Online Licensing Request

Date:

05/25/2015

Regulator:

BOARD OF LICENSURE IN MEDICINE

TXN Title:

Renew as an Active Medical Doctor

License

MD

Prefix:

License

A

Status:

License:

G PAUL SAVIDGE, MD (MD8503)

Application Information:

Address:

PLANNED PARENTHOOD

443 CONGRESS ST. PORTLAND ME 04101

, ME 04101 FIPS: 23005 Country: US Addr Usages: BU

Cancel Date: 05/25/2015

CASCO BAY MEDICAL 377 FORE ST STE 3

PORTLAND, ME 04101-5075

FIPS: 23005 Country: US Addr Usages: BU

Phone:

+1 (207) 797-8881 Phone Usages: WO

Cancel Date: 05/25/2015

+1 (207) 772-3221 Phone Usages: WO

Questions:

Have you taken the Maine State Board of Medicine Written Exam within the four years previous to your current license expiration date and passed it?

Yes

No

- 1. Had ANY licensing authority (INCLUDING MAINE) deny your application for any type of license, or take any disciplinary action against the license issued to you in that jurisdiction, including but not limited to warning, reprimand, fine, suspension, revocation, restrictions in permitted practice, or probation with or without monitoring?
- 2. Been notified of the existence of allegations involving you, filed with or by ANY licensing authority (INCLUDING

6/5/2015

MAINE), which allegations remain open as of the date of this application?	No
1. Have you left a medical licensing jurisdiction (INCLUDING MAINE) while a complaint or allegation was pending?	No
2. Have you been denied registration or had your ability to prescribe or dispense controlled substances modified, restricted (except by administrative rule or statute in a jurisdiction), suspended, revoked, or voluntarily suspended by the U.S. Drug Enforcement Administration (DEA)?	No
3. Have you been denied registration or had your ability to prescribe or dispense controlled substances modified, restricted (except by administrative rule or statute in a jurisdiction), suspended, revoked, or voluntarily suspended by any state/territory of U.S. INCLUDING MAINE?	No
4. Have you received a sanction from Medicare or from any state Medicaid program?	No
5. Have you been diagnosed with or treated for a medical, mental health, or addictive condition which in any way currently limits or impairs your ability to practice medicine or to function as a health care provider?	No
6. Have you been diagnosed with or treated for any medical, mental health, or addictive disorder that impaired your behavior, judgment, understanding, or ability to function in school, work or other important life activities?	No
7. Are you now, or have you been dependent upon alcohol or habituating drugs or undergone treatment for such?	No
8. If any of your answers to questions 5-7 is <i>Yes</i> , are the limitations or impairments caused by your medical, mental health, or addictive condition reduced or improved because you receive ongoing professional treatment (with or without medication) or because you participate in a professional monitoring program?	No
9. Have you raised the issue of consumption of drugs or alcohol or the issue of a medical, mental health or addictive disorder as a defense or in mitigation of, or as an explanation for your actions in the course of any administrative or judicial proceeding or investigation; any inquiry or other proceeding; or any proposed termination action (educational, employer, government agency, professional organization, or licensing authority)?	No
10. Are you currently engaged in the illegal use of drugs or misuse of any drugs?	No
11. Have you been diagnosed with or treated for any type of sexual behavior disorder?	No

about:blank 6/5/2015

12. Have you been charged, summoned, indicted, arrested, or convicted of any criminal offense, including when those events have been deferred, set aside, dismissed, expunged or issued a stay of execution? Please include motor vehicle offenses but not minor traffic or parking violations.	No
13. Have you applied for hospital, HMO or other health care entity privileges which were denied?	No
14. Have you had your staff privileges or employment at any hospital, nursing home, HMO, or other health care entity terminated, revoked, reduced, restricted in any way, suspended, made subject to probation, limited in any way, or withdrawn involuntarily?	No
15. Have you voluntarily surrendered privileges or resigned from staff membership during peer review or investigation or to avoid peer review or investigation?	No
16. Have you been deselected from a managed care organization health care provider panel?	No
17. Have you been disciplined by a professional society or resigned while an accusation was pending?	No
18. Have you been named as a party or a defendant, or as an employee of a party or a defendant, in a medical malpractice liability claim or lawsuit, including a nuisance suit, which has been settled, adjudicated by a court in favor of the other party, or settled by your insurance company/representatives without your express consent?	No
19: Do you have any open malpractice claims?	No
20. Do you practice medicine within the State of Maine without active medical staff privileges at a Maine hospital?	Ye
Category I includes programs that have received accreditation by the AMA Council on Medical Education, the Accreditation Council for Continuing Medical Education (ACCME), or the Committee on CME of the Maine Medical Association. Category I CME's earned outside the U.S. or Canada must be approved by the Board; therefore such activities must be separately documented.	•
Have you earned the 40 CME Category I credits required?	Ye
Category II includes programs with non-accredited sponsorship, i.e. Medical Teaching, Papers, Books, Publications, and Exhibits. Also included are non-supervised individual CME activities and other meritorious learning experiences. Note: Category I credits may be substituted in Category II.	

Have you earned the total of 100 CME Category I and

6/5/2015

Category II credits required?

Yes

Attachments:

Attachment ID:

PRNOPRIV

My current practice is entirely limited to outpatient care, therefore I did not renew my staff privileges at Maine Medical

Center, Portland, Maine.

Online Licensing Request

Date:

05/09/2013

Regulator:

BOARD OF LICENSURE IN MEDICINE

TXN Title:

Renew as an Active Medical Doctor

License

MD

Prefix:

License

Α

Status:

License:

G PAUL SAVIDGE, MD (MD8503)

Application Information: Address:

FAMILY PLANNING ASSOCIATES MAINE

PO BOX 2617

SOUTH PORTLAND, ME 04116-2617

FIPS: 23005 Country: US Addr Usages: BU

Cancel Date: 05/09/2013

PLANNED PARENTHOOD

443 CONGRESS ST. PORTLAND ME 04101

, ME 04101 FIPS: 23005 Country: US Addr Usages: BU

Licensee Board Data:

Legal State:

LICENSEE BOARD DATA ATTR - INDIVIDUALS

DEA Number: xas7108283

NPI Number:

Phone:

+1 (207) 773-7247

Phone Usages: WO

Cancel Date:

Yes

05/09/2013

+1 (207) 797-8881 Phone Usages: WO

Questions:

Have you taken the Maine State Board of Medicine Written Exam within the four years previous to your current license expiration date and passed it?

1. Had ANY licensing authority (INCLUDING MAINE) deny

your application for any type of license, or take any disciplinary action against the license issued to you in that jurisdiction, including but not limited to warning, reprimand, fine, suspension, revocation, restrictions in permitted practice, or probation with or without monitoring?	No
2. Been notified of the existence of allegations involving you, filed with or by ANY licensing authority (INCLUDING MAINE), which allegations remain open as of the date of this application?	No
1. Have you left a medical licensing jurisdiction (INCLUDING MAINE) while a complaint or allegation was pending?	No
2. Have you been denied registration or had your ability to prescribe or dispense controlled substances modified, restricted (except by administrative rule or statute in a jurisdiction), suspended, revoked, or voluntarily suspended by the U.S. Drug Enforcement Administration (DEA)?	No
3. Have you been denied registration or had your ability to prescribe or dispense controlled substances modified, restricted (except by administrative rule or statute in a jurisdiction), suspended, revoked, or voluntarily suspended by any state/territory of U.S. INCLUDING MAINE?	No
4. Have you received a sanction from Medicare or from any state Medicaid program?	No
5. Have you been diagnosed with or treated for a medical, mental health, or addictive condition which in any way currently limits or impairs your ability to practice medicine or to function as a health care provider?	No
6. Have you been diagnosed with or treated for any medical, mental health, or addictive disorder that impaired your behavior, judgment, understanding, or ability to function in school, work or other important life activities?	No
7. Are you now, or have you been dependent upon alcohol or habituating drugs or undergone treatment for such?	No
8. If any of your answers to questions 5-7 is <i>Yes</i> , are the limitations or impairments caused by your medical, mental health, or addictive condition reduced or improved because you receive ongoing professional treatment (with or without medication) or because you participate in a professional monitoring program?	No
9. Have you raised the issue of consumption of drugs or alcohol or the issue of a medical, mental health or addictive disorder as a defense or in mitigation of, or as an explanation for your actions in the course of any administrative or judicial proceeding or investigation; any inquiry or other proceeding; or any proposed termination action (educational, employer,	140

6/5/2015

government agency, professional organization, or licensing authority)?	No
10. Are you currently engaged in the illegal use of drugs or misuse of any drugs?	No
11. Have you been diagnosed with or treated for any type of sexual behavior disorder?	- No
12. Have you been charged, summoned, indicted, arrested, or convicted of any criminal offense, including when those events have been deferred, set aside, dismissed, expunged or issued a stay of execution? Please include motor vehicle offenses but not minor traffic or parking violations.	No
13. Have you applied for hospital, HMO or other health care entity privileges which were denied?	No
14. Have you had your staff privileges or employment at any hospital, nursing home, HMO, or other health care entity terminated, revoked, reduced, restricted in any way, suspended, made subject to probation, limited in any way, or withdrawn involuntarily?	No
15. Have you voluntarily surrendered privileges or resigned from staff membership during peer review or investigation or to avoid peer review or investigation?	No
16. Have you been deselected from a managed care organization health care provider panel?	No
17. Have you been disciplined by a professional society or resigned while an accusation was pending?	No
18. Have you been named as a party or a defendant, or as an employee of a party or a defendant, in a medical malpractice liability claim or lawsuit, including a nuisance suit, which has been settled, adjudicated by a court in favor of the other party, or settled by your insurance company/representatives without your express consent?	No
19. Do you have any open malpractice claims?	No
20. Do you practice medicine within the State of Maine without active medical staff privileges at a Maine hospital?	No
Category I includes programs that have received accreditation by the AMA Council on Medical Education, the Accreditation Council for Continuing Medical Education (ACCME), or the Committee on CME of the Maine Medical Association. Category I CME's earned outside the U.S. or Canada must be approved by the Board; therefore such activities must be separately documented.	
Have you earned the 40 CME Category I credits required?	Yes
Category II includes programs with non-accredited sponsorship	

i.e. Medical Teaching, Papers, Books, Publications, and Exhibits. Also included are non-supervised individual CME activities and other meritorious learning experiences. Note: Category I credits may be substituted in Category II.

Have you earned the total of 100 CME Category I and Category II credits required?

Yes

Veinott, Tammy L

From: Sent:

mike@informe.org

Sent:

Monday, May 16, 2011 2:18 PM

To:

mike@informe.org; jgrace@informe.org; kim@informe.org; Fike, Mike J; BOM-Renewal;

Veinott, Tammy L

Subject:

MBLM - New Registrant - Savidge-008503

User: G Paul Savidge License#: 008503

Renewal Status: Active

Renewal Confirmation: 22202811

Renewal Approved: Y

Approved Reason: Applicant did not enter pending status

Reported CME credits: Catl: 43 credits Cat2: 100 credits

Reported Insurance Information:

Method: employer

Employer: Family Planning Maine

Company Name: Medical Mutual of Maine

Ins#: PLP-01282-04

Savidge, G. Paul License # 008503

1320/3202	- 1583/B-18
	Mai
	13

State of Maine

ine Board of Licensure in Medicine

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

(207)287-3601 FAX: (207)287-6590

Late \$ Date Posted:

For Ofc Use

Application for Maine Medical License Registration
Fee: \$400 UNLESS 70 YEARS OF AGE OR OLDER BY LICENSE EXPIRATION MAY 31 2005 LICENSURE IN

Please remit with application by check/money order payable to "Maine Board of Licensure in Medicine". Renewal fee not required if at least age 70, or if withdrawing from license registration.

NAME/ADDRESS OF RECORD

G Paul Savidge, MD Women's Community HIth Ctr PO Box 2617 South Portland ME 04116-2617 License No

008503

Social Security No.

Daytime Phone No.

Date of Birth

	Sodill Foliatio ML 04110-2017	(207) 773-7247			
	Type of Registration C	lassification for Which Applying:			
	(1.) I am applying for an initial license to practice medicine is				
•	(2) I am applying for ACTIVE registration, based on evident				
•	(3.) I am-applying for INACTIVE registration. I have therefo approval from the Board, I certify that I will not practice med degree, including the writing of prescriptions for myself, fam	re not submitted evidence of CME qualification. Without prior application to a dicine in Maine. I certify that I will not provide professional services in Maine i nily, or friends.	and n ang	y	
	(4.) I am applying for reinstatement of my Maine license.				
		ation. I acknowledge that reinstatement is not possible after 5 years.			
	renewal application fee.)	ntire form, date, sign, and return by due date omitting payment of	Dat	Lice	Va
		ate of birth preprinted above are not correct, please circle the error	e Ce	esne	Saviage,
	B. The Board requires BOTH your HOME mailing address a PRACTICE. You may designate which of the two you wish that purpose will also be the address published by the Board	and phone and the address and phone of your PRINCIPAL PLACE OF MED to be used for mailings from the Board. Note however that the address desid in listings and publications available to the general public.	Date Certificate Printed:	_icense Number	e, G Paul
	(6.) Prefer Board contact me at home.		Ü	Ä	=
	Home Mailing Address	If your home address is incorrect, please correct here	rinte		
	249 Foreside Road		Ċ.		
	Falmouth ME 04105		(71	0	
	Home Phone: (207) 781-2168		>>	õ	
	(7.) Prefer Board contact me at office.		5	008503	
	Office Mailing Address Women's Community Hith Ctr PO Box 2617	If your office address is incorrect, please correct here	5/25/2005	သ	
	South Portland ME 04116-2617 Office Phone: (207) 773-7247				
		Check here if			
	(8.) At present I practice medicine (check all that apply:)	certified in th			
	If your practice data is incorrect, please correct -in the space provided	(9.) Primary Specialty: Obstetrics and Gynecology			
	☐ Full Time ☐ Hospital-based Practice	(10.) Sub-specialty 1:			
	Part Time In Partnership or Group	(11.) Sub-specialty 2:		_	
	Solo I Have Retired	(12.) I am ABMS Specialty Board certified by: (Board Name):			
	Do Not See Patients (i.e.,Administrative,	,			
		ty Insurance Data			
li		of a requirement for Maine licensure, the Board is required to provide data about of Insurance to aid in the administration of the Maine Rural Health Access Proceedings (Complete Only if Applying for Registration in "Active" status.)	ograr		
(F	13.) Regardless of specialty interest or scope of your medical professional negligence/medical malpractice? Please make	al practice in Maine, do you have in effect a policy insuring you against liabilit			
I	nsurance Company (Name, Address) 💮 Yes	s O No			
_		#:			
_	[X] Che	eck here if premiums for your professional liability are paid by a Hospital or ot			
-	Hospita	Employer: InterMed FAMILY PHANE	ug	H	IJ
_			2/1	En f	

(All Applicants Must Complete)

(14.) Other than in Maine, I currently hold, or I have at one time held, a permanent license to practice medicine in the following states (or territories) of the United States or provinces of Canada (exclude temporary, Locum tenens, or permits/certificates allowing training in the capacity of clinical clerk, intern, resident, or fellow): (Please make corrections to information below)

St	ate	Certificate#	Expiration Date	Present Status	Please add to or correct any of the entries list	ed at left:
:						
⊠ [†] ∃h	ave never hel	d a permanent medical p	ractice license e	except in Maine		
'. (15.) E	lave you ever:	(Circle the appropriate resp	oonse.)			
(15-1)	disciplinary a	or territory of the U.S. or period against the license issevocation, or restrictions in	sued to you in that	t jurisdiction (inc	R deny your application for any license, taken any cluding but not limited to warning, reprimand, fine, n or without monitoring?)	NO YES
(15-2)	Left a medica	1 licensing jurisdiction whi	le allegations wer	e pending?		(NO) YES
(15-3)	restricted, sus	registration by the U.S. Dru pended, or revoked? Has a r dispense controlled subst	any state or provir	dministration (D nce denied, restri	EA) or has your DEA Registration ever been modified, cted, modified, suspended, or revoked your state permit	NO YES
(15-4)	Received a sa	nction from Medicare or fr	om a state Medic	aid program?		(NO) YES
SINCE	LAST RENEWA	L, HAVE YOU HAD ANY OF	THE FOLLOWING	GOCCURRENCES	S? (Circle the appropriate response.)	
(15-5)	Suffered from as a physician	any physical, psychiatric, or resulted in an inability	or addictive disor to engage in the p	der that would in ractice of medic	npair or require limitations on your functioning ine for more than 30 days?	NO YES
(15-6)	Been indicted or parking vio		ny criminal offen	se (including mo	tor vehicle offenses but not including minor traffic	NO YES
(15-7)	Hospital (or si withdrawn inv	imilar health care institutio voluntarily; or, you volunta	n) privileges whic rily surrendered p	ch had previously privileges or resign	y been granted to you were suspended, restricted, gned from staff membership while under peer review?	(NO) YES
(15-8)	Disciplined by	y a professional society or	resigned while ac	cusation was per	ding?	(NO) YES
(15-9)	claim of medi	cal malpractice liability in its and including settlemen	which you are/we	ere named as a de	y negotiation/arbitration, or judgement by a court in a efendant with any degree of liability including hy/respresentatives without your express	NO YES
(15-10)	and those alle	by the licensing board of a gations are not now dismis open as of the date of this	sed by a finding of	of that board that	the existence of allegations, filed with or by that board, the allegations were without merit? (Note: accusations use and explanation.)	NO. YES
(15-11)	Do you practi	ce medicine within the Sta	te of Maine witho	ut "active" medi	cal staff privileges at a Maine hospital?	NO YES
(15-12)		ce medicine in a state or pr tion where you practice?	ovince other than	Maine without	'Active" medical staff privileges at a hospital operating	NO YES
		(Any "Yes" response mu	st be explained fully	on a separate, at	tached 8 x 11 sheet of paper cross-referenced by question number.)

	appropriate renewal application fee or provide evidence of CME qualification if applying for ACTIVE status will render your application incomplete. AFFIDAVIT OF APPLICATION
Laffirm unde I understand I acknowledg particular, to	is must personally sign and date whether applying for "active" or "inactive" registration of license or requesting withdrawal of registration.) ("penalties of perjury that all information entered and responses given on this application are true and accurate to the best of my knowledge and belief, that any false statement may be found to be a ground for discipline of my license to practice medicine in Maine pursuant to 32 M.R.S.A. §3282-A(2), is my responsibility to notify the Maine Board of Licensure in Medicine of any subsequent change in my status from that reported here and, in notify the Board within 10 days of s-change in my place of medical practice or place of residence. Signature: Signature: Signature:
For Ofc Use Staff Rev Date: Staff Rev Date:	Typed or Printed Name: G. PAU SAVI dige_MD. Typed or Printed Name: G. PAU SAVI dige_MD. TRecommendation: Recommendation:

CONTINUING MEDICAL EDUCATION REPORTING LOG

For reporting CME credits earned during the 24 months preceeding expiration date 5/31/2005

multic Election Mainbell	V	aine.	License	Number:
--------------------------	---	-------	---------	---------

008503

Name: Savidge, G Paul

CATEGORY I

Category I includes programs that have received accreditation by the AMA Council on Medical Education, the Accreditation Council for Continuing Medical Education (ACCME), or the Committee on CME of the Maine Medical Association. [Refer to 32 M.R.S.A. §13 of the Rules and Regulations of the Maine Board of Licensure in Medicine for specific rules and definitions.] Forty (40) CME credits must be in Category I.

