 Time: 2:38 PM



Physician Name: Maureen E Paul, M.D.

License No.: 48979

10) Work Sites

List of all work sites in Massachusetts, including health care facilities (where you are credentialed), private office, clinics, nursing homes, etc.

WorkSite

Location

11) Care of patients in Massachusetts

Average weekly hours involved in:

a) inpatient care 0 hrs/wk

b) outpatient care 15 hrs/wk

12) Medical Liability Insurance Information

Insurance Carrier

Policy Start Date

Policy End Date

Policy Type

National Union Fire Ins Co of Pittsburgh

01/01/2012

01/01/2013

Claims made with tail coverage

13) Do you perform any surgery in your Massachusetts office?

14) Claims Made

a) New: Have you received notification of a claim, whether or not a lawsuit was filed on that claim, or has any medical malpractice claim been made against you during this time period?

b) Pending: Are there any unresolved malpractice claims against you today, i.e., any claims that have not been resolved, settled or adjudicated during this time period?

15) Claims Closed

Has any medical malpractice claim against you (whether or not a lawsuit was filed on that claim) been resolved, settled, or adjudicated during this time period?

16) Other Civil Lawsuits

Question 16 refers to claims or actions related to your competency to practice medicine or your professional conduct in the practice of medicine.

a) New: Have there been any claims, other than medical malpractice claims, filed against you during this time period?

b) Resolved: Have you resolved, settled or adjudicated any lawsuits, other than medical malpractice claims, during this period?

17) Criminal Charges

a) Have you been charged with any criminal offense during this period?

b) Have any criminal offenses/charges against you been resolved during this time period?

c) Are there any criminal charges pending against you today?
 d) Are any Application of Issuance of Process pending against you?

18) Other issues

a) Have you withdrawn an application to any governmental authority, health care facility, group practice employer or professional association?

b) Have you ever taken a leave of absence from any health care facility, group practice or employer?

- c) Have you been the subject of an investigation by any governmental authority, including the Massachusetts Board of Registration in Medicine or any other state medical board, health care facility, group practice, employer or professional association?
- d) Have you been the subject of a disciplinary action taken by any governmental authority, health care facility, group practice, employer or professional association?
- 19) Have your privileges to possess, dispense or prescribe controlled substances been suspended, revoked, denied, restricted by or surrendered to any state or federal agency?
- 20) Have you withdrawn an application for a medical license, allowed a license application to become obsolete or have you been denied a medical license for any reason?

Time: 2:38 PM Date: 7/15/2012 Page 2 of 6



Physician Name: Maureen E Paul, M.D.

License No.: 48979

21) Has any medical liability insurance carrier restricted, limited, terminated, imposed a surcharge or co-payment, or placed any condition related to professional competency or conduct on your coverage, or have you voluntarily restricted, limited or terminated your insurance coverage in response to an inquiry by a medical liability insurance carrier?

22) Have you completed all CME requirements (100 hours of CME of which 10 hours must be in risk management. Requirement: 40 hours credit in Category 1 and 60 hours in Category 2) for this renewal period? (If you are in an approved Residency/ Fellowship program, or if your are renewing your license for the first time, please answer Yes)

Yes

Page 3 of 6

Date: 7/15/2012

Time: 2:38 PM



Physician Name: Maureen E Paul, M.D.

License No.: 48979

23) Do you have a medical condition that interferes in any way or limits your ability to practice medicine?

24) Have you used any chemical substance(s) which in any way interferes with your ability to practice medicine?

Page 4 of 6 Date: 7/15/2012 Time: 2:38 PM



Physician Name: Maureen E Paul, M.D. License No.: 48979

Compliance with Legal Responsibilities

Online profile:

XI have reviewed my Physician Profile and confirm that the information is accurate.