	ACCREDITED SPONSOR	LOCATION OF ACTIVITY	DESCRIPTION QF ACTIVITY	DATES ATTENDED	CREDITS EARNED
	UNIV. South	St. Pete Brach	Mideraler Semenar	2/18/05	10
	Florida College	Florida	in 06/94N	10 2/21/05	
	Mediceno	Taylor Say	1111	<i>'</i> /	
_	Brighten+Ubi	were Bosta	Update in Ob que	3/14-18/08	40
	Hospil Dent O	Elin MASE	/ /	1 ' '	4
	HAVEN Med.	PEROLL		, ,	
	BOSTON DANV.	abshington	e) Undate or Jequally	4/9-10/05	7
	School Medici	Q D.C.	TOHOSMULLED IN FECKAN	// /	
			(,
	(If you need additional space	, nlease attach senarate sheet of nane	<u>-1</u>		-

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

TOTAL CATEGORY I CREDITS

CATEGORY II

Dated:

Category II includes programs with non-accredited sponsorship, i.e., Medical Teaching, Papers, Books, Publications, and Exhibits. Also included are non-supervised individual CME activities and other Meritorious Learning Experiences. [Refer to 32 M.R.S.A. §13 of the Rules and Regulations of the Maine Board of Licensure in Medicine for more specific rules and definitions.] Sixty (60) Credits Required.

Note: Category I may be substituted for Category II.

TYPE OF ACTIVITY	LOCATION/CITY/STATE	DESCRIPTION OF LEARNING ACTIVITY	DATES OF ACTIVITY	CREDITS
Medical	MMC	Teaching abland	200	
Teacherin	Portland ME	Residents at	5/04-5/05	120
		MMC	/ / /	
				,
	,			
		······································		6.00

TOTAL CATEGORY II CREDITS /20 AFFIDAVIT: I CERTIFY, THIS LOG TO BE A TRUE AND CORRECT REPORT OF MY CME ACTIVITY. Physician Signature: TO BE VALID, FORMS MUST BE SIGNED, DATED, WITH THE HOURS TOTALED ON EACH SECTION

Instructions for Completing Application for Maine Medical License Registration Renewal

The following definitions and instructions are intended to help you complete the Maine Board of Licensure in Medicine application form. If after reviewing the instructions you have questions, please do not hesitate to call the Board. The Board, which licenses and reregisters in two (2) year increments, now reregisters based on the month of birth. Because of this, fees and CME requirements will be prorated during your initial licensure period. Once your first renewal (on your month of birth) is complete you will be on the regular cycle for fees and CME.

Type of registration Classification for Which Appying (select only one.):

NEW APPLICATION: This category applies to physicians who are applying for an initial license to practice medicine in Maine or those who have withdrawn their license or have allowed it to lapse for more than five (5) years.

ACTIVE: Intend to provide professional medical services to patients within Maine's borders, on either a full or part time basis. To qualify for active registration, you must file a log of CME activities satisfactory to the Board showing a minimum of 40 AMA Category I and 60 AMA Category II CME credits earned during the previous licensing period.

NACTIVE: Applies to all others wishing to keep their Maine license in force but who do not intend to provide professional services to patients within Maine's borders. A renewal application processing fee is required. Note that registration in inactive status precludes even limited medical practice within Maine, including giving professional advice or writing prescriptions for friends, family, or self. Physicians who check box 3, by signing the application affidavit at the end of the form, have affirmed to the Board that they will refrain from medical practice within the state unless and until they have first submitted acceptable evidence of recent CME activity and received a new Certificate of Registration in Active classification. Physicians registered INACTIVE may not subsequently commence medical practice within Maine without first submitting a log of recent CME activities to qualify for change in registration to ACTIVE status. This may be done by letter at any time during the registration period.

REINSTATEMENT: This category applies to physicians who have allowed their license to lapse or who have withdrawn from licesnure for no more than five (5) years. If lapsed or withdrawn for more than five (5) years a complete new application is required.

Request to WITHDRAW: Physicians who wish to discontinue Maine licensure may use this Registration Renewal Application to request approval from the Board to do so.

Payment application fee is not required with an application to withdraw from license registration. The application form must however be completed and accepted by the Board before withdrawal is effected.

Note that a Maine license, once withdrawn, may not be reinstated after 5 years. The licenses of some other states may become void if granted in reciprocity with a Maine license which is withdrawn from registration.

Liability Insurance Data:

Must be completed if applying for registration in ACTIVE classification. Information you supply here is required by PL(1990), Chapter 931, regarding the Maine Rural Health Access Program. It will be reported to the Maine Superintendent of Insurance for administration of this program as provided in that law. Maintenance of professional liability insurance is not a requirement to maintain a Maine medical license in force.

Background Data:

Item 14 asks you to list any permanent medical practice license from any state or Canadian province which you have ever held, whether or not it is still in force. Please do not list training permits or temporary/locum tenens licenses which you have been issued. If you were ever denied a license, see Items 15-1.

Items 15-1 through 15-4 refer to events which may have occurred at any time since you completed your medical education and commenced your medical career.

Items 15-5 through 15-12 ask you to disclose events which have occurred since your last renewal. You need not report again matters which were disclosed on previous applications unless you-feel it would be helpful to our understanding of your current qualification for medical practice. For example, you need not report a malpractice claim which arose and was settled prior to your last renewal. On the other hand, a claim filed in 1986 which was closed by a settlement since your last renewal should be reported. If this is your first renewal disclose all data.

For any "Yes" response, please provide a supplemental explanation in sufficient detail for the Board to understand the nature and seriousness of the problem and how it has been or is being resolved. For example:

Item 15-5 asks for disclosure with explanation of physical, psychiatric or addictive disorder which might reasonably be considered impairing for safe and unlimited medical practice unless the Board can confirm that you are either fully recovered or have taken adequate measures to compensate for any residual limitations. For physical or psychiatric problems, please give diagnosis, prognosis and residuals, any current limitations on scope of practice, and name and address of treating physician who can confirm current fitness to continue practice. Board will inform you if clinical records or report are required. If you reported an impaning addictive disease on your registration application for a prior registration period, please so indicate and limit response to methods and progress in recovery since your last renewal. Physicians residing in Maine, whether or not they are current members of the Maine Medical Association, may obtain a confidential consultation with the Maine Medical Association's Committee on Physician Health by calling (207) 623-9266.

Item 15-9, regarding professional liability claims experience, is the question most likely to generate follow up letters from Board staff and delay in your license renewal if not answered completely. Report all claims of which you have been noticed since last renewal. As well, report all claims since your last renewal from which you were dismissed as a defendant or for which your insurance company made a settlement of any kind with the plaintiff or any claim for which a court found you liable in any degree. (Claims against a professional corporation are considered a claim against the individual licensee who provided the professional services in dispute.) To be complete, your supplemental explanation must include, foreach such claim reported, a full description using the format of the following fictitious example:

Identity of Case: Burns v. John B. Doe, MD, Samuel E. Smith, MD, Topeka Women's Hospital, Inc. et al.; Kansas Third Circuit Court, Topeka, Case #89-10203

Date/Place of Original Occurrence: June 4, 1990, Topeka Women's Hospital

Cause Alleged by Claimant: Delayed diagnosis of ectopic pregnancy.

Summary of my Defense: I was a PGY II resident at the time. Dr. Samuel E. Smith, Chief of Obstetrics, Topeka Women's Hospital was attending physician in the case. I was named in the claim because my name appears in the chart as the physician ordering ultrasonography on first hospital day.

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

Name and Address of Insurance Company/Attorney Defending Case: Great Plains Physicians' Mutual Indemnity, Attn: Jim Brown, Claims Manager, 4321 Ketcham Blvd. Rock Springs, SD 79104. 1 am also represented by William B. Eagle, Eagle, Hare P.A., 44 West River Drive, Suite 200, Topeka, KS 60301.

M.D. License Renewal Fee: \$400.

Maine Board of Licensure in Medicine

137 State House Station Augusta, ME 04333-0137 (207)287-3601 Fax: (207)287-6590

Fee:
Exempt:
Late:
Exp: 05/31/200
Lpd:

Application for Maine Medical License Renewal

Fee: Please remit with application by check/money order payable to "M	· · · · · · · · · · · · · · · · · · ·
not required if you are age 70 or older, or if you are withdrawing f	
Note: Any missing entry will render this application incomplete and may subject you appropriate renewal application fee, or report CME qualification if applying for AC	i to a late application charge of \$100. Also failure to enclose the TIVE status, will render your application incomplete.
Please correct any of the following information that may be missing or inco	
Name: G Paul Savidge Address: Women's Community Hith Ct. FAMIL. Placetage	1 # 7031
Address: Women's Community Fill Ct. FAMILY PLANNING 1 PO Box 2617	7550C. JUN - 4 2007 U
South Portland ME 04116-2617	01 6/00 -
United States	Pd. 400
Daytime Phone No: (207)773-7247	License No: 008503
Email address: [Note: your DOB and SSN are already on file with us and have been removed.]	ved from this form to protect your personal identity security
Type of Licensure Status f	or Which Applying:
 ✓ 1. I am applying for renewal of my license in ACTIVE status, based on evid 2. I am applying for renewal of my license in INACTIVE status. I have the prior application to and approval from the Board, I will not practice medic writing of prescriptions for myself, family, friends, or anyone. I must still 3. I am applying for reinstatement of my Maine license. ✓ 4. I request to WITHDRAW my Maine license from registration. I acknowled order to apply for withdrawal you must complete entire form, date, sign, a application fee.) Personal Data A. If the spelling of your name, social security number, or date of birth preprince correct information. B. The Board requires BOTH your HOME mailing address and phone #, and PRACTICE. You may designate which of the two you wish to be used for designate for that purpose will also be the address circulated by the Board the Internet. 	lence of CME qualification filed with this application. refore not submitted evidence of CME qualification. With the ine in Maine or provide professional services in Maine, in pay the renewal fee. ledge that reinstatement is not possible after 5 years. (In nd return by the due date, omitting payment of renewal update: inted above is not correct, please circle the error and legibly the address and phone # of your PRINCIPAL PLACE OF remailings from the Board. Note however that the address y
5. I Prefer Board contact me at <u>Home</u> , or at <u>Business</u> (H/B) B	If your home address is incorrect, please correct her
	Telephone:
My Business mailing address and phone are:	If your business address is incorrect, please correct l
Women's Community Hith Ctr AMILY PLANNING HOX. PO Box 2617	
South Portland ME 04116-2617	
United States	Telephone:
(207)773-7247	
PRACTICE DATA: If your practice data is income	rrect, please correct in the space provided.
7. At present I practice medicine (check all that apply): Dull Time Hospital-based Practice Solo Part Time In Partnership or Group Retired	Do not see patients (i.e. Administrative, Research, Teaching, etc.)
Check box if ABMS certified in each specialty. 8. Primary Specialty: Obstetrics and Gynecology	10. Sub-Specialty 2:
9. Sub-Specialty 1:	
11. I am ABMS Specialty Board certified (Y/N) Y by: (Board name)	□

1	LIAE	3ILI	TY I	NSÜF	RANC	E DA	TA:
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Although maintenance of professional liability insurance is not a requirement for Maine licensure, the Board is required to provide data about each licensee's source of insurance, if any, to the Superintendent of Insurance to aid in the administration of the Maine Rural Health Access Program pursuant to 24-A MRSA, Ch. 75, § 6304, (3).

Ify	Please indicate the method you emplou have no coverage answer "Y" to Are you Self Insured (Y/N) Is your insurance Physician Para and the control of the co	'Self Insured':		
Me PO	urance Company (Name/Address): dical Mutual of Maine Box 15275		If your Insurance informatio	n is incorrect, please correct here:
	tland ME 041125275			
P⊕	icy #-PLP-01282-04		:	
	BACKGROUND D	ΑΤΔ:		
13. (or	I Applicants must complete. Use at Other than in Maine, I currently hole territories) of the United States or properties of clinical clerk, intern, in the capacity of clinical clerk, in the capacity of clinical clini	d, or I have at one time helf rovinces of Canada (excludersident, or fellow):	d, a permanent license to practice i e temporary, Locum tenens, or per	rmits/certificates allowing training
	State	Certificate #	Expiration Date	Present Status
1		<u> </u>		
2				
3				
5				
(Pl	ease make corrections to information	helow)		
(, ,	State	Certificate #	Expiration Date	Present Status
1				
2	,			
3				
4				
5/				
H	nave never held a permanent medical	practice license except in	Maine.	

February 20, 2007

	ch exp	appropriate response. Every "YES" response must be fully explained by written statement on a separate 8½" x 11" sheet of white planation must be referenced by question number, signed, dated, and enclosed with your application. EVER:
YES NO	14.1	Had ANY licensing authority (INCLUDING MAINE) deny your application for any type of license, or take any disciplinary action against the license issued to you in that jurisdiction, including but not limited to warning, reprimand, fine, suspension, revocation, restrictions in permitted practice, probation with or without monitoring?
YES(NO)	14.2	Been notified of the existence of allegations involving you, filed with or by ANY licensing authority (INCLUDING MAINE), which allegations remain open as of the date of this application?
YES (NO)	14.3	Left a medical licensing jurisdiction (INCLUDING MAINE) while a complaint or allegation was pending?
YES NO	14.4	Been denied registration or had your ability to prescribe or dispense controlled substances modified, restricted, suspended, revoked, or voluntarily suspended by a) U. S. Drug Enforcement Administration (DEA)? b) Any state/territory of U. S. INCLUDING MAINE?
SINCE	YOU	R LAST APPLICATION:
YES NO	14.5	Have you received a sanction from Medicare or from any state Medicaid program?
YES(NO)	14.6	Have you suffered from any physical, psychiatric, or addictive disorder that would impair or require limitations on your functioning as a physician or that resulted in the inability to practice medicine for more than 30 days?
YES (NO)	14.7	Have you been charged, summonsed, indicted, arrested, or convicted of any criminal offense (including motor vehicle offenses but not including minor traffic or parking violations)?
YES NO	14.8	Have you applied for hospital, HMO or other health care entity privileges which were denied?
YES NO	14.9	Have you had your hospital, HMO, or other health care entity privileges revoked, suspended, restricted, limited in any way, or withdrawn involuntarily?
YES NO	14.10	Have you voluntarily surrendered privileges or resigned from staff membership during peer review or investigation or to avoid peer review or investigation?
YES NO	14.11	Have you been deselected from a managed care organization physician panel?
YES NO	14.12	2 Have you been disciplined by a professional society or resigned while accusation was pending?
YES (NO)	14.13	Have you had a claim or suit alleging malpractice liability in which you are/were named as a defendant, including "nuisance" suits settled, adjudicated by a court in favor of the other party, or settled by your insurance company /representatives without your express consent?
YES NO	14.1	4 Do you have any open malpractice claims?
YES (NO)	14.1.	5 Do you practice medicine within the State of Maine without active medical staff privileges at a Maine hospital?
I have ca my answ constitute determin	refully ters and e cause e. I ack	AFFIDAVIT OF APPLICANT: must personally sign and date whether applying for "active" or "inactive" renewal of license or requesting withdrawal of licensure status.) read the questions in this application and have answered them completely, without reservations of any kind, and declare under penalty of perjury that all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall for the denial, suspension or revocation of my license to practice medicine and surgery in the state of Maine, or other discipline as the Board may nowledge my responsibility to notify the Maine Board of Licensure in Medicine of my subsequent change in my status from that reported here and, in fify the Board within 10 days of a change in my place of medical practice or residence. MD. MD.
		Typed or Printed Name: 50098 AU JAVIAGE MD
For Offic Staff Re		Only: ///// Recommendation:

CONTINUING MEDICAL EDUCATION REPORT

For reporting CME credits earned during the previous 24 months.

100 credit hours are required to renew your license in active status, at least 40 of which must be Category I

The Board will routinely and regularly audit CME credits claimed. Failure to provide proof of CME credits claimed upon request by the Board may be grounds for discipline.

Therefore, it is vitally important that you retain documentation of all CME claimed.

Category I

Category 1 includes programs that have received accreditation by the AMA Council on Medical Education, the Accreditation Council for Continuing Medical education (ACCME), or the Committee on CME of the Maine Medical Association. [Refer to Chapter 1, §13 of the Rules of the Maine Board of Licensure in Medicine for specific definitions. See http://www.maine.gov/sos/cec/rules/02/373/373c001.doc] Forty (40) CME credits must be in Category 1. Category I CME's earned outside the U.S. or Canada must be approved by the Board; therefore such activities must be separately documented.

Total Category I Credits Earned

CATEGORY II

Category II includes programs with non-accredited sponsorship, i.e., Medical Teaching, Papers, Books, Publications, and Exhibits. Also included are non-supervised individual CME activities and other Meritorious learning Experiences. [Refer to Chapter 1, §13 of the Rules of the Maine Board of Licensure in Medicine for specific definitions. See http://www.maine.gov/sos/cec/rules/02/373/373c001.doc | Sixty (60) CME credits are required. NOTE: Category I may be substituted for Category II.

Total Category II Credits Earned_

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

Physician Signature: Faul Avidge

Typed or Printed Name: FAU SAVIDEMD

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

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

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

- Renewal of status as ACTIVE: You intend to provide professional medical services to patients within Maine's borders, on either a full or part time basis. To qualify for ACTIVE status, you must report CME activities satisfactory to the Board showing a minimum of 40 Category I and 60 Category II CME credits earned during the previous licensing period.
- Renewal of status as INACTIVE: Applies to all others wishing to keep their Maine license in force but who do not intend to provide professional services to patients within Maine's borders. A renewal application processing fee is required. Note that registration in INACTIVE status precludes any medical practice within Maine, including writing prescriptions for friends, family, self, or anyone. Physicians who check box 2 and sign the application affidavit have affirmed to the Board that they will refrain from medical practice within the state unless and until they have first submitted acceptable evidence of recent CME activity and received an ACTIVE- status license. Physicians registered INACTIVE may not subsequently commence medical practice within Maine without first submitting a report of recent CME activities to qualify for change in registration to ACTIVE status. This may be done by letter at any time during the registration period.
- 3. Reinstatement: This category applies to physicians who have allowed their license to lapse or who have withdrawn from licensure for no more than five (5) years. If lapsed or withdrawn for more than five (5) years a complete new application is required.
- 4. Request to Withdraw: Physicians who wish to discontinue Maine licensure may use this License Renewal Application to request approval from the Board to do so. Payment application fee is not required with an application to withdraw from license registration. However, the application form must be completed and accepted by the Board before withdrawal is effected. Note that a Maine license once withdrawn may not be reinstated after five (5) years. Also, the licenses of some other states may become void if granted in reciprocity with a Maine license which is subsequently withdrawn from registration.

Liability Insurance data:

This section must be completed if applying for registration in ACTIVE classification. Information you supply here is required for the Maine Rural Health Access Program {24-A MRSA, Ch. 75, §6304, (3)}. The information will be reported to the Maine Superintendent of Insurance for administration of this program as provided in that law. Maintenance of professional liability insurance is not a requirement to maintain a Maine medical license in force. Please select 'Self Insurance' if you have no professional liability insurance, or if you only pay a portion of the premium.

Background Data:

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

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

Items 14.5 through 14.15 ask you to disclose events which have occurred since your last renewal. You need not report again matters which were disclosed on previous applications unless you feel it would be helpful to our understanding of your current qualifications for medical practice. For example, you need not report a malpractice claim which arose and was settled prior to your last renewal. On the other hand, a claim filed in previous renewal periods which was closed by a settlement during your last renewal should be disclosed. If this is your first renewal, please disclose all data.

For any "YES" response, please provide a supplemental explanation in sufficient detail for the Board to understand the nature and seriousness of the problem and how it had been or is being resolved. For example: Item 14.6 asks for disclosure with explanation of physical, psychiatric or addictive disorder which might reasonably be considered impairing for safe and unlimited medical practice unless the Board can confirm that you are either fully recovered or have taken adequate measures to compensate for any residual limitations. For physical or psychiatric problems, please give diagnosis, prognosis and residuals, any current limitations on scope of practice, and name and address of your treating physician who can confirm current fitness to continue practice. The Board will inform you if clinical records or reports are required. If you reported an impairing addictive disease on your registration application for a prior registration period, please so indicate and limit your response to methods and progress in recovery since your last renewal. Physicians residing in Maine, whether or not they are current members of the Maine Medical Association, may obtain a confidential consultation with the Maine Medical Association's Committee on Physician Health by calling (207)623-9266.

Item 14.13, regarding professional liability claims experience, is the question most likely to generate follow-up letters from the Board staff and delay in your license renewal if not answered completely. Please report all claims of which you have been noticed since your last renewal. As well, report all claims since your last renewal from which you were dismissed as a defendant or for which your insurance company made a settlement of any kind with the plaintiff, or any claim for which a court found you liable in any degree. Claims against a professional corporation are considered a claim against the individual who provided the professional services in dispute.

To be complete, your supplemental explanation must include, <u>for each such claim reported</u>, a full description using the Professional (Malpractice) Liability Claim Experience Form attached. See the following <u>fictitious</u> example:

My Name: John B. Doe, MD

Identity of Case: Burns v. John B. Doe, MD, Samuel W. Smith, MD, Topeka Women's Hospital, Inc. et al.; Kansas Third Circuit Court, Topeka, Case #89-10203

Date/Place of Original Occurrence: June 4, 1990, Topeka Women's Hospital

Malpractice alleged by Claimant: Delayed diagnosis of ectopic pregnancy.

Summary of my Defense: I was a PGY II resident at the time. Dr. Samuel E. Smith, Chief of Obstetrics, Topeka Women's Hospital was attending physician in the case. I was named in the claim because my name appeared in the chart as the physician ordering ultrasound on first hospital day.

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

Name and address of Insurance Company/Attorney Defending Case: Great Plains Physicians' Mutual Indemnity, Attn; Jim Brown, Claims Manager, 4321 Ketcham Blvd. Rock Springs, SD 79104. I am also represented by William B. Eagle, Eagle-Hare P.A., 44 West River Drive, Suite 200, Topeka, KS 60301.

The Board's staff is available to assist you by phone at (207)287-3782, Monday through Friday, 8:00 am to 4:30 pm, Eastern Daylight time.

Maine Board of Licensure in Medicine Professional (Malpractice) Liability Claims Experience

Duplicate For Multiple Claims. My Name: Identity of Case: Date and Place of Original Occurrence: Malpractice Alleged By Claimant: Summary of My Defense: Current Status of Case: Name and Address of Insurance Company and/or Attorney Defending the Case:

This Page intentionally left Blank:

State of Maine

Maine Board of Licensure in Medicine

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

(207)287-3601 FAX: (207)287-6590

MAY 2 8 2003

Fee;/// Exempt: Late \$ Date Posted:

For Ofc Use

Application for Maine Medical License Registration

Fee: \$400 UNLESS 70 YEARS OF AGE OR OLDER BY LICENSE EXPIRATION MAY 31; 2003 LICENSURE IN MEDICINE Please remit with application by check/money order payable to "Maine Board of Licensure in Medicine". Renewal fee not required if at least age 70, or if withdrawing from license registration.

CR # 6057

	NAME/ADDRESS OF RECORD	License No	Social Security No.
	G Paul Savidge, MD 619 Brighton A Ve. <u>Portland ME-0410</u> 2	008503	Date of Birth
		Da Mario e Bolino Ma	Date of Birth
	Type of Registratio	nn Classification for Which Applying	
ر[(1.) I am applying for an initial license to practice medici	ine in Maine.	
1	(2.) I am applying for ACTIVE registration, based on evidence	dence of CME qualification filed with this application	n.
Ĵ	(3.) I am applying for INACTIVE registration. I have the approval from the Board, I certify that I will not practice I degree, including the writing of prescriptions for myself,	medicine in Maine. I certify that I will not provide pr	Without prior application to a rofessional services in Maine it
	(4.) I am applying for reinstatement of my Maine license	g.	e (
	(5.) I request to WITHDRAW my Maine license from reg	gistration. I acknowledge that reinstatement is not p	ossible after 5 years.
	(In order to apply for withdrawal you must complete renewal application fee.)	e entire form, date, sign, and return by due date	omitting payment of
	A. If the spelling of your name, social security number, of and legibly print the correct information.	or date of birth preprinted above are not correct, ple	ase circle the error
	B. The Board requires BOTH your HOME mailing addre PRACTICE. You may designate which of the two you we that purpose will also be the address published by the E	vish to be used for mailings from the Board. Note h	owever that the address desig
	(6.) Prefer Board contact me at home.		· · · · · · · · · · · · · · · · · · ·
	Home Mailing Address	If your home address is incorrect, please c	orrect here
			orrect here 9/3/2003
	(7.) ☐ Prefer Board contact me at office.		
	Office Mailing Address	If your office address is incorrect, please c	grrect here
	-619 Brighton Ave.	If your office address is incorrect, please c WOWENS COMMUNITY I	TRAITH CEWIER
	Portland ME 04102	South Portland ME, C	54 <u>706</u>
	Office Phone: (297) 674-2415	eriger, der verkungsverstellen i weitstelle unter er er	
	207-773-7247 (8.) At present I practice medicine (check all that apply)	Practice Data:	Check here if ABMS
	If your practice data is incorrect, please correct		certified in this specialty
	in the space provided	(9.) Primary Specialty:	Obstetrics and Gynecology ✓
	☐ Full Time ☐ Hospital-based Practice	(10.) Sub-specialty 1:	
	Part Time In Partnership or Group	(11.) Sub-specialty 2:	alty Dagged contified by:
	☐ Solo ☐ i Have Retired	(12.) I am ABMS Specia (Board Name):	any Board certified by.
	Do Not See Patients	(= 02.1 2 . 14.110).	
	(i.e.,Administrative, Research, Teaching, etc.)	ability Insurance Data:	
	Although maintenance of professional liability insurance i licensee's source of insurance, if any, to the Superintend	is not a requirement for Maine licensure, the Board	is required to provide data about each vaine Rural Health Access Program
	pursuant to PL (1990) Ch. 931.	(Complete Only if Applying for Reg	•
	(13.) Regardless of specialty interest or scope of your mapprofessional negligence/medical malpractice? Please mapprofessional negligence/medical malpractice?		icy insuring you against llability for
	Insurance Company (Name, Address)	Yes O No	
	Medical Mutual of Maine Pol	icy #:	

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

Hospital/Employer: InterMed: WM ENS COMMUNITY HEALTH CENTEV

South Portland, ME

(All Applicants Must Complete)

(14.) Other than in Maine, I currently hold, or I have at one time held, a permanent license to practice medicine in the following states (or territories) of the United States or provinces of Canada (exclude temporary, Locum tenens, or permits/certificates allowing training in the capacity of clinical

clerl Sta	,	ern, resident, or fellow): (Please make corrections to information below) Expiration Present Certificate# Date Status Please add to or correct any of		Please add to or correct any of the entries liste	d at left;	
				1		
l l ha	ave never held a p	ermanent medical p	ractice license	except in Maine	э.	
(15.) H	ave you ever: (Circ	le the appropriate resp	oonse.)			
(15-1)	disciplinary action	against the license iss	sued to you in tha	t jurisdiction (in	R deny your application for any license, taken any cluding but not limited to warning, reprimand, fine, h or without monitoring?)	NO YES
(15-2)	Left a medical lice	nsing jurisdiction whi	le allegations we	re pending?		(NO) YES
(15-3)	restricted, suspend	ration by the U.S. Drued, or revoked? Has a pense controlled subst	my state or provi	dministration (I nce denied, restr	DEA) or has your DEA Registration ever been modified, icted, modified, suspended, or revoked your state permit	NO YES
(15-4)	Received a sanctio	n from Medicare or fi	om a state Medic	aid program?		(NO) YES
SINCE I	LAST RENEWAL, HA	VE YOU HAD ANY O	THE FOLLOWIN	G OCCURRENCE	S? (Circle the appropriate response.)	
(15-5)	Suffered from any as a physician or re	physical, psychiatric, esulted in an inability	or addictive diso to engage in the p	rder that would i	impair or require limitations on your functioning cine for more than 30 days?	(NO) YES
(15-6)	Been indicted, arre or parking violation		ny criminal offer	se (including me	otor vehicle offenses but not including minor traffic	NO YES
(15-7)	Hospital (or simila withdrawn involun	r health care institution tarily; or, you volunta	n) privileges whi arily surrendered	ch had previous privileges or resi	ly been granted to you were suspended, restricted, igned from staff membership while under peer review?	(NO) YES
(15-8)	Disciplined by a pr	rofessional society or	resigned while ac	cusation was pe	nding?	(NO) YES
(15-9)	claim of medical n	nalpractice liability in ad including settlemen	which you are/w	ere named as a d	by negotiation/arbitration, or judgement by a court in a defendant with any degree of liability including any/respresentatives without your express	NO YES
(15-10)	and those allegation	he licensing board of a ms are not now dismis n as of the date of this	sed by a finding	of that board tha	f the existence of allegations, filed with or by that board, it the allegations were without merit? (Note: accusations make and explanation.)	NO YES
(15-11)	Do you practice m	edicine within the Sta	te of Maine with	out "active" med	ical staff privileges at a Maine hospital?	NO YES
(15-12)	Do you practice m in the jurisdiction	edicine in a state or p where you practice?	rovince other than	n Maine without	"Active" medical staff privileges at a hospital operating	NO) YES
	Ĺ	Any "Yes" response mu	st be explained ful	iv on a separate, a	ttached 8 x 11 sheet of paper cross-referenced by question number.)	* .
l	Note: Any n	nissing entry will render t	nis application incor	nplete and may sub	ject you to a late application charge of \$100. Also failure to enclose the	

AFI	IDAV	TT OF	APPI	ICAI	ION
200212	y, i le biologe		il troid		

(All applicants must personally sign and date whether applying for "active" or "mactive" registration of license or requesting withdrawal of registration.)

Laffirm under penalties of perjury that all information entered and responses given on this application are true and accurate to the best of my knowledge and belief I understand that any false statement may be found to be a ground for discipline of my license to practice medicine in Maine pursuant to 32 M.R.S.A. §3282-A(2). I acknowledge my responsibility to notify the Maine Board of Licensure in Medicine of any subsequent change in my status from that reported here and, in particular, to notify the Board within 10 days of a change in my place of medical practice or place of residence

Date: 5/27/03 Signature

Typed or Printed Name:

For Ofe Use	
Staff Rev Date: Recommendation:	-
Staff Rev Date: Recommendation:	-

CONTINUING MEDICAL EDUCATION REPORTING LOG

For reporting CME credits earned during the 24 months preceeding expiration date 5/31/2003

Maine License Number:

008503

Name: Savidge, G Paul

CATEGORY I

Category I includes programs that have received accreditation by the AMA Council on Medical Education, the Accreditation Council for Continuing Medical Education (ACCME), or the Committee on CME of the Maine Medical Association. [Refer to 32 M.R.S.A. §13 of the Rules and Regulations of the Maine Board of Licensure in Medicine for specific rules and definitions.] Forty (40) CME credits must be in Category I.

ACCREDITED SPONSOR	LOCATION OF ACTIVITY	DESCRIPTION OF ACTIVITY	DATES ATTENDED	CREDITS EARNED
The Center	New York City	Solutions to Common Medica	3/14/03 To	17
for CONTINUING	1 1	Solutions to Common Medica Problems in Ob/94N Paretra 2003	3/16/03	
1		///		
the Center	WAShing BUD	. GUN Scugery + ONCOLOGY	3/28/03 to	17
	1	11 11	3/30/03	
OWNIA Educates	u Paradise Is. Baha	UAS The Alatering Femalet	5/15/03 to	/3
		Comprehensive 94N	5/17/03	
		///	, ,	
	ļ		1	j i see

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

TOTAL CATEGORY I CREDITS	4	
IOTAL CATEGORY I CREDITS		7

CATEGORY II

Category II includes programs with non-accredited sponsorship, i.e., Medical Teaching, Papers, Books, Publications, and Exhibits. Also included are non-supervised individual CME activities and other Meritorious Learning Experiences. [Refer to 32 M.R.S.A. §13 of the Rules and Regulations of the Maine Board of Licensure in Medicine for more specific rules and definitions.] Sixty (60) Credits Required.

Note: Category I may be substituted for Category II.

TYPE OF ACTIVITY	LOCATION/CITY/STATE	DESCRIPTION OF LEARNING ACTIVITY	DATES OF ACTIVITY	CREDITS
Medical Texch	ino MMC.	Medical teachings.	5/31/01 to	100
Ch 194W Resid	eut Portlanda	VE. Sugged Procedus	1 5/31/03	!
MMC		3h/94N Recidents	, ,	
	,	4hr. gzweeks		
(potuning	MMC, Portland	The Oblqua becture	A ,	
	ME	to Vermont Medical	5/3//01 to	7
	-	Stiedents 96 west	5 5/31/02	
		U	,	

TOTAL CATEGORY II CREDITS /
AFFIDAVIT: I CERTIFY THIS LOG TO BE A TRUE AND CORRECT REPORT OF MY CME ACTIVITY.

Dated: 5/27/03 Physician Signature: 1 Aug Savarge MD

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

Instructions for Completing Application for Maine Medical License Registration Renewal

The following definitions and instructions are intended to help you complete the Maine Board of Licensure in Medicine application form. If after reviewing the instructions you have questions, please do not hesitate to call the Board. The Board, which licenses and reregisters in two (2) year increments, now reregisters based on the month of birth. Because of this, fees and CME requirements will be prorated during your initial licensure period. Once your first renewal (on your month of birth) is complete you will be on the regular cycle for fees and CME.

Type of registration Classification for Which Appying (select only one.):

NEW APPLICATION: This category applies to physicians who are applying for an initial license to practice medicine in Maine or those who have withdrawn their license or have allowed it to lapse for more than five (5) years.

ACTIVE: Intend to provide professional medical services to patients within Maine's borders, on either a full or part time basis. To qualify for active registration, you must file a log of CMB activities satisfactory to the Board showing a minimum of 40 AMA Category I and 60 AMA Category II CME credits earned during the previous licensing period.

INACTIVE: Applies to all others wishing to keep their Maine license in force but who do not intend to provide professional services to patients within Maine's borders. A renewal application processing fee is required. Note that registration in inactive status precludes even limited medical practice within Maine, including giving professional advice or writing prescriptions for friends, family, or self. Physicians who check box 3, by signing the application affidavit at the end of the form, have affirmed to the Board that they will refrain from medical practice within the state unless and until they have first submitted acceptable evidence of recent CME activity and received a new Certificate of Registration in Active classification. Physicians registered INACTIVE may not subsequently commence medical practice within Maine without first submitting a log of recent CME activities to qualify for change in registration to ACTIVE status. This may be done by letter at any time during the registration period.

REINSTATEMENT. This category applies to physicians who have allowed their license to lapse or who have withdrawn from licesnure for no more than five (5) years. If lapsed or withdrawn for more than five (5) years a complete new application is required.

Request to WITHDRAW: Physicians who wish to discontinue Maine licensure may use this Registration Renewal Application to request approval from the Board to do so.

Payment application fee is not required with an application to withdraw from license registration. The application form must however be completed and accepted by

the Board before withdrawal is effected. Note that a Maine license, once withdrawn, may not be reinstated after 5 years. The licenses of some other states may become void
if granted in reciprocity with a Maine license which is withdrawn from registration.

Liability Insurance Data:

Must be completed if applying for registration in ACTIVE classification. Information you supply here is required by PL(1990), Chapter 931, regarding the Maine Rural Health Access Program. It will be reported to the Maine Superintendent of Insurance for administration of this program as provided in that law. Maintenance of professional liability insurance is not a requirement to maintain a Maine medical license in force.

Background Data:

Item 14 asks you to list any permanent medical practice license from any state or Canadian province which you have ever held, whether or not it is still in force. Please do not list training permits or temporary/locum tenens licenses which you have been issued. If you were ever denied a license, see Items 15-1.

Items 15-1 through 15-4 refer to events which may have occurred at any time since you completed your medical education and commenced your medical career.

Items 15-5 through 15-12 ask you to disclose events which have occurred since your last renewal. You need not report again matters which were disclosed on previous applications unless you feel it would be helpful to our understanding of your current qualification for medical practice. For example, you need not report a malpractice claim which arose and was settled prior to your last renewal. On the other hand, a claim filed in 1986 which was closed by a settlement since your last renewal should be reported. If this is your first renewal disclose all data.