- I understand and agree to comply with my obligations to report abuse or neglect of children pursuant to M.G.L. c. 119 sec, 51A and I understand the punishment for failure to comply.
- 2) I understand and agree to comply with my obligations to report abuse or neglect of disabled persons pursuant to M.G.L. c. 19C sec. 10 and I understand the punishment for failure to comply.
- 3) I understand and agree to comply with my obligations to report abuse, neglect or Financial exploitation of elderly persons pursuant to M.G.L. c. 19A sec. 15 and I understand the punishment for failure to comply.
- 4) I understand and agree to comply with my obligations to report the treatment of wounds, burns and other injuries pursuant to M.G.L. c. 112 sec. 12A and I understand the punishment for failure to comply.
- 5) I understand and agree to comply with my obligations to report the treatment of victims of rape or sexual assault pursuant to M.G.L. c. 112 sec. 12A 1/2 and I understand the punishment for failure to comply.
- 6) I understand and agree to comply with my obligations to report a physician to the Board of Medicine pursuant to M.G.L. c. 112 sec. 5F, when I have a reasonable basis to believe that a person violated any provisions of M.G.L. c. 112 sec. 5 or any Board regulation.
- 7) I understand and agree to comply with my obligations related to charging and collecting fees from Medicare beneficiaries in accordance with the Medicare fee schedule, pursuant to M.G.L. c. 112 sec. 2.
- 8) I understand and have complied with my obligations to file Massachusetts tax returns and to pay Massachusetts taxes and I understand that, pursuant to M.G.L. c. 62C sec. 49A, my license shall not be issued or renewed unless I make this certification under penalties of perjury.
- 9) I understand and agree to comply with my obligations related to the reporting of the wages of employees and contractors pursuant to M.G.L. c. 62E Sec. 2.
- 10) I understand and agree to comply with my obligations related to the withholding and remitting of child support payments pursuant to M.G.L. c. 119A.
- 11)I understand and agree to comply with my obligations to file an Incident Report with the Board when certain adverse events occur in my private office, pursuant to M.G.L.c. 112 sec. 5 and 243 CMR 3.00 et seq. and I understand that the Patient Care Assessment (PCA) programs at the health care facilities where I practice report certain Major Incidents to the Board.
- 12)I understand and agree to comply with my obligations to disclose ownership interest in any partnership, corporation, firm or other legal entity to which I have referred a patient for physical therapy services, pursuant to M.G.L.c. 112 sec. 12AA.
- 13) I am aware of my obligations and responsibilities under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), including the requirement that I obtain and provide to the Board a National Provider Identifier (NPI) number.
- 14) understand and am in compliance with HIPAA and all other federal and state obligations placed upon me as a physician.
- 15)I understand that as an applicant for a license renewal to practice medicine a criminal record check may be conducted for conviction and pending criminal case information only from the Criminal History Systems Board and that it will not necessarily disqualify me.
- I have reviewed the above statements and certify that I understand my requirement to comply with the responsibilities and obligations of each and agree to do so.
- Under penalties of perjury, I declare that I have examined this renewal application and all of its accompanying instructions, forms and statements, and to the best of my knowledge and belief, I certify that the information contained herein is true, accurate, and complete.

Page 6 of 6 Date: 7/15/2012 Time: 2:38 PM



Physician Name: Maureen E Paul, M.D. License No.: 48979

Current Status: Active License Expiration Date: 9/19/2014

1) Activity Status: Active

2) Address & Contact Information

Mailing Address: BIDMC Dept OB-Gyn, KS-3

330 Brookline Av

Boston

Massachusetts - 02215 United States of America

Home Address:

Business Address: BIDMC Dept OB-Gyn, KS-3

330 Brookline Av

Boston

Massachusetts - 02215 United States of America

(617) 667-4165

3) Email Address:

4) Fax Number:

Specialties
 Obstetrics and Gynecology Occupational Medicine

6) Current American Board of Medical Specialties (ABMS) or American Osteopathic Association (AOA) Information

ABMS/AOA

ABMS

Board Name

Obstetrics & Gynecology

Certification

Subspecialty

ABMS Preventive Medicine

Obstetrics and Gynecology Occupational Medicine

7) Drug License Numbers

Massachusetts

Federal (DEA)

Federal (DEA) XS

8) Other states where you are now licensed to practice Maine

Maine New York

9) States where you were previously licensed

California Connecticut Washington

Page 1 of 5

Date: 7/28/2014

Time: 11:44 AM



License No.: 48979 Physician Name: Maureen E Paul, M.D.

10) Work Sites

List of all work sites in Massachusetts, including health care facilities (where you are credentialed), private office, clinics, nursing homes, etc

WorkSite

Beth Israel Deaconess Medical Center

Location

Boston

11) Care of patients in Massachusetts

Average weekly hours involved in:

a) inpatient care 0 hrs/wk

b) outpatient care 15 hrs/wk

12) Medical Liability Insurance Information

Insurance Carrier

Policy Start Date

Policy End Date

Policy Type

CRICO

National Union Fire Ins Co of Pittsburgh

01/01/2014 01/01/2014

12/31/2014 01/01/2015

Claims made with tail coverage Claims made with tail coverage

13) Do you perform any surgery in your Massachusetts office?

14) Claims Made

a) New: Have you received notification of a claim, whether or not a lawsuit was filed on that claim, or has any medical malpractice claim been made against you during this time period?

b) Pending: Are there any unresolved malpractice claims against you today, i.e., any claims that have not been resolved, settled or adjudicated during this time period?

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Date: 7/28/2014 Time: 11:44 AM Page 2 of 5



Physician Name: Maureen E Paul, M.D.

License No.: 48979

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- 21) Has any medical liability insurance carrier restricted, limited, terminated, imposed a surcharge or co-payment, or placed any condition related to professional competency or conduct on your coverage, or have you voluntarily restricted, limited or terminated your insurance coverage in response to an inquiry by a medical liability insurance carrier?
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Yes

Page 3 of 5 Date: 7/28/2014 Time: 11:44 AM



Physician Name: Maureen E Paul, M.D. License No.: 48979

23) Do you have a medical condition that interferes in any way or limits your ability to practice medicine?

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Page 4 of 5 Date: 7/28/2014 Time: 11:44 AM



Physician Name: Maureen E Paul, M.D.

License No.: 48979

Compliance with Legal Responsibilities

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Page 5 of 5 Date: 7/28/2014 Time: 11:44 AM