For any "Yes" response, please provide a supplemental explanation in sufficient detail for the Board to understand the nature and seriousness of the problem and how it has been or is being resolved. For example:

Item 15-5 asks for disclosure with explanation of physical, psychiatric or addictive disorder which might reasonably be considered impairing for safe and unlimited medical practice unless the Board can confirm that you are either fully recovered or have taken adequate measures to compensate for any residual limitations. For physical or psychiatric problems, please give diagnosis, prognosis and residuals, any current limitations on scope of practice, and name and address of treating physician who can confirm current fitness to continue practice. Board will inform you if clinical records or report are required. If you reported an impairing addictive disease on your registration application for a prior registration period, please so indicate and limit response to methods and progress in recovery since your last renewal. Physicians residing in Maine, whether or not they are current members of the Maine Medical Association, may obtain a confidential consultation with the Maine Medical Association's Committee on Physician Health by calling (207) 623-9266.

Item 15-9, regarding professional liability claims experience, is the question most likely to generate follow up letters from Board staff and delay in your license renewal if not answered completely. Report all claims of which you have been noticed since last renewal. As well, report all claims since your last renewal from which you were dismissed as a defendant or for which your insurance company made a settlement of any kind with the plaintiff or any claim for which a court found you liable in any degree. (Claims against a professional corporation are considered a claim against the individual licensee who provided the professional services in dispute.) To be complete, your supplemental explanation must include, for each such claim reported, a full description using the format of the following fictitious example:

Identity of Case: Burns v. John B. Doe, MD, Samuel E. Smith, MD, Topeka Women's Hospital, Inc. et al.; Kansas Third Circuit Court, Topeka, Case #89-10203

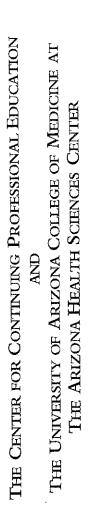
Date/Place of Original Occurrence: June 4, 1990, Topeka Women's Hospital

Cause Alleged by Claimant: Delayed diagnosis of ectopic pregnancy.

Summary of my Defense: I was a PGY II resident at the time. Dr. Samuel E. Smith, Chief of Obstetrics, Topeka Women's Hospital was attending physician in the case. I was named in the claim because my name appears in the chart as the physician ordering ultrasonography on first hospital day.

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

Name and Address of Insurance Company/Attorney Defending Case: Great Plains Physicians' Mutual Indemnity, Attn: Jim Brown, Claims Manager, 4321 Ketcham Blvd. Rock Springs, SD 79104. I am also represented by William B. Eagle, Eagle. Hare P.A., 44 West River Drive, Suite 200, Topeka, KS 60301.



certify that

G. Paul Savidge, M.D.

has participated in the educational activity titled

Gynecologic Surgery and Oncology

March 28, 29 & 30, 2003 The Ritz Carlton Pentagon City Arlington, Virginia and is awarded 16.50 Category 1 credits toward the American Medical Association Physician's Recognition Award

This activity has been planned and implemented in accordance with the Essential Ateas and policies of the Accreditation Council for Continuing Medical Education (ACCME) by The Center for Continuing Professional Education and The University of Arizona College of Medicine at The Atizona Health Sciences Center. The Center for Continuing Professional Education and The University of Arizona College of Medicine at The Atizona Health Sciences Center are accredited by the ACCME to provide continuing medical education for physicians.

The Center for Continuing Professional Education designates this educational activity for a maximum of 16.50 Category 1 credits toward the American Medical Association Physician's Recognition Award. Each physician should claim only those credits that he or she actually spent in the activity.

This activity has also been approved for 17 Cognates, Formal Learning, by the American College of Obstetricians and Gynecologists.



certify that

G. Paul Savidge, M.D.

has participated in the educational activity titled

Solutions to Common Medical Problems in Ob/Gyn Practice March 14, 15 & 16, 2003 The Waldorf Astoria Hotel New York City

and is awarded 16.75 Category 1 credits toward the American Medical Association Physician's Recognition Award

This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education (ACCME) by The Center for Continuing Professional Education and The University of Atizona College of Medicine at The Atizona Health Sciences Center.

The Center for Continuing Professional Education and The University of Atizona College of Medicine at The Atizona Health Sciences Center are accredited by the ACCME to provide continuing medical education for physicians.

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This activity has also been approved for 17 Cognates, Formal Learning, by the American College of Obstetricians and Gynecologists.



Your Partner in Women's Health

Maturing Female and Comprehensive Gynecology

Paradise Island, Bahamas • May 15 - 18, 2003

Accreditation:

Omnia is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education for physicians.

Certification:

in Category 1 of the Physician's Recognition Award of the American Medical Association. Omnia designates this continuing medical education activity for up to 18.5 credit hours

G. Paul Savidge, MD

Mythelf literal , m. D.

Mitchell D. Greenberg, MD Program Director

Faul Avidge Me attest to participating in 13 (hours)

of this Continuing Medical Education course.

05

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

(207) 287-3604

ATTENTION: MD Renewal Specialist License # 008503 DATE OF RETURN: Your license renewal application is being returned as administratively incomplete pursuant to 32 M.R.S.A. §3280. Please correct or provide the necessary information as indicated below and return the completed form to the Board of Licensure in Medicine. **REASON FOR RETURN:** Failed to date and sign form. Failed to remit _____ license application fee. Please remit \$100. late fee. The law provides that the Board assess a fee in addition to the renewal fee when it is necessary to write to a licensee about an incomplete or missing renewal application after expiration of license. Requested Active status but failed to provide summary of CME activity on CME log to qualify for Active status (see Board Bulletin for sample). Please provide documentation for Category I credits reported on your form as listed below. Failed to answer question (s) ______, or provide the following data:

AN ADMINISTRATIVELY COMPLETE APPLICATION FORM, ALL FEES DUE, AND ANY OTHER INFORMATION REQUESTED ABOVE MUST BE RECEIVED AT THE BOARD OFFICE WITHIN THE NEXT TEN DAYS.

PERSONAL ADDRESS ALERT

It is the obligation of an applicant or licensee to inform the Board of an address change. Public law 214—effective September 2001—An Act to Protect the Privacy of Maine Physicians as follows: 32 MRSA, §2600-A. Confidentiality of personal information of applicant or licensee.

•An applicant or licensee shall provide the Board with a current professional address and telephone number, as well as a personal residence address and telephone number.

•The professional address and telephone number is usually the preferred address for the contact address, as

it will be the public address.

The personal residence address and telephone number is confidential information and may not be disclosed except as permitted by this section or as required by law, unless the personal residence address and telephone number have been provided as the public contact address.

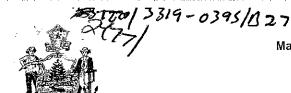
You may tell us about the address change in a letter or you may use the form below. Address changes may be faxed to (207) 287-6590.

CHANGE OF ADDRESS

Please indicate your public address by checking the appropriate box.

The public address will be on the Internet.

Maine License Number: 008503 Public address:	
LICENSEE NAME: G. PAUL SAVIAGE M.D. (Type or Print)	
PERSONAL RESIDENCE ADDRESS: (Old address)	A s
(New address)	
City/TownStateZip	jD WW
New Telephone No:	Wt
PROFESSIONAL ADDRESS: Old address) OF Break AFF Public address: Public address:	MAR
(New Address) Women's Community Hith, Ctr. 92 DArling A	ve.
City/Town Part Aud State ME Zip 04/06	
New Telephone No: 773-7247 Licensee Signature: Flaul SAVAGE MD Date: 4/5/03	



State of Maine

Maine Board of Licensure in Medic

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

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Application for Maine Medical License Registration

Fee: \$310. UNLESS 70 YEARS OF AGE OR OLDE R BY LICENSE EXPIRATION DATE OF May 31, 2001

Please remit with application by check/money order payable to "Maine Board of Licensure in Medicine". Renewal fee not required if at least age 70, or if withdrawing from license registration.

NAME/ADDRESS OF RECORD

G Paul Savidge, MD 619 Brighton Ave. Portland ME 04102 License No

008503

Social Security 57 224/01

Daytime Phone No.
(207) 773-7261) 874-7.445

Type of Registration Classification for Which Applying:

		01/2/13
	Type of Registration C	lassification for Which Applying:
	(1.) I am applying for an initial license to practice medicine i	ın Maine.
Z	(2.) I am applying for ACTIVE registration, based on eviden	ce of CME qualification filed with this application.
	(3.) I am applying for INACTIVE registration. I have therefor approval from the Board, I certify that I will not practice med degree, including the writing of prescriptions for myself, fam	ore not submitted evidence of CME qualification. Without prior application to ar dicine in Maine. I certify that I will not provide professional services in Maine in hily, or friends.
	(4.) I am applying for reinstatement of my Maine license.	
		ation. I acknowledge that reinstatement is not possible after 5 years.
		ntire form, date, sign, and return by due date omitting payment of
	renewal application fee.)	nal Data Update:
	A. If the spelling of your name, social security number, or d and legibly print the correct information.	ate of birth preprinted above are not correct, please circle the error
	B. The Board requires BOTH your HOME mailing address a PRACTICE. You may designate which of the two you wish that purpose will also be the address published by the Board address publishe	and phone and the address and phone of your PRINCIPAL PLACE OF MEDICAL to be used for mailings from the Board. Note however that the address designated for d in listings and publications available to the general public.
	(6.) Prefer Board contact me at home.	
	Home Mailing Address	If your home address is incorrect, please correct here
	(7.) Prefer Board contact me at office.	
	Office Mailing Address 619 Brighton Ave.	If your office address is incorrect, please correct here
	Portland ME 04102 Office Phone: (207)(773-726) 874-2445	Practice Data:
	(8.) At present I practice medicine (check all that apply:)	Check here if ABMS certified in this specialty
	If your practice data is incorrect, please correct	(9.) Primary Specialty: Obstetrics and Gynecology ✓
	in the space provided	(10.) Sub-specialty 1:
	☐ Part Time ☐ Hospital-based Practice ☐ Part Time ☐ In Partnership or Group	(11.) Sub-specialty 2:
	Solo I Have Retired	(12.) I am ABMS Specialty Board certified by:
	☐ Do Not See Patients	(Board Name):
	(i.e.,Administrative, Research, Teaching, etc.)	Paraconnel (MARINO MATINA)
	, , , , , , , , , , , , , , , , , , , ,	ty Insurance Data: []
1	icensee's source of insurance, if any, to the Superintendent oursuant to PL (1990) Ch. 931.	of Insurance to aid in the administration of the Maine Rural Health Access Program (Complete Only if Applying for Registration in "Active" status.)
(13.) Regardless of specialty interest or scope of your medication of the professional negligence/medical malpractice? Please make	al practice in Maine, do you have in effect a policy insuring you against liability for

nourance company (Name, Address)	Tes Civo
Medical Mutual of Maine	Policy #: PLP-01282-04
	Check here if premiums for your professional liability are paid by a Hospital or other employer
	Hospital/Employer: INTERMED

Background Data

/ A 11	A		B#	^	احفداد
MI	AD	plicants	IVIUSE	COILL	Diete,

(14.) Other than in Maine, I currently hold, or I have at one time held, a permanent license to practice medicine in the following states (or territories) of the United States or provinces of Canada (exclude temporary, Locum tenens, or permits/certificates allowing training in the capacity of clinical clerk, intern, resident, or fellow): (Please make corrections to information below)

State Certificate#		Expiration Date	Present Status	-	Please add to or correct any of the entries listed	l at left:	
					- -		,
Mul hi	ave never held a perman	ent medical p	ractice license e	except in Mai	ne.		, , , , , , , , , , , , , , , , , , , ,
(15.) H	ave you ever: (Circle the a	ppropriate resp	onse.)				
(15-1)	Had any state or territory of disciplinary action against suspension, revocation, or	the license iss	ued to you in that	jurisdiction (includir	y your application for any license, taken any ng but not limited to warning, reprimand, fine, vithout monitoring?)	NO YES
(15-2)	Left a medical licensing ju	risdiction whil	le allegations were	pending?			(NO YES
(15-3)	Been denied registration b restricted, suspended, or re to prescribe or dispense co	evoked? Has a	ny state or provin	lministration of the denied, res	(DEA) (tricted,	or has your DEA Registration ever been modified, modified, suspended, or revoked your state permit	NO YES
(15-4)	Received a sanction from	Medicare or fro	om a state Medica	id program?			NO YES
SINCE I	LAST RENEWAL, HAVE YOU	J HAD ANY OF	THE FOLLOWING	OCCURRENC	ES? (Ci	rcle the appropriate response.)	
(15-5)	Suffered from any physica as a physician or resulted i	l, psychiatric, o n an inability t	or addictive disord to engage in the pr	ler that would actice of med	impair	or require limitations on your functioning or more than 30 days?	NO YES
(15-6)	Been indicted, arrested or or parking violations)?	convicted of ar	ny criminal offens	e (including n	notor ve	chicle offenses but not including minor traffic	NO) YES
(15-7)						n granted to you were suspended, restricted, from staff membership while under peer review?	NO YES
(15-8)	Disciplined by a profession	nal society or r	esigned while acc	usation was p	ending?		NO YES
(15-9)	claim of medical malpract	ice liability in ding settlement	which you are/we	e named as a	defenda	otiation/arbitration, or judgement by a court in a ant with any degree of liability including spresentatives without your express	NO YES
(15-10)		ot now dismiss	sed by a finding o	f that board th	at the a	xistence of allegations, filed with or by that board, llegations were without merit? (Note: accusations d explanation.)	NO YES
(15-11)	Do you practice medicine	within the Stat	e of Maine withou	it "active" me	dical st	aff privileges at a Maine hospital?	(NO) YES
(15-12)	Do you practice medicine in the jurisdiction where y		ovince other than	Maine withou	it "Activ	ve" medical staff privileges at a hospital operating	NO YES
	(Any "Ye	s" response mus	t be explained fully	on a separate.	attached	18 x 11 sheet of paper cross-referenced by question number.)	

Note: Any missing entry will render this application incomplete and may subject you to a late application charge of \$100. Also failure to enclose the appropriate renewal application fee or provide evidence of CME qualification if applying for ACTIVE status will render your application incomplete.

) reads	OF APPLICATION	40.5.40.6.44			
I affirm I unders I acknow	under penalties of perjudicing that any false state whedge my responsibilities, to notify the Board Date:	ry that all information ement may be found to y to notify the Maine	n entered and respond to be a ground for di Board of Licensure	nses given on t scipline of my in Medicine o medical practi	nis application are license to practice f any subsequent o	true and accurat medicine in Mai change in my stat	e to the best of a	ny knowledge and l 2 M.R.S.A. §3282-	
or Ofc Use	,						,	/ \	
Staff Rev D Staff Rev D		Recommendation:	142						

CONTINUING MEDICAL EDUCATION REPORTING LOG

For reporting CME credits earned during the 24 months preceeding expiration date 5/31/01

Maine License Number:

008503

Name: Savidge, G Paul

CATEGORY I

Category I includes programs that have received accreditation by the AMA Council on Medical Education, the Accreditation Council for Continuing Medical Education (ACCME), or the Committee on CME of the Maine Medical Association. [Refer to 32 M.R.S.A. §13 of the Rules and Regulations of the Maine Board of Licensure in Medicine for specific rules and definitions.] Forty (40) CME credits must be in Category I.

ACCREDITED SPONSOR	LOCATION OF ACTIVITY	DESCRIPTION OF ACTIVITY	DATES ATTENDED	CREDITS EARNED
mme	mmc	coding & med Rec. Class	6/60-6/15/99	8
ACC MEACOG	Acos	ACCME Class	12/16/00	12
MMC	mme	Mentions - Confessores	2000	20
		Sirand Rounds		
	1	1		

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

ተረጉተ ነ	CATEGORY	T	CDENTTO
101214			CKEDIIS

CATEGORY II

Category II includes programs with non-accredited sponsorship, i.e., Medical Teaching, Papers, Books, Publications, and Exhibits. Also included are non-supervised individual CME activities and other Meritorious Learning Experiences. [Refer to 32 M.R.S.A. §13 of the Rules and Regulations of the Maine Board of Licensure in Medicine for more specific rules and definitions.] Sixty (60) Credits Required.

Note: Category I may be substituted for Category II.

TYPE OF ACTIVITY	LOCATION/CITY/STATE	DESCRIPTION OF LEARNING ACTIVITY	DATES OF ACTIVITY	CREDITS
Medleof.	MMC	Clinical Tenekin	1999-	36
TEACHUG	Portland		(2000)	
	Moa		-	-
meetings Coup.	mme	Asand Roads / Conf.	1999	19
// '				
			-	

					TOT	AL CATEGOR	Y II CRE	DIT
AFFIDAVIT	: I CERTIFY THIS LOG TO	BE A TRUE AND CORRE	ECT REPORT OF MY CME AC	TIVITY	10	1/20	1118	7
Dated:	5/10/01		Physician Signatu	ıre: Jau	MUTH	wgx	ME	1.

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

Instructions for Completing Application for Maine Medical License Registration Renewal

The following definitions and instructions are intended to help you complete the Maine Board of Licensure in Medicine application form. If after reviewing the instructions you have questions, please do not hesitate to call the Board. The Board, which licenses and reregisters in two (2) year increments, now reregisters based on the month of birth. Because of this, fees and CME requirements will be prorated during your initial licensure period. Once your first renewal (on your month of birth) is complete you will be on the regular cycle for fees and CME.

Type of registration Classification for Which Appying (select only one.):

NEW APPLICATION: This category applies to physicians who are applying for an initial license to practice medicine in Maine or those who have withdrawn their license or have allowed it to lapse for more than five (5) years.

ACTIVE: Intend to provide professional medical services to patients within Maine's borders, on either a full or part time basis. To qualify for active registration, you must file a log of CME activities satisfactory to the Board showing a minimum of 40 AMA Category I and 60 AMA Category II CME credits earned during the previous licensing period.

INACTIVE: Applies to all others wishing to keep their Maine license in force but who do not intend to provide professional services to patients within Maine's borders. A renewal application processing fee is required. Note that registration in inactive status precludes even limited medical practice within Maine, including giving professional advice or writing prescriptions for friends, family, or self. Physicians who check box 3, by signing the application affidavit at the end of the form, have affirmed to the Board that they will refrain from medical practice within the state unless and until they have first submitted acceptable evidence of recent CME activity and received a new Certificate of Registration in Active classification. Physicians registered INACTIVE may not subsequently commence medical practice within Maine without first submitting a log of recent.

CME activities to qualify for change in registration to ACTIVE status. This may be done by letter at any time during the registration period.

REINSTATEMENT: This category applies to physicians who have allowed their license to lapse or who have withdrawn from licesnure for no more than five (5) years. If lapsed or withdrawn for more than five (5) years a complete new application is required.

Request to WITHDRAW; Physicians who wish to discontinue Maine licensure may use this Registration Renewal Application to request approval from the Board to do so.

Payment application fee is not required with an application to withdraw from license registration. The application form must however be completed and accepted by the Board before withdrawal is effected.

Note that a Maine license, once withdrawn, may not be reinstated after 5 years. The licenses of some other states may become void if granted in reciprocity with a Maine license which is withdrawn from registration.

Liability Insurance Data:

Must be completed if applying for registration in ACTIVE classification. Information you supply here is required by PL(1990), Chapter 931, regarding the Maine Rural Health Access Program. It will be reported to the Maine Superintendent of Insurance for administration of this program as provided in that law. Maintenance of professional liability insurance is not a requirement to maintain a Maine medical license in force.

Background Data:

Item 14 asks you to list any permanent medical practice license from any state or Canadian province which you have ever held, whether or not it is still in force. Please do not list training permits or temporary/locum tenens licenses which you have been issued. If you were ever denied a license, see Items 15-1.

Items 15-1 through 15-4 refer to events which may have occurred at any time since you completed your medical education and commenced your medical career.

Items 15-5 through 15-12 ask you to disclose events which have occurred since your last renewal. You need not report again matters which were disclosed on previous applications unless you feel it would be helpful to our understanding of your current qualification for medical practice. For example, you need not report a malpractice claim which arose and was settled prior to your last renewal. On the other hand, a claim filed in 1986 which was closed by a settlement since your last renewal should be reported. If this is your first renewal disclose all data.

For any "Yes" response, please provide a supplemental explanation in sufficient detail for the Board to understand the nature and seriousness of the problem and how it has been or is being resolved. For example:

Item 15-5 asks for disclosure with explanation of physical, psychiatric or addictive disorder which might reasonably be considered impairing for safe and unlimited medical practice unless the Board can confirm that you are either fully recovered or have taken adequate measures to compensate for any residual limitations. For physical or psychiatric problems, please give diagnosis, prognosis and residuals, any current limitations on scope of practice, and name and address of treating physician who can confirm current fitness to continue practice. Board will inform you if clinical records or report are required. If you reported an impairing addictive disease on your registration application for a prior registration period, please so indicate and limit response to methods and progress in recovery since your last renewal. Physicians residing in Maine, whether or not they are current members of the Maine Medical Association, may obtain a confidential consultation with the Maine Medical Association's Committee on Physician Health by calling (207) 623-9266.

Item 15-9, regarding professional liability claims experience, is the question most likely to generate follow up letters from Board staff and delay in your license renewal if not answered completely. Report all claims of which you have been noticed since last renewal. As well, report all claims since your last renewal from which you were dismissed as a defendant or for which your insurance company made a settlement of any kind with the plaintiff or any claim for which a court found you liable in any degree. (Claims against a professional corporation are considered a claim against the individual licensee who provided the professional services in dispute.) To be complete, your supplemental explanation must include, for each such claim reported, a full description using the format of the following fictitious example:

Identity of Case: Burns v. John B. Doe, MD, Samuel E. Smith, MD, Topeka Women's Hospital, Inc. et al.; Kansas Third Circuit Court, Topeka, Case #89-10203

Date/Place of Original Occurrence: June 4, 1990, Topeka Women's Hospital

Cause Alleged by Claimant: Delayed diagnosis of ectopic pregnancy.

Summary of my Defense: I was a PGY II resident at the time. Dr. Samuel E. Smith, Chief of Obstetrics, Topeka Women's Hospital was attending physician in the case. I was named in the claim because my name appears in the chart as the physician ordering ultrasonography on first hospital day.

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

Name and Address of Insurance Company/Attorney Defending Case: Great Plains Physicians' Mutual Indemnity, Attn: Jim Brown, Claims Manager, 4321 Ketcham Blvd.

Rock Springs, SD 79104. I am also represented by William B. Eagle, Eagle Hare P.A., 44 West River Drive, Suite 200, Topeka, KS 60301.



Continuing Medical Education Program

Certificate of Participation

Name of Participant: G. Faul Savidge MD
Program Title: "Function and Management Coding and Medical Record Review Process"

Sponsor: Astra, Eli Lilly, Janssen, Merck, Pfizer, Procter & Gamble, Wyeth-Ayerst

Date(s): June 10, 1999 & June 15 1999

Credit: Category I 8 Hours

AAFP Prescribed _____ Hours

Associate Vice President for Medical Education

Program Director



CONTINUING MEDICAL EDUCATION CERTIFICATE

DATES:

JANUARY – DECEMBER 2000

AS AN ORGANIZATION ACCREDITED FOR CONTINUING MEDICAL EDUCATION, THE MAINE MEDICAL CENTER, DEPARTMENT OF OBSTETRICS AND GYNECOLOGY CERTIFIES THAT:

PAUL SAVIDGE, M.D.

ATTENDED A TOTAL OF:

- 3- DEPARTMENT MEETINGS
- 8 GRAND ROUNDS CONFERENCES
- 4- MORBIDITY AND MORTALITY CONFERENCES
- 4- ONCOLOGY CONFERENCES
- 1- GENETICS CONFERENCE

THESE CONTINUING MEDICAL EDUCATION ACTIVITIES CONSTITUTE A TOTAL OF TWENTY(20) CATEGORY I CREDIT HOURS.

DATE: March 29, 2001

HECTOR M. TARRAZA, M.D. CHAIRMAN DEPARTMENT OF OBSTETRICS AND GYNECOLOGY



CONTINUING MEDICAL EDUCATION CERTIFICATE

DATES:

JANUARY - DECEMBER 1999

AS AN ORGANIZATION ACCREDITED FOR CONTINUING MEDICAL EDUCATION, THE MAINE MEDICAL CENTER, DEPARTMENT OF OBSTETRICS AND GYNECOLOGY CERTIFIES THAT:

PAUL SAVIDGE, M.D.

ATTENDED A TOTAL OF:

- 5- DEPARTMENT MEETINGS
- 9- GRAND ROUNDS CONFERENCES
- 3 MORBIDITY AND MORTALITY CONFERENCES
- 2 ONCOLOGY CONFERENCES

THESE CONTINUING MEDICAL EDUCATION ACTIVITIES CONSTITUTE A TOTAL OF 19 (NINETEEN) CATEGORY I CREDIT HOURS.

DATE: March 29, 2001

HECTOR M. TARRAZA, M.D. CHAIRMAN DEPARTMENT OF OBSTETRICS AND GYNECOLOGY

. E in

ACOG/ME TR	ANSCRIPT INQUIRY			L1 01/16/2001
ID# 0264904 F A	YEAR CAT1	TOT	YEAR CA	T1 TOT
G. Paul Savidge	1998 32	32	2001	0
619 Brighton Ave	1999	0	2002	0
Portland, ME 04102-2350	2000 12	12	2003	Ċ
, 0, 115, 12, 112	TOTAL CYCLE = AWARD DATE		TOTAL CYCL	Ē = 0
ACTIVITY			CREDITED	
DATE CODE DESCRIP	TION		COGNATES	CUMMULATIVE
03/28/1998 01 ACCME 0	OURSE/MEETING		19	19
,,	COURSE/MEETING		13	32
	OURSE/MEETING		12	44

ENTER * TO EXIT, P TO PAGE, OR RETURN FOR NEXT 1D

Date Certificat<u>e</u> .⊣⊜ense Number:

Date Posted:

For Ofc Use

Augusta, ME 04333-0137

State of Maine

Maine Board of Licensure in Medic 2 Bangor Street 137 State House Station

Application for Maine Medical Licerise Regi Fee: \$310. UNLESS 70 YEARS OF AGE OR OLDER BY LICENSE EXPIRATION DATE OF 03/31/99 LICENSURE IN MEDICINE

Please remit with application by check/money order payable to "Maine Board of Licensure in Medicine". Renewal fee not required if at least age 70, or if withdrawing from license registration.

NAME/ADDRESS OF RECORD

G Paul Savidge, MD 619 Brighton Ave. Portland ME 04102

License No

008503

Daytime Phone No. (207) 773-7261

Date of Bi

Social Securi

Type of Registration Classification for Which Applying: I am applying for an initial license to practice medicine in Maine.

(2.) I am applying for ACTIVE registration, based on evidence of CME qualification filed with this application.

(3.) I am applying for INACTIVE registration. I have therefore not submitted evidence of CME qualification. Without prior application to i approval from the Board, I certify that I will not practice medicine in Maine. I certify that I will not provide professional services in Maine degree, including the writing of prescriptions for myself, family, or friends.

(4.) I am applying for reinstatement of my Maine license.

(5.) I request to WITHDRAW my Maine license from registration. 1 acknowledge that reinstatement is not possible after 5 years. (In order to apply for withdrawal you must complete entire form, date, sign, and return by due date omitting payment of renewal application fee.) Personal Data Update:

A. If the spelling of your name, social security number, or date of birth preprinted above are not correct, please circle the error and legibly print the correct information.

B. The Board requires BOTH your HOME mailing address and phone and the address and phone of your PRINCIPAL PLACE OF MEDI PRACTICE. You may designate which of the two you wish to be used for mailings from the Board. Note however that the address designated for that purpose will also be the address published by the Board in listings and publications available to the general public.

(6.) Prefer Board contact me at home. Home Mailing Address	If your home address is incorrect, please correct here
Property and the second second	
(7.) 🔽 Prefer Board contact me at office.	
Office Mailing Address	If your office address is incorrect, please correct here
619 Brighton Ave.	
Portland ME 04102	

Office Phone: (207) 773-7261 Practice Data:

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

Full Time Part Time In Partnership or Group

Solo I Have Retired Do Not See Patients (i.e.,Administrative, Research, Teaching, etc.)

(9.) Primary Specialty: Obstetrics and Gynecology (10.) Sub-specialty 1: Mospital-based Practice (11.) Sub-specialty 2:

Liability Insurance Data:

(12.) I am ABMS Specialty Board certified (Board Name): AMERICAN

Check here if ABMS

certified in this specialty

Although maintenance of professional liability insurance is not a requirement for Maine licensure, the Board is required to provide data about each licensee's source of insurance, if any, to the Superintendent of Insurance to aid in the administration of the Maine Rural Health Access Program pursuant to PL (1990) Ch. 931. (Complete Only if Applying for Registration in "Active" status.)

(13.) Regardless of specialty interest or scope of your medical practice in Maine, do you have in effect a policy insuring you against liability for professional negligence/medical malpractice? Please make changes if appropriate.

Insu	rance Compar	ıy (N	ame,	Address
وخسا والأر	for the second of			

Portland ME

Philame Company	7 1
Marre Mut	ual
h	

Yes	\bigcirc	Ν

Policy #

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

Hospital/Employer:

į	ΔΙΙ	Applica	nts Must	Complete)

(14.) Other than in Maine, I currently hold, or I have at one time held, a permanent license to practice medicine in the following states (or territories) of the United States or provinces of Canada (exclude temporary, Locum tenens, or permits/certificates allowing training in the capacity of clinical clerk, intern, resident, or fellow): (Please make corrections to information below)

	ate Certificate#	Expiration Date	Present Status	P 	lease add to or correct any of the entries listed	at left:
☐ I h	ave never held a permanent medi	cal practice license e	xcept in Ma	- – ne.		
(15.) H	Have you ever: (Circle the appropriat	e response.)				
(15-1)		se issued to you in that	jurisdiction (including t	our application for any license, taken any out not limited to warning, reprimand, fine, out monitoring?)	NO YES
(15-2)	Left a medical licensing jurisdiction	n while allegations wer	e pending?			(NO) YES
(15-3)	Been denied registration by the U.S restricted, suspended, or revoked? to prescribe or dispense controlled	Has any state or provin	dministration ice denied, re	(DEA) or h stricted, mo	as your DEA Registration ever been modified, dified, suspended, or revoked your state permit	NO YES
(15-4)	Received a sanction from Medicare	or from a state Medica	aid program?			(NO) YES
SINCE	LAST RENEWAL, HAVE YOU HAD AN	IY OF THE FOLLOWING	OCCURRENC	CES? (Circle	the appropriate response.)	
(15-5)	Suffered from any physical, psychia as a physician or resulted in an inab				require limitations on your functioning ore than 30 days?	NO YES
(15-6)	Been indicted, arrested or convicted or parking violations)?	l of any criminal offens	e (including	notor vehic	le offenses but not including minor traffic	NO YES
(15-7)					anted to you were suspended, restricted, n staff membership while under peer review?	(NO) YES
(15-8)	Disciplined by a professional societ	y or resigned while acc	cusation was p	ending?		(NO) YES
(15-9)		ty in which you are/we	re named as a	defendant	tion/arbitration, or judgement by a court in a with any degree of liability including sentatives without your express	NO YES
(15-10)		ismissed by a finding o	f that board tl	at the alleg	ence of allegations, filed with or by that board, ations were without merit? (Note: accusations explanation.)	NO YES
·(15-11)	Do you practice medicine within the	e State of Maine witho	ut "active" me	dical staff	privileges at a Maine hospital?	(NO) YES
(15-12)	Do you practice medicine in a state in the jurisdiction where you practic		Maine withou	at "Active"	medical staff privileges at a hospital operating	NO YES
	(Any "Yes" response	e must be explained fully	on a separate,	attached 8 x	11 sheet of paper cross-referenced by question number.)	

Note: Any missing entry will render this application incomplete and may subject you to a late application charge of \$100. Also failure to enclose the appropriate renewal application fee or provide evidence of CME qualification if applying for ACTIVE status will render your application incomplete.

	AFFIDAVIT OF APPLIC	<u>ATION</u>		
(All applicants must personally sign and date whether applying	g for "active" or "inactive" registratio	on of license or requesting t	withdrawal of registration.)	
Laffirm under penalties of perjury that all information entered a funderstand that any false statement may be found to be a group facknowledge my responsibility to notify the Maine Board of	and for discipline of my license to pr	actice medicine in Maine p	oursuant to 32 M.R.S.A. §32	282-A(2)
particular, to notify the Board within 10 days of a charge in m Date: 5/19/99	Signature	t Rauk	SAVELGE	, M.D.
	Typed or Printed Name	10 - O 10 / A 6 /	SAVIDGE	, M.D.

For Ofc Use	1.		1 1 2		
Staff Rev Date:	6/8/60	Recommendation:	1542		
Staff Rev Date:	777	Recommendation:		-	
1	1 /				

CONTINUING MEDICAL EDUCATION REPORTING LOG

For reporting CME credits earned during the 24 months preceeding expiration date 5/31/99

Maine License Number:

008503

Name: Savidge, G Paul

M

TOTAL CATEGORY I CREDITS 9/

CATEGORY I

Category I includes programs that have received accreditation by the AMA Council on Medical Education, the Accreditation Council for Continuing Medical Education (ACCME), or the Committee on CME of the Maine Medical Association. [Refer to 32 M.R.S.A. §13 of the Rules and Regulations of the Maine Board of Licensure in Medicine for specific rules and definitions.] Forty (40) CME credits must be in Category I.

LOCATION OF ACTIVITY	DESCRIPTION OF ACTIVITY	DATES ATTENDED	CREDITS EARNED
	Postgraduate Cours	e 12/6/97	9
VCUS EXTADA A	Kexico Womens Hexith	CAR 3/25-28/9	8 19
New York Ny	ANNUAL STORAGE ALUM	WiSyanD 6/4-5/9	r /3
		/ / / / /	
;			
	icus ExtApa M	Postgraduate Course icus Extapa Mexico Womens Health New York N.Y. ANNVAL STORNE ALUM	Postgraduate Course 12/6/97 icus Extapa Mexico Womens Health Care 3/25-28/9. New York N.Y. ANNUAL STORAGE ALUMNIS YMD 6/4-5/98

CATEGORY II

Category II includes programs with non-accredited sponsorship, i.e., Medical Teaching, Papers, Books, Publications, and Exhibits. Also included are non-supervised individual CME activities and other Meritorious Learning Experiences. [Refer to 32 M.R.S.A. §13 of the Rules and Regulations of the Maine Board of Licensure in Medicine for more specific rules and definitions.] Sixty (60) Credits Required.

Note: Category I may be substituted for Category II.

TYPE OF ACTIVITY	LOCATION/CITY/STATE	DESCRIPTION OF LEARNING ACTIVITY	DATES OF ACTIVITY	CREDITS
Lectures	MMC Portland, M	9. Teaching Medical Stu	180018 2 1917-2	199 17
Teaching	MMC Porthard, MC	, Tenching Ob/940. Residen	15/91-5/9	72
	, ,	1 10	,	
				-
	-	mo	THE CATEGORY IX	Ra

TOTAL CATEGORY II CREDITS
AFFIDAVIT: I CERTIFY THIS LOG TO BE A TRUE AND CORRECT REPORT OF MY CME ACTIVITY.
Dated: 5/19/99 Physician Signature: Faul Savidge MD,
TO BE VALID, FORMS MUST BE SIGNED, DATED, WITH THE HOURS TOTALED ON EACH SECTION

Instructions for Completing Application for Maine Medical License Registration Renewal

The following definitions and instructions are intended to help you complete the Maine Board of Licensure in Medicine application form. If after reviewing the instructions you have questions, please do not hesitate to call the Board. The Board, which licenses and reregisters in two (2) year increments, now reregisters based on the month of birth. Because of this, fees and CME requirements will be prorated during your initial licensure period. Once your first renewal (on your month of birth) is complete you will be on the regular cycle for fees and CME.

Type of registration Classification for Which Appying (select only one.):

NEW APPLICATION: This category applies to physicians who are applying for an initial license to practice medicine in Maine or those who have withdrawn their license or have allowed it to lapse for more than five (5) years.

ACTIVE: Intend to provide professional medical services to patients within Maine's borders, on either a full or part time basis. To qualify for active registration, you must file a log of CME activities satisfactory to the Board showing a minimum of 40 AMA Category I and 60 AMA Category II CME credits earned during the previous licensing period.

INACTIVE: Applies to all others wishing to keep their Maine license in force but who do not intend to provide professional services to patients within Maine's borders. A renewal application processing fee is required. Note that registration in inactive status precludes even limited medical practice within Maine, including giving professional advice or writing prescriptions for friends, family, or self. Physicians who check box 3, by signing the application affidavit at the end of the form, have affirmed to the Board that they will refrain from medical practice within the state unless and until they have first submitted acceptable evidence of recent CME activity and received a new Certificate of Registration in Active classification. Physicians registered INACTIVE may not subsequently commence medical practice within Maine without first submitting a log of recent CME activities to qualify for change in registration to ACTIVE status. This may be done by letter at any time during the registration period.

<u>REINSTATEMENT:</u> This category applies to physicians who have allowed their license to lapse or who have withdrawn from licesnure for no more than five (5) years. If lapsed or withdrawn for more than five (5) years a complete new application is required.

Request to WITHDRAW: Physicians who wish to discontinue Maine licensure may use this Registration Renewal Application to request approval from the Board to do so.

Payment application fee is not required with an application to withdraw from license registration. The application form must however be completed and accepted by

the Board before withdrawal is effected. Note that a Maine license, once withdrawn, may not be reinstated after 5 years. The licenses of some other states may become void if granted in reciprocity with a Maine license which is withdrawn from registration.

Liability Insurance Data:

Must be completed if applying for registration in ACTIVE classification. Information you supply here is required by PL(1990), Chapter 931, regarding the Maine Rural Health Access Program. It will be reported to the Maine Superintendent of Insurance for administration of this program as provided in that law. Maintenance of professional liability insurance is not a requirement to maintain a Maine medical license in force.

Background Data:

Item 14 asks you to list any permanent medical practice license from any state or Canadian province which you have ever held, whether or not it is still in force. Please do not list training permits or temporary/locum tenens licenses which you have been issued. If you were ever denied a license, see Items 15-1.

Items 15-1 through 15-4 refer to events which may have occurred at any time since you completed your medical education and commenced your medical career.

Items 15-5 through 15-12 ask you to disclose events which have occurred since your last renewal. You need not report again matters which were disclosed on previous applications unless you feel it would be helpful to our understanding of your current qualification for medical practice. For example, you need not report a malpractice claim which arose and was settled prior to your last renewal. On the other hand, a claim filed in 1986 which was closed by a settlement since your last renewal should be reported. If this is your first renewal disclose all data

For any "Yes" response, please provide a supplemental explanation in sufficient detail for the Board to understand the nature and seriousness of the problem and how it has been or is being resolved. For example:

Item 15-5 asks for disclosure with explanation of physical, psychiatric or addictive disorder which might reasonably be considered impairing for safe and unlimited medical practice unless the Board can confirm that you are either fully recovered or have taken adequate measures to compensate for any residual limitations. For physical or psychiatric problems, please side of the formal and residuals, any current limitations on scope of practice, and name and address of treating physician who can confirm current fitness on the formal and the same and address of treating physician who can confirm current fitness on the formal and the same and address of treating physician who can confirm current fitness on the formal and the same and address of treating physician who can confirm that you are either fully recovered or have taken adequate measures to compensate for any residual limitations. For physical or psychiatric problems, please side of the same and address of treating physician who can confirm that you are either fully recovered or have taken adequate measures to compensate for any residual limitations. For physical or psychiatric problems, please side of the same and address of treating physician who can confirm that you are either fully recovered or have taken adequate measures to compensate for any residual limitations. For physical or psychiatric problems, please side of the same and address of treating physician who can confirm that you are either fully recovered or have taken adequate measures to compensate for any residual limitations. For physical physi

regions. Indicate and limit response to methods and progress in recovery since your last renewal. Physicians residing in Maine, whether or not they are current members of the Maine Medical Association, may obtain a confidential consultation with the Maine Medical Association's Committee on Physician Health by calling (207) 623-9266.

Item 15-9, regarding professional liability claims experience, is the question most likely to generate follow up letters from Board staff and delay in your license renewal if not answered completely. Report all claims of which you have been noticed since last renewal. As well, report all claims since your last renewal from which you were dismissed as a defendant or for which your insurance company made a settlement of any kind with the plaintiff or any claim for which a court found you liable in any degree. (Claims against a professional corporation are considered a claim against the individual licensee who provided the professional services in dispute.) To be complete, your supplemental explanation must include, for each such claim reported, a full description using the format of the following fictitious example:

Identity of Case: Burns v. John B. Doe, MD, Samuel E. Smith, MD, Topeka Women's Hospital, Inc. et al.; Kansas Third Circuit Court, Topeka, Case #89-10203

Date/Place of Original Occurrence: June 4, 1990, Topeka Women's Hospital

Cause Alleged by Claimant: Delayed diagnosis of ectopic pregnancy.

Summary of my Defense: I was a PGY II resident at the time. Dr. Samuel E. Smith, Chief of Obstetrics, Topeka Women's Hospital was attending physician in the case. I was named in the claim because my name appears in the chart as the physician ordering ultrasonography on first hospital day.

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

Name and Address of Insurance Company/Attorney Defending Case: Great Plains Physicians' Mutual Indemnity, Attn: Jim Brown, Claims Manager, 4321 Ketcham Blvd. Rock Springs, SD 79104. I am also represented by William B. Eagle, Eagle Hare P.A., 44 West River Drive, Suite 200, Topeka, KS 60301.

PROGRAM FOR CONTINUING PROFESSIONAL DEVELOPMENT

ACOG COGNATE PROGRAM

409 12th Street, SW PO Box 96920 Washington, DC 20090-6920 (800) 673-8444 • (202) 863-2405

TRANSCRIPT

ACOG ID NUMBER

F 0264904

PAGE NO. 1

G. Paul Savidge MD 619 Brighton Ave Portland, ME 04102-2350

COGNATES REPORTED THRU 12-31-1998

DATE OF ISSUE **01/15/99**

TOTAL AWARD COGNATE HOURS

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PAUL SAVIDGE ND

has attended

Washington, DC 20024-2188 ACOG Cognate Program 409 12th Street, SW

THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS

Non-Fellows retain both copies

FELLOW/JUNIOR FELLOW COPY

G. Paul Davidge, M.D.

has attended

Washington, DC 20090-6920 PO Box 96920 ACOG Cognate Program

ONF WOMENS HEALTH CARE

THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS

ACOG Educational Affiliates / Non-Fellows retain both copies
FELLOW/JUNIOR FELLOW COPY

License Number:

Certificate Printed:



3/3101-0444/0.

State of Maine

Maine Board of Licensure in Medicine

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

Application for Maine Medical License Registration

Fee: \$200 UNLESS AGE 70 OR OLDER BY LICENSE EXPIRATION DATE OF 05/31/97

Please remit with application by check/money order payable to "Maine Board of Licensure in Medicine". Renewal fee not required if at least age 70, or if withdrawing from license registration.

NAME/ADDRESS OF RECORD

G Paul Savidge, MD 619 Brighton Ave. Portland ME 04102

License No

008503

Daytime Phone No. (207) 773-7261

Social Security

Date of Birth

For Ofc Use

Exempt

Late \$ Date Posted:

Type of Registration C	lassification for Wh	ich Applying:

_	(1.)	am	applying	tor	an initial	license to	o practice	medicine i	in M	vlaine.
-	10 11			£	A OTD/E					

am applying for ACTIVE registration, based on evidence of CME qualification filed with this application.

(3.) I am applying for INACTIVE registration. I have therefore not submitted evidence of CME qualification. Without prior application and approval from the Board, I certify that I will not provide professional services Maine in any degree, including the writing of prescriptions for myself, family, or friends.

(4.) I am applying for reinstatement of my Maine license.

(5.) I request to WITHDRAW my Maine license from registration. I acknowledge that reinstatement is not possible after 5 years. (In order to apply for withdrawal you must complete entire form, date, sign, and return by due date omitting payment of renewal application fee.)

	Person	al Data Update:	
A. If the	e spelling of your name, social security number, o ibly print the correct information.	r date of birth preprinted above are not correct, please	circle the error
PRACT	ICE. You may designate which of the two you w	and phone and the address and phone of your PRINCIP, ish to be used for mailings from the Board. Note however ished by the Board in listings and publications available	er that the address
(6.) □ F	Prefer Board contact me at home.		
	Home Mailing Address	If your home address is incorrect, please correct here	-
-	Home Phone on the Samuel		
(7.) X P	Prefer Board contact me at office.		
Γ	Office Mailing Address	If your office address is incorrect, please correct here	
(619 Brighton Ave.		_
F	Portland ME 04102		-
	Office Phone: (207) 773-7261		-
	present I practice medicine (check all that apply:) your practice data is incorrect, please correct	actice Data	Check here if ABMS certified in this specialt
in	the space provided	(9.) Primary Specialty: Obstetrics	and Gynecology
⊠ Full 1	Time	(10.) Sub-specialty 1:	
🗖 Part	Time 🔀 İn Partnership or Group	(11.) Sub-specialty 2:	
☐ Solo	🔲 I Have Retired	(12.) I am ABMS Specialty Board (Board Name):	certified by:
□ Do N	lot See Patients	(Bodiu Name).	<u>. 45 - L</u>
	Administrative, arch, Teaching, etc.)		
	Lisc Difference	y Insurance Data:	
ııtnough	maintenance of professional liability insurance is	not a requirement for Maine licensure, the Board is requ	ired to provide data about

each licensee's source of insurance, if any, to the Superintendent of Insurance to aid in the administration of the Maine Rural Health Access Program pursuant to PL (1990) Ch. 931. (Complete Only if Applying for Registration in "Active" status.)

(13.) Regardless of specialty interest or scope of your medical practice in Maine, do you have in effect a policy insuring you against liability for professional regularized majoractical
orossonal negligeneemicalear malpiactice:	i lease make changes it appropriate.		-	
surance Company (Name, Address)	Yes No			•
Em Saul	Policy #:			

Saint Paul

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

Background Data

(All Applicants Must Complete)

(14.) Other than in Maine, I currently hold, or I have at one time held, a permanent license to practice medicine in the following states (or territories) of the United States or provinces of Canada (exclude temporary, Locum tenens, or permits/certificates allowing training in the capacity of clinical clerk, intern, resident, or fellow): (Please make corrections to information below)

St	rate Certificate#	Expiration Date	Present Status	Please add to or correct any of the entries listed	at left:	
) S III	nave never held a permanent medic	cal practice license	e except in Ma	ine.	•	
(15.) H	lave you ever: (Circle the appropriate i	response.)				
(15-1)	Had any state or territory of the U.S. of disciplinary action against the license suspension, revocation, or restrictions	issued to you in tha	t jurisdiction (inc	R deny your application for any license, taken any cluding but not limited to warning, reprimand, fine, a or without monitoring?)	NO YES	
(15-2)	Left a medical licensing jurisdiction v	while allegations we	e pending?		(NO) YES	
(15-3)	Been denied registration by the U.S. I restricted, suspended, or revoked? Ha to prescribe or dispense controlled sul	as any state or provis	dministration (D nce denied, restri	EA) or has your DEA Registration ever been modified, cted, modified, suspended, or revoked your state permit	NO YES	
(15-4)	Received a sanction from Medicare or	r from a state Medic	aid program?		NO YES	
SINCE	LAST RENEWAL, HAVE YOU HAD ANY	OF THE FOLLOWING	OCCURRENCES	5? (Circle the appropriate response.)		
(15-5)	Suffered from any physical, psychiatrias a physician or resulted in an inabili			npair or require limitations on your functioning ine for more than 30 days?	NO YES	
(15-6)	Been indicted, arrested or convicted o or parking violations)?	f any criminal offen	se (including mo	tor vehicle offenses but not including minor traffic	NO YES	
(15-7)	Hospital (or similar health care institution withdrawn involuntarily; or, you volu	tion) privileges which ntarily surrendered p	ch had previosly privileges or resig	been granted to you were suspended, restricted, gned from staff membership while under peer review?	NO YES	
(15-8)	Disciplined by a professional society	or resigned while ac	cusation was pen	ding?	NO YES	
(15-9)	A pending claim or suit alleging malpractice liability, a claim settlement by negotiation/arbitration, or judgement by a court in a claim of medical malpractice liability in which you are/were named as a defendant with any degree of liability including "nuisance" suits and including settlements made by your insurance company/respresentatives without your express consent? (see Instructions)					
(15-10)	Been notified by the licensing board of and those allegations are not now disn which remain open as of the date of the	nissed by a finding o	of that board that	the existence of allegations, filed with or by that board, the allegations were without merit? (Note: accusations see and explanation.)	NO YES	
(15-11)	Do you practice medicine within the S	State of Maine witho	ut "active" medic	cal staff privileges at a Maine hospital?	NO YES	
(15-12)	Do you practice medicine in a state or in the jurisdiction where you practice?	province other than	Maine without "	Active" medical staff privileges at a hospital operating	NO YES	
	(Any "Yes" response r	nust be explained fully	on a separate, att	ached 8 x 11 sheet of paper cross-referenced by question number.)		
ļ	Note: Any missing entry will read	or this application incom	unlete and may sub-	jact you to a late application abance of \$100. Also failure to analogo the	(harwarea)	

Note: Any missing entry will render this application incomplete and may subject you to a late application charge of \$100. Also failure to enclose the appropriate renewal application fee or provide evidence of CME qualification if applying for ACTIVE status will render your application incomplete.

		AFFIDAVIT OF APPLICA	<u>TION</u>		nnigeral ga	
Il applicants must personally	sign and date whether applying for	"active" or "mactive" registration	of license or reques	ing withdrawal of regis	stration.)	
	rry that all information entered and					
nderstand that any false state	ment may be found to be a ground	for discipline of my license to prac-	tice medicine in M	ine pursuant to 32 M R	S.A. §3282-A(2)	
	y to notify the Maine Board of Lic- vithin 10 days-of a change in my pl			this from that reported i	ere and, in	
Date	1/10/199	Signature	$\mathcal{A}\mathcal{U}$	51/1/azi	the	
Date,		Typed or Printed Name	$-\lambda //\xi '$	$x_{r} \in \mathcal{M}_{r} \times \mathcal{M}_{r}$	$\mathcal{J}_{-\sigma}$, M.D	
		Typed of Timed Name_	1, 1,2,	3 1 6 6 6 6 7	1/2/-3/-2 , IVI.D	

For Ofc Use			
Staff Rev Date: 5-30-4 Recommendation:	0 C M (N. Committee of the Com	
Staff Rev Date: Recommendation: _			

CONTINUING MEDICAL EDUCATION REPORTING LOG

For reporting CME credits earned during the 24 months preceeding expiration date 5/31/97

Maine	License	Number:
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008503

Name: Savidge, G Paul

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Category I includes programs that have received accreditation by the AMA Council on Medical Education, the Accreditation Council for Continuing Medical Education (ACCME), or the Committee on CME of the Maine Medical Association. [Refer to 32 M.R.S.A. §13 of the Rules and Regulations of the Maine Board of Licensure in Medicine for specific rules and definitions.] Forty (40) CME credits must be in Category I.

ACCREDITED SPONSOR	LOCATION OF ACTIVITY	DESCRIPTION OF ACTIVITY	DATES ATTENDED	CREDITS EARNED
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Sle A	FCOG List	GONATES, Sheet	12/16/95	
MMC	Portland	Grand Rounds	1995	8
Graduate Hos	sould Southers	N.M. 94al of Pice Proces	At1/16-19/96	18
WMC.	PONTHAND	Frank Bounds	1996	5
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			٠,	
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(If you need additional space, please attach separate sheet of paper.)

TOTAL	CATEGORY	LOPENITS

CATEGORY II

Category II includes programs with non-accredited sponsorship, i.e., Medical Teaching, Papers, Books, Publications, and Exhibits. Also included are non-supervised individual CME activities and other Meritorious Learning Experiences. [Refer to 32 M.R.S.A. §13 of the Rules and Regulations of the Maine Board of Licensure in Medicine for more specific rules and definitions.] Sixty (60) Credits Required.

Note: Category I may be substituted for Category II.

TYPE OF ACTIVITY	LOCATION/CITY/STATE	DESCRIPTION OF LEARNING ACTIVITY	DATES OF ACTIVITY CREDITS
Medical.	MMC=Merce	1/tom Phectives to	1995-96 50
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ŷ		(C) Tooken't or	recentor.
		for wede	eal students
 			

,			TOTAL CATEGORY II CREDITS 5
AFFIDAVIT: I CERTIFY THIS LO	G TO BE A TRUE AND CORRECT REPORT OF M	IN CME ACTIVITY	O illouis
Dated: 5/27/9	Physician Sig	nature:	Avidge MD:
TO BE V	ALID, FORMS MUST BE SIGNED, DA	TED, WITH THE HOURS TOTALE	ED ON EACH SECTION

Instructions for Completing Application for Maine Medical License Registration Renewal

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Item 14 asks you to list any permanent medical practice license from any state or Canadian province which you have ever held, whether or not it is still in force. Please do not list training permits or temporary/locum tenens licenses which you have been issued. If you were ever denied a license, see Items 15-1.

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Item 15-9, regarding professional liability claims experience, is the question most likely to generate follow up letters from Board staff and delay in your license renewal if not answered completely. Report all claims of which you have been noticed since last renewal. As well, report all claims since your last renewal from which you were dismissed as a defendant or for which your insurance company made a settlement of any kind with the plaintiff or any claim for which a court found you liable in any degree. (Claims against a professional corporation are considered a claim against the individual licensee who provided the professional services in dispute.) To be complete, your supplemental explanation must include, for each such claim reported, a full description using the format of the following fictitious example:

Identity of Case: Burns v. John B. Doe, MD, Samuel E. Smith, MD, Topeka Women's Hospital, Inc. et al., Kansas Third Circuit Court, Topeka, Case #89-10203

Date/Place of Original Occurrence: June 4, 1990, Topeka Women's Hospital

Cause Alleged by Claimant: Delayed diagnosis of ectopic pregnancy.

Summary of my Defense: I was a PGY II resident at the time. Dr. Samuel E. Smith, Chief of Obstetrics, Topeka Women's Hospital was attending physician in the case. I was named in the claim because my name appears in the chart as the physician ordering ultrasonography on first hospital day.

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

Name and Address of Insurance Company/Attorney Defending Case: Great Plains Physicians' Mutual Indemnity, Attn: Jim Brown, Claims Manager, 4321 Ketcham Blvd. Rock Springs, SD 79104. I am also represented by William B. Eagle, Eagle. Hare P.A., 44 West River Drive, Suite 200, Topeka, KS 60301.

* * * *

619 Brighton Avenue Portland, Maine 04102 207-878-2800 207-773-7261 Fax 207-774-6493



Carol D. Altman, M.D., FACOG Janet I. Andrews, M.D. James F. Flaherty, D.O., FACOG Emil C. Gotschlich, M.D., FACOG Robert H. McRea, D.O., FACOOG G. Paul Savidge, M.D., FACOG Anne Marie van Hengel, M.D., FACOG James W. Wilberg, M.D., FACOG

Background Data

Question 15-9

Outstanding malpractice claim against physician --

RE:

Insured: G. Paul Savidge, M.D.

Claimant:

File No. DM06604644-18A004

D/L: 11/18/92

Patient developed wound infection which progressed to necrotizing fasciitis. She required multiple surgeries to repair her abdominal wall defect. She is presently doing very well without serious long term problems. Her claim is that there was delayed diagnosis which allowed a limited wound infection to worsen into a serious complication.

This case is presently under arrangements for mediation. Lawyer representing me is Christopher Nyhan of Portland. Recent pre-trial arbitration panel resulted in a unanimous decision for both insured and claimant.

GP. Savidge M.D.

0264904

G PAUL SAVIDGE MD

has attended

ACOG Cognate Program 409 12th Street, SW Washington, DC 20024-2188

GENETICS IN OG/GYN: THE SCIENCE & ETHICS COLLEGE OF P&S, COLUMBIA UNIV 06/03/1995 IN NEW YORK, NY 6 COGNATES

100

THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS

Non-Fellows retain both copies FELLOW/ JUNIOR FELLOW COPY



CONTINUING MEDICAL EDUCATION CERTIFICATE

DATES: JANUARY - DECEMBER 1996

AS AN ORGANIZATION ACCREDITED FOR CONTINUING MEDICAL EDUCATION, THE MAINE MEDICAL CENTER, DEPARTMENT OF OBSTETRICS AND GYNECOLOGY CERTIFIES THAT:

G. PAUL SAVIDGE, M.D.

ATTENDED A TOTAL OF:

4 GRAND ROUNDS CONFERENCES

1 PERINATAL CONFERENCE

THESE CONTINUING MEDICAL EDUCATION ACTIVITIES CONSTITUTE A TOTAL OF 5 CATEGORY I CREDIT HOURS.

DATE: FEBRUARY 6, 1997

HECTOR M. TARRAZA, M.D.

CHAIRMAN

DEPARTMENT OF OBSTETRICS AND GYNECOLOGY



CONTINUING MEDICAL EDUCATION CERTIFICATE

DATES: JANUARY - DECEMBER 1995

AS AN ORGANIZATION ACCREDITED FOR CONTINUING MEDICAL EDUCATION, THE MAINE MEDICAL CENTER, DEPARTMENT OF OBSTETRICS AND GYNECOLOGY CERTIFIES THAT:

PAUL SAVIDGE, M.D.

HAS ATTENDED 6 GRAND ROUNDS AND 2 SUBSPECIALTY CONFERENCES FOR THE YEAR OF 1995. THESE CONTINUING MEDICAL EDUCATION ACTIVITIES CONSTITUTE A TOTAL OF (8) CATEGORY I CREDIT HOURS.

DATE: FEBRUARY 5, 1996

HECTOR M. TARRAZA, M.D.
INTERIM CHIEF
DEPARTMENT OF OBSTETRICS AND GYNECOLOGY

362 1

THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS



11/02/92

06/04/93

09/22/93 11/15/93 04/24/94

06/03/95 12/16/95

REMINDER:

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PROGRAM FOR CONTINUING PROFESSIONAL DEVELOPMENT

ACOG COGNATE PROGRAM

409 12th Street, S.W. Washington, D.C. 20024-2188 (800) 673-8444 • (202) 863-2402

CME ACTIVITY

COURSE/MEETING COURSE/MEETING COURSE/MEETING COURSE/MEETING COURSE/MEETING

TRANSCRIPT

ACOG ID NUMBER

F 0264904

<u>Paul Savid</u>ge MD

PAGE NO 1

Cognates Reported Thru March 31, 1996

POSTGRADUATE COURSE/MEETING POSTGRADUATE COURSE/MEETING

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DATE OF ISSUE 04/01/96

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REPORTING CAT. I CAT. II TOTAL	SUMMARY (OF COGNATE HO	URS FOR SECON	DARY CYCLE
	REPORTING YEARS	CAT. I	CAT. II	TOTAL.



November 16–19, 1996 Santa Fe, New Mexico

Accreditation Statement:

The Graduate Hospital is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education for physicians

The Graduate Hospital designates this continuing medical education activity for 18 credit bours in Categrory I of the Physician's Recognition Award of the American Medical Association.

PAUL SAVIDGE, M.D.

Name of Attendee

THE GRADUATE HOSPITAL

Continuing Medical Education

State of Maine Board of Licensure in Medicine

Street, State House Station #137, Augusta, ME 04333 (207) 287-3601

) 1995 plication for Maine Medical License Registration

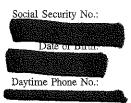
Fee: Please	\$ PARD OF LICENSUME IN LABOURNE PROPERTY STATES OF AGE OR OLDER BY 6/1/95 Temit with application by check/money order payable to "Maine Board of Licensure in Medicine". Renewal fee not req	mired if at least age
	if withdrawing from license registration.	
	NIAME/ADDDEDG OF DECOND I TOPNOD #	

NAME/ADDRESS OF RECORD

LICENSE #

120/ 2477	3107	-097	3/B	-15
2777	-,-,	-0 ,		

PAUL SAVIDGE MD 008503



Type of Registration Classification for Which Applying:

	(1.) I am applying for an initial license to practice medicine in Maine.
	(2.) I am applying for ACTIVE registration, based on evidence of CME qualification on file with the Board, to practice medicine in Maine.
٦	(3.) I am applying for INACTIVE registration. I have therefore not submitted evidence of CME qualification. Without prior application to and approval from the

(4.) I am applying for reinstatement of my Maine license.

prescriptions for myself, family, or friends.

(5.) I request to WITHDRAW my Maine license from registration. I acknowledge that reinstatement is not possible after 5 years. (In order to apply for withdrawal you must complete entire form, date, sign, and return by due date omitting payment of renewal application fee.)

Personal Data Update:

A. If the spelling of your name, social security number, or date of birth preprinted above are not correct, please circle the error and legibly print the correct information on the adjacent line. Please correct an error in your current mailing address in section B below,

B. The Board requires both your home address and phone and the address and phone of your principal place of medical practice. You may designate which of the two you wish to be used for mailings from the Board. Note however that the address designated for that purpose will also be the address published by the Board in listings and publications available to the general public.

(4.) Home Mailing Address - as above or: 249 Foreside Ro4d FALUOVA, Mr. 09105	(5.) Office Mailing Address - as above or:
(6.) Home Phone: () 75/-2/65 Prefer Board contact me at home.	(7.) Office Phone: () (3.74) (3.44)
(8.) At present I practice medicine (check all that apply:) Full Time Part Time Sole	Practice Data (9.) Practice Specialty (ies): Primary Speciality: (10.) Sub-specialty 1:
	(11.) Sub-specialty 2: (12.) I am ABMS Specialty Board certified by: (Board Name): Liability Insurance Data

Although maintenance of professional liability insurance is not a requirement for Maine licensure, the Board is required to provide data about each licensee's source of insurance, if any, to the Superintendent of Insurance to aid in the administration of the Maine Rural Health Access Program pursuant to PL (1990) Ch. 931. (Complete Only if Applying for Registration in "ACTIVE" status.)

(13.) Regardless of specialty interest or scope of your medical practice in Maine, do you have in effect a policy insuring you against liability for professional negligence/medical malpractice?

YES NO. I am self-insured	• If yes, identify insurance company and your policy number:
Medical Mutual of Maine, Policy #Other: Name of Company	Saint Paul, Policy # Policy #
Address:	CityState Zip
Are premiums for your professional liability insural Name of Hospital/Employer:	ice paid by a Hospital or other employer?YESNO

For Ofc Use Ins Code:

(All Ap	plicants Must Complete)	
(14,) Ot States o	ther than in Maine, I currently hold, or I have at one time held, a permanent license to practice medicine in the following states (or territories) of the United r provinces of Canada (exclude temporary, Locum tenens, or permits/certificates allowing training in the capacity of clinical clerk, intern, resident, or fellow):	
		
	have never held a permanent medical practice license except in Maine.	
Licensii	Present Status (i.e., in force, expired, etc.) Present Status (i.e., in force, expired, etc.)	
(15.) Ha	ive you ever:	
(15-1)	Had any state or territory of the U.S. or province/territory of Canada ever deny your application for any type of license, taken any disciplinary action against the license issued to you in that jurisdiction (including but not limited to warning, reprimand, fine, suspension, revocation, or restrictions in permitted practice, probation with or without monitoring?)	NO YE
(15-2)	Left a medical licensing jurisdiction while allegations were pending?	NO YE
(15-3)	Been denied registration by the U.S. Drug Enforcement Administration (DEA) or has your DEA Registration ever been modified, restricted, suspended, or revoked? Has any state or province denied, restricted, modified, suspended, or revoked your state permit to prescribe or dispense controlled substances?	NO) YE
(15-4)	Received a sanction from Medicare or from a state Medicaid program?	(NO) YES
SINCE	LAST RENEWAL, HAVE YOU HAD ANY OF THE FOLLOWING OCCURRENCES? (Circle the appropriate response.)	
(15-5)	Suffered from any physical, psychiatric, or addictive disorder that would impair or require limitations on your functioning as a physician or resulted in an inability to engage in the practice of medicine for more than 30 days?	NO YES
(15-6)	Been arrested or convicted of any criminal offense (including motor vehicle offenses but not including minor traffic or parking violations)?	(NO) YES
(15-7)	Hospital (or similar health care institution) privileges which had previously been granted to you were suspended, restricted, withdrawn involuntarily; or, you voluntarily surrendered privileges or resigned from staff membership while under peer review?	NO YES
(15-8)	Disciplined by a professional society or resigned while accusation was pending?	NO YES
(15-9)	A pending claim or suit alleging malpractice liability, a claim settlement by negotiation/arbitration, or judgement by a court in a claim of medical malpractice liability in which you are/were named as a defendant with any degree of liability including "nuisance" suits and including settlements made by your insurance company/representatives without your express consent? (See Instructions)	NO YES
(15-10)	Been notified by the licensing board of any state or province of Canada of the existence of allegations, filed with or by that board, and those allegations are not now dismissed by a finding of that board that the allegations were without merit? (Note: accusations which remain open as of the date of this application require a "Yes" response and explanation.)	(NO) YES
(15-11)	Do you practice medicine within the State of Maine without "active" medical staff privileges at a Maine hospital?	NO YES
(15-12)	Do you practice medicine in a state or province other than Maine without "active" medical staff privileges at a hospital operating in the jurisdiction where you practice?	NO YES
(Any ")	Yes" response must be explained fully on a separate, attached 8 x 11 sheet of paper cross-referenced by question number.)	-
	NOTE: Any missing entry will render this application incomplete and may subject you to a late application charge of \$100. Also failure to enclose the appropriate renewal application fee or provide evidence of CME qualification if applying for ACTIVE status will render your application incomplete.	Simon and the second se
	AFFIDAVIT OF APPLICATION	
(All ap	plicants must personally sign and date whether applying for "active" or "inactive" registration of license or requesting withdrawal of registration.)	
ground	n under penalties of perjury that all information entered and responses given on this application are true and accurate to the best of my knowledge and belief. I understand that any false statement may be for discipline of my license to practice medicine in Maine pursuant to 32 M.R.S.A. §3282-A(2). I acknowledge my responsibility to notify the Maine Board of Licensure in Medicine of any subsequent from that reported here and, in particular to notify the Board within 10 days of a change in my place of medical practicy or place of residence.	e found to be a change in my
Date:	5/76/95 Signature: Stawl Hudge and	, M.D.
	Typed or Printed Name: A CALLAGE MA	, M.D.
		F
For Of	: Use	
Staff	Rev Date: 5/36/95 Recommendation: OK DOS	
Exec	Rev Date: Recommendation:	

CONTINUING MEDICAL EDUCATION REPORTING LOG

For reporting CME credi	ts earned from January 1, 19	94 to expiration date of lice	nse or 24 months	ending05	731/95
Maine License Number	008503	Name	G PAUL SAU	IDGE MD	A
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Committee on CME, or tand Regulations of the M	rams that have received accrethe Committee on CME of the Maine Board of Licensure in	ne Maine Medical Association	n. [Refer to 32 M	R.S.A. §13 of t	he Rules
be in Category I.	LOCATION OF ACTIVITY		V V	DATED ATTENDED	الاستوار فر در ۱ مید ایان میداد میداشد املات
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Exhibits. Also included a M.R.S.A. §13 of the Rul definitions.] 60 Credits I	grams with non-accredited spare non-supervised individuales and Regulations of the Macquired.	oonsorship, i.e., Medical Teal CME activities and other N	Ieritorious Learnir	g Experiences.	[Refer to 32
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Dated:	1 1 1	Physician Signature: 🗘	ILYAKA VA	الأرا ورساسان	1118/11

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Items 15-1 through 15-4 refer to events which may have occurred at any time since you completed your medical education and commenced your medical career.

Items 15-5 through 15-12 ask you to disclose events which have occurred since July 1, 1994. You need not report again matters which were disclosed on previous applications unless you feel it would be helpful to our understanding of your current qualification for medical practice. For example, you need not report a malpractice claim which arose and was settled prior to July 1994. On the other hand, a claim filed in 1986 which was closed by a settlement since July 1994 should be reported.

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Item 15-9, regarding professional liability claims experience, is the question most likely to generate follow up letters from Board staff and delay in your license renewal if not answered completely. Report all claims of which you have been noticed since July 1, 1994. As well, report all claims since July 1, 1994 from which you were dismissed as a defendant or for which you or your insurance company made a settlement of any kind with the plaintiff or any claim for which a court found you liable in any degree. (Claims against a professional corporation are considered a claim against the individual licensee who provided the professional services in dispute.) To be complete, your supplemental explanation must include, for each such claim reported, a full description using the format of the following fictitious example:

Identity of Case: Burns v. John B. Doe, MD, Samuel E. Smith, MD, Topeka Women's Hospital, Inc. et al.; Kansas Third Circuit Court, Topeka, Case #89-10203

Date/Place of Original Occurrence: June 4, 1990, Topeka Women's Hospital

Cause Alleged by Claimant: Delayed diagnosis of ectopic pregnancy.

Summary of my Defense: I was a PGY II resident at the time. Dr. Samuel E. Smith, Chief of Obstetrics, Topeka Women's Hospital was attending physician in the case. I was named in the claim because my name appears in the chart as the physician ordering ultrasonography on first hospital day.

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

Name and Address of Insurance Company/Attorney Defending this Case: Great Plains Physicians' Mutual Indemnity, Attn: Jim Brown, Claims Manager, 4321 Ketcham Blvd, Rock Springs, SD 79104. I am also represented by William B. Eagle, Eagle & Hare P.A., 44 West River Drive, Suite 200, Topeka, KS 60301.

* * * *

WIT RESTRICTED TO	State of Maine Coffee BOARD OF REGISTRATION IN ME	DICINE FACTOR DE \$102 00
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	to practice medicine and surgery in the State George PAU Middle	Male X Social Security No.
PROPOSED RESIDENCE	Portland, Me.	BIRTHPLACE TIENTON N.J. City State BIRTHDATE Cong Your
APPLICANT MUST SIGN HE NOTARY PUBLIC, WHO MUS	given in this application is true and accurate and the STELL NAME IN THE PRESENCE OF A TO COMPLETE THE AFFIDAVIT AND AFFIX ORTION OF THE PHOTOGRAPH.	
(Signed) Subscribed and sworn to before me to (Signed) Subscribed and sworn to before me to (Signed) Subscribed for the State of	WEIGHT E CAMPBELL	
(3) MEDICAL LICENSURE	Ma. 31-4600473 collised in New York County mission Expires March 30 less pe teld in the U.S. or Canada currently or in the Date State 8/25/73	1. "在多个量的工作的1991年," 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
MEDICAL EDUCATION List names and locations of Columbia Univ		Tide of Deep Conformed M.D., M.S. U.S.) #-Surgeout M.D., M.S. U.S.)
SPECIALTYObcto	ctrics - Gyvecolog 7 Americanty Board	ican Board Carriffed: 17 Vec Date

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Columbia University ADDRESS 630 West 168th Street New York, New York 10032		
NAME OF SCHOOL OFFICIAL (Print)	TITLE	`\
Idaebla C. Antosik	Associate Registrar / Scho	ool '
SIGNATURE OF SCHOOL OF ICIAL	DATE OF SIGNATURE Sea	· . (
It is hereby certified that the above named	ER OF MEDICAL SOCIETY — By Official of County or State Medical Society of applicant is an ethical practitioner of good moral and professional character and is	s recon
manded without reservation for licensure to	o practice medicine in the State of Maine.	
NAME OF MEDICAL SOCIETY	NAME OF SOCIETY OFFICIAL (Print)	- 16. - 1
	Title	
s this applicant a member of this Medical S	Society? _Ym _No	
SIGNATURE OF OFFICIAL 2		
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RECOMMENDATION OF PHYSIC cartify that I am acquainted with the above of good moral and professional character. NAME (Print) Raymond McCaffrey, Caffrey, Caffrey, Caffrey	ve named applicant and that to the best of my knowledge and belief, said applicant is	20 20 20 20 20 20 20 20 20 20 20 20 20 2
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8503 AFFIDAVITOF APPLICANT , being first duly sworn, depose and say that I a going application and have answered them completely, without resentations of any kind, and I declare I statements made by me herein sie true and correct. Should I furnish any false information in this applica-te cause for the denial, suspension or revocation of my license to practice medicine and surgery in the State ne Cod Professor Cod Commissions, my references, personal physicians, employers (past and present), business and sent) and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to this licensing ands required by the Board for its evaluation of my professional and ethical qualifications for Economy is and State of o the Board of Registration in Madicins to transmit any information contained in this application, or information is Been, to any agency, organization, hospital, or individual, who, in the judgement of the Board, has a legitimate insur-APPLICANT MUST SIGN HIS FULL NAME IN THE PRESENCE OF A NOTARY PUBLIC, WHO MUST COMPLETE THE AFFIDAVIT AND AFFIX NOTARIAL SEAL OVER APPLICANT'S SIGNATURE. WINDY I. CAMPAL'A.
MOTERY PUBLIC. State of New York No. 31-4600473 Duclified in New York County Demmission Expires March 30 1987 INSTRUCTIONS FOR COMPLETING THE APPLICATION - PLEASE READ CAREFULLY Type or print clearly in ink. Answer all questions. CERTIFIED thack or money order for \$102 (includes \$2 certificate fee) must accompany application. The Board will acknowledge receipt of your application within two weeks. Please allow 45 days for verification and evaluation of credentials. Phone or written inquiry during this interval will only result in additional delay. Procedures for completing sections 7, 8, and 10 of the application: Section 7: American or Canadian Medical School graduates: Forward this form to your medical school for completion and cartification. Foreign Medical Graduates: Submit notarized photocopies of your medical school diploma with notarized translation. 的复数化水水砂 网络多有沙克姆德斯姆特尔 Section 8: If you are not a member of a specifical society, nor currently enrolled in a post-graduate training program, provide a written emigration. Section 10: All applicants must forward FORM II, Section 10, AFTER COMPLETING AUTHORIZATION, to: 1) the Medical Board of the State where they were licensed by written examination, OR 2) If licensed by endorsement of National Board or other certification, to the Medical Board of the State or Province where they are currently licensed, AND request from one of the following, as applicable, that certification and scores be sent directly to this Board: a) National Board of Medical Examiners, 3930 Chestrust St., Philadelphia, Pa., 19104 b) (FLEX) The Federation of State Medical Boards, 1612 Summit Avenue, Suite 308, Fort Worth, Texas 76102 c) The Medical Council of Canada, 1867 Alta Vista Drive, Box 8234, Ottawa, Canada K1G 3H7 5. FOREIGN MEDICAL GRADUATES must provide a notarized copy of their standard ECFMG Certificate. "Fifth Pathway applicants must provide certificate of supervised clinical training and certificate of 12-month post-graduets training in AMA approved institutions. Notarized documentation of ANY NAME CHANGE must accompany application. ALL SUPPORTING DOCUMENTS MUST BE NO LARGER THAN 8%" x 11" and MUST BE NOTARIZED. Incomplete applications, or those received without the required fee and/or documents will not be accepted.

NOTE THE PUBLIC WHEN DESCRIPTION

8503 Forward this form to the Medical Board of the State in which you were licensed by written examination or if license basis of National Board certification, to Medical Board of state in which you are currently practicing. RECIPACCITY/ENDORSEMENT CERTIFICATION MAINE AUTHORIZATION TO RELEASE INFORMATION TΩ As an applicant for medical licensure in the Stary of Maine, I hereby authorize you to release any information in your files, favorable or otherwise, directly to the Maine Board of Registration in Medicine. Paul JAVIGE MD NAME; (Print) GEORGE PAUL SAVIDGE ADDRESS: (Print) (DO NOT DETACH) TO BE COMPLETED BY THE SECRETARY OR OFFICIAL OF THE MEDICAL BOARD The following is a verbatim copy of Licentiate's Certificate or State License: LICENSURE IS PERMANENT. BIENNIAL REGISTRATION IS REQUIRED ONLY IF LICENSEE IS ACTUALLY PRACTICING IN NEW YORK STATE 4 See Stamps in good standing. If reply is YES to any of the following questions, please give details on reverse side. Has the holder of this certificate ever been summoned to appear before your Board? No Knewladge Has the holder of this certificate ever been placed on probation? Has this certificate or license ever tipen suspended or revoked? Do your files contain any derogatory information about this licentiate? AFFIDAVIT OF EXECUTIVE OFFICER I hereby certify that the above is a true copy of certificate or license number 117198 issued to Dr. Hescop C Joria the basis of written examination on the basis of endorsement of/reciprocity with <u>Naturnal</u> and that the information contained herein is true to the best of my knowledge. Licentiate passed a written examination in the following subjects and received a general average of Subject Medicine RECEIVED Surgery Physiology ... Obstetrics Biochemistry JUNO 1 1976 Public Health Pathology STATE BURKE BOR MEDICINE Microbiology Psychiatry Pharmacology..... CLINICAL SCIENCE AVERAGE BASIC SCIENCE AVERAGE BHASION OF PEOPESSICHAE LICENSING SERVICES CLINICAL COMP. AVERAGE

Please return completed form directly to:

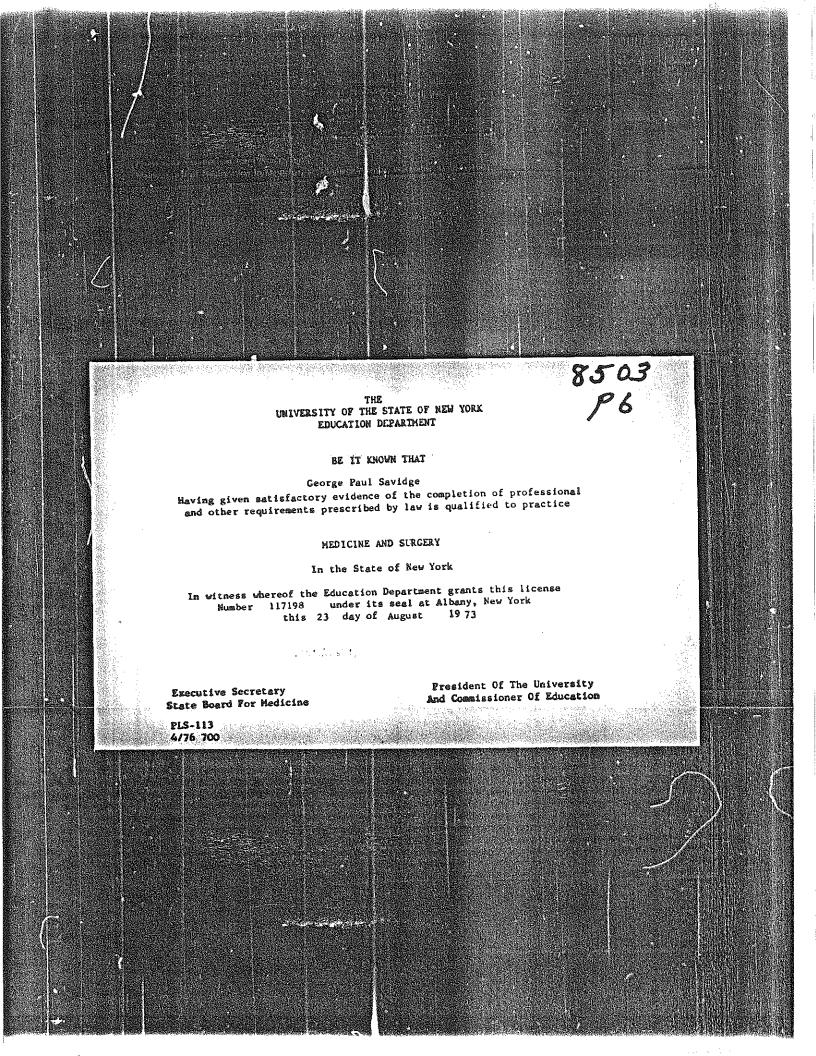
Name of Medical Board

Signature of Official.

Maine Board of Registration in Medicine, 100 College Avenue, Waterville, Maine 04901.

WASHINGTON AVENUE

audrean



NATIONAL BOARD OF MEDICAL EXAMINERS

3930 CHESTNUT STREET, PHILADELPHIA PENNA 19104

10 12 mt 8503 17

ENDORSEMENT OF CERTIFICATION NATIONAL BOARD OF MEDICAL EXAMINERS OF THE UNITED STATES OF AMERICA George Paul Savidge, M.D.

having satisfied all the requirements and having successfully passed the examina-tions is hereby declared a Diplomate of the National Board of Medical Examiners.

Attest: J. D. Myers Chairman of the Board

SEAL

JOHN P. HUBBARD President of the Board

Scale

Standard

Philadelphia, Pa. July 1, 1972

PART I passed 08/18/1969 Anatomy, incl. histology and embryology

Cert. #116909

It is certified that the above is a copy of the Diplomate Certificate issued to the named physician, a graduate of COLUMBIA UNIVERSITY COLLEGE OF PHYSICIANS AND SURGEONS on 06/01/1971, whose birth date is 05/07/1943 following successful completion of all exeminations required for Certification by the National Board of Medical Exeminers. The grades obtained are as follows:

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Biochemistry	Till 120 (78 121)
Pathology (1984) 1984 1984 1984 1984 1984 1984 1984 1984	14 th 179 to th
Microbiology, incl. immunology	T. L. 10 12 12 12 12 12 12 12 12 12 12 12 12 12
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Behavioral Sciences 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	giftigier 🖚 alteit
(Minisum Passing Grade 380/75) TOTAL GRADE/AVERAGE	80
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PART II passed 04/14/ 1971: Passed 04/14/ 1971	ing i training i same i i training i i training i i .
Internal medicine and the medical specialties	79
· · · · · · · · · · · · · · · · · · ·	77
Surgery and the surgical specialties	-1 77
Chatetrics and Gynecology	- 82
Public Health and Preventive Medicine	
Pediatrics	79
Psychiatry	82
(Minisum Passing Grade 290/75) TOTAL GRADE/AVERAGE OF	79
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PART III passed 05/17/1972	
A General Test of Clinical Competence	
(Minimum Passing Grade 290/75)	81.3
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GENERAL AVERAGE (Parts I, II, and III)	80,1
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Standard and Scale Score Equivalents.	
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**Since 1966 National Board griteria for certification are hes	ad Filling

upon candidate's Total passing grade in Part I, Part II, and Part III, and not scores of individual subjects within each Part.

MAINE MEDICAL CENTER

PORTLAND MAINE 04102

ALBERT ARANSON, M.D. CHIEF, DEPT OF INTERNAL MEDI

June 21, 1976

Company to the trade to shad the

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George E. Sullivan, M.D. Secretary, Board of Registration in Medicine 100 College Avenue Waterville, Maine

Re: George P. Savidge, M.D.

Dear Dr. Sullivan: Control of the state of the second suppression of

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total description

This physician served a rotating internship in this hospital from June 1971 to June 1972. He was considered a better than average intern who performed in a very competent fashion and was of good morals and ethics. He has since had further training elsewhere in surgery and obstetrics-gynecology, but I have no knowledge of his performance after leaving here. We can recommend him highly on the casis of his internship for licensure in the State of Maine.

Sincerely,

Albert Aranson, M.D.

THE PRESBYTERIAN HOSPITAL

in the City of New York

COLUMBIA-PRESBYTERIAN MEDICAL CENTER

HIW TORK, M. Y. 18033

8503

JUN 2 8 1976

BAYMOND L. YANGE WILL H. D. of Obstanced & Gynecological Sc

June 23, 1976

Dr. George E. Sullivan, Secretary Board of Registration in Medicine 100 College Avenue Waterville, Haine 04901

Dear Dr. Sullivan:

in answer to your letter of June 16, 1976, Dr. George P. Savidge began his training in our Residency Program on July 1, 1972. At the end of his three year period, he was selected to serve for an addi-tional year as a Chief Resident. He will be completing his residency on June 30, 1976.

in the four years I have known Dr. Savidge, I have watched him develop into an extremely capable and concerned obstetrician and gynecologist. On more than one occasion, we have received letters from patients attesting to the care and consideration received from Dr. Savidge. He is a young man with the highest personal credentials, well motivated, intelligent and liked by his colleagues.

I recommend Dr. Savidge without hesitation.

Sincerely,

Raymond L. Vande Wiele, M.D.

BABIES HOSPITAL . MARKHESS PAVRION . THE EDWARD S. MARKHESS EVE INSTITUTE . NEUROLOGICAL INSTITUTE . PRESENTERIAN HOSPITAL . SLOAME HOSPITAL . SQUER UBOLOGICAL CLINIC . VANDERHAT CLINIC

THE PRESBYTERIAN HOSPITAL

in the City of New York

COLUMBIA PRESBYTERIAN MEDICAL CENTER NEW YORK, N. Y. 18632

June 21, 1976

8503 P 10

TO WHOM IT MAY CONCERN:

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This is to certify that

Dr. G. Paul Savidge satisfactorily completed the following appointments at the Presbyterian Hospital in the City of New York:

Resident in Obstetrics & Gynecology from July 1, 1972 to June 30, 1975

Chief Resident in Obstetrics & Gynecology from July 1, 1975 to June 30, 1976.

> Richan C. Divino Lillian C. Brown Unit Manager Presbyterian Hospital

LCB:mc

Sworn to before me this 21st day of June, 1976.

JOHN C KENNEDY Notary Public State of New York Pro. 41-7730800 Qualified in Qualified County Cert. Filled in New York County Comm. Expires March 30, 1976

DANA W. ATCHET PAVEION . BABIES HOSPITAL . HARRIESS PAYRION . THE EDWARD S. HARRIESS EVE INSTITUTE . REUROLOGICAL INSTITUTE
REW YORK ORTHOPAIDIC HOSPITAL . PRESPYTERIAN HOSPITAL . SLOANE HOSPITAL . SQUIRE UROLOGICAL CLINIC . WANDERBIET CLINIC

8503 JUL 9 1976 STATE OF MAINE BOARD OF REGISTRATION IN MEDICINE SECRETARY'S OFFICE 100 COLLEGE AVENUE WATERVILLE, MAINE 04901 TEL 873-4964 873-4965 Date 7 3 7 6 To: Board of Registration in Medicine Acen Eisen RE: INTERVIEW FOR MEDICAL LICENSURE # 8509 PROPOSED RESIDENCE: (Address, if known) I have interviewed the above named applicant for medical licensure in the State of Maine. Banne (TI recommend that he issued a license to practice medicine and surgery by the Board. () I recommend that he not be issued a license to practice medicine and surgery for the following reasons:

(Signed) War W. Siku u.

Hember of the Board

JUN 1 8 1976

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BOARD OF REDISTRATION IN MEDICINE

BECRETARY'S OFFICE - THE COLLEGE AVOIDS - WATERVILLE, MAINE 04901 TEL. 873-4964

June !7, 1976

George E. Sullivan, M.D. Secretary Board of Registration in Medicine Secretary's Office 100 College Avenue Waterville, Maine 04901

Dear George:

I have interviewed three doctors withen the last last few days.

Pr. Joseph C. Roberts. Urologist in Beverly Hills, is thinking of moving to Maine. He is coming in through National Boards.

V Dr. Jay Brainard, Flight Surgeon with the Naval Air base wants a Maine license to do some type of moonlighting.

Dr. Paul Savidge is joining the OB group of UcCann, Bennet, and Knowles in July. He is well trained and has a New York License and is coming in through National Boards.

Assuming all credentials are in order, I feel that all of these doctors should be granted a license.

Best regards.

George L. Harrby, 11.0.

GLHijs

8503

AMERICAN MEDICAL ASSOCIATION 535 NORTH DEARBORN STREET CHICAGO, ILLINOIS 60610

JUN 2 8 1976 8503

CENTER FOR HEALTH SERVICES RESEARCH AND DEVELOPMENT DEPARTMENT OF PHYSICIAN STATISTICS

DATE: 06-17-76

MEDICAL EDUCATION NUMBER: 63501711038 NAME: SAVIDGE.GED PAUL, M.D. MEDICAL FOU ADDRESS: PRESBYTERIAN HOSP DEPT OBG NEW YORK NY 10632

BIRTHDATE: 05/07/43 BIRTHPLACE: TRENTON, NJ

MEDICAL EDUCATION (SCHOOL YEAR): COLUMBIA UNIVERSITY COLLEGE OF PHYSICIANS AND SURGEONS, NEW YORK

1971

NATIONAL BOARD CERTIFICATION: 1972 LICENSES:

NY 1973

PHYSICIAN'S PROFESSIONAL ACTIVITIES:

NOT CLASSIFIED

PRIMARY SPECIALTY: OBSTETRICS AND GYNECOLOGY

SECONDARY SPECIALTY: UNSPECIFIED

TERTIARY SPECIALTY: UNSPECIFIED

SPECIALTY BOARD CERTIFICATION: NOT REPORTED TO DATE

MEMBER OF AMA: NOT MEMBER

NATIONAL SCIENTIFIC MEDICAL SOCIETIES: NOT REPORTED TO DATE

PROFESSORIAL APPOINTMENTS NOT REPORTED TO DATE

INTERNSHIP:

HOSPITAL: MAINE MED CENTER PORTLAND

DATES OF TRAINING: 06/71-06/72

SPECIALTYS,

RESIDENCY:

HOSPITAL: PRESBYTERIAN HOSP

NEW YORK

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DATES OF TRAINING: 07/72-06/75 SPECIALTY: OBSTETRICS AND GYNECOLOGY

SPECIALTY: UNSPECIFIED

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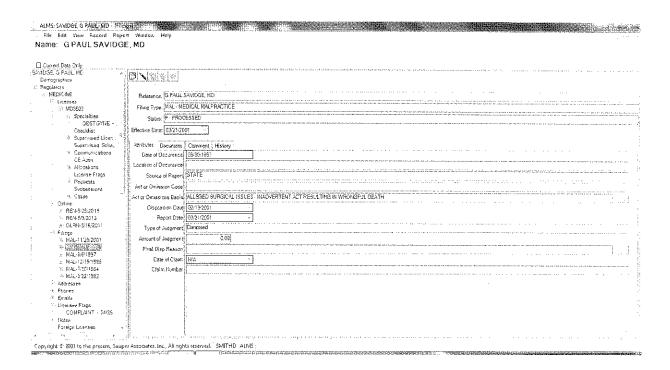
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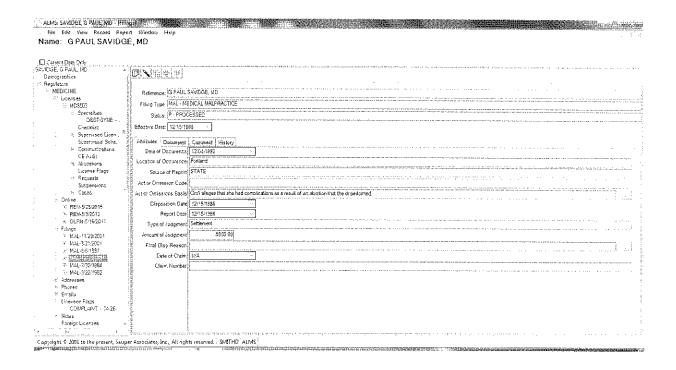
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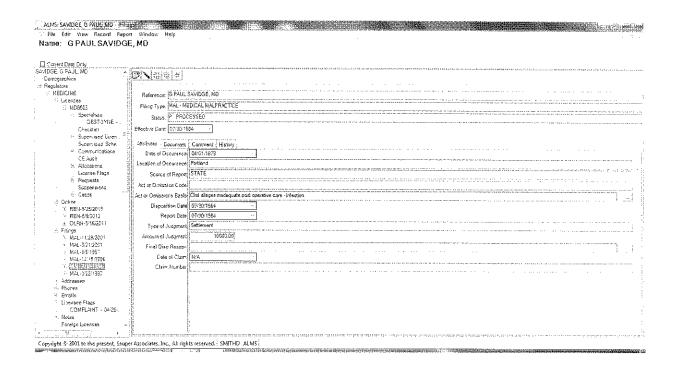
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