

Interviewer _____ Date _____
Dr. _____
Cert. No. 10274
Date issued 3/13/80

State of Maine
BOARD OF REGISTRATION IN MEDICINE
100 College Avenue, Waterville, Maine 04901

License No. 24980 6125
Medical Exam. SCPM
Nurse Exam. SCPM
Phys. Exam. SCPM
Date of Exam. 3/13/80 SCPM

APPLICATION FOR LICENSE TO PRACTICE MEDICINE BY ENDORSEMENT

on the basis of #10274
 British Medical Association
 National Board of Medical Examiners Certification # 176270
FLEX written in the State of _____ on _____ 19____
State/Province of _____ License obtained by written examination
Date of application MARCH 3 1980

① I hereby apply for license to practice medicine and surgery in the State of Maine and in support of this, submit the following information.

NAME WARD CAROL RENNIA Male
Last First Middle Female Social Security No. _____
ADDRESS _____
BIRTHPLACE E. Cleveland Ohio
City State
PROPOSED RESIDENCE SAMP (MAINE) BIRTHDATE _____
Month Day Year

② **AFFIDAVIT**

I hereby certify that the information given in this application is true and correct and that the attached is a true photograph of me.

APPLICANT MUST SIGN HIS FULL NAME IN THE PRESENCE OF A NOTARY PUBLIC, WHO MUST COMPLETE THE AFFIDAVIT AND AFFIX NOTARIAL SEAL OVER A PORTION OF THE PHOTOGRAPH.

(Signed) CAROL WARD MD
Signature of applicant

Subscribed and sworn to before me this 11th day of March, 1980

(Signed) Patrice C. Berard
Notary Public for the State of Maine



③ **MEDICAL LICENSURE**

List license applied for or held in the U.S. or Canada currently or in the past:

State	Cert. No.	Date Issued	State	Cert. No.	Date Issued
<u>MAINE</u>	<u>Temporary Education Certificate</u>	<u># 1163</u>			<u>3/1/79</u>

④ **MEDICAL EDUCATION**

List names and locations of medical schools attended:

CASE WESTERN RESERVE SCHOOL OF MEDICINE
CLEVELAND, Ohio

Title of Degree M.D., M.B., B.S.
Date Conferred JUNE 1977

4A SPECIALTY OB-GYN American Board Certified: Yes No
4B NAME OF AMERICAN SPECIALTY BOARD _____

7 CERTIFICATE OF MEDICAL EDUCATION This section must be completed by the Dean, Secretary, or principal of Medical School. (FMG's use instructions.)

It is hereby certified that the above named applicant has received the degree of Doctor of Medicine.

NAME OF MEDICAL SCHOOL: Case Western Reserve University DATES OF ATTENDANCE: # 10274
Cleveland, OH 44106 From 9-3 19 73 To 5-78 19 77
 Degree conferred M.D. on 6-3 19 77

NAME OF SCHOOL OFFICIAL (Print): Doris B. Dingle TITLE: Registrar
 SIGNATURE OF SCHOOL OFFICIAL: Doris B. Dingle DATE OF SIGNATURE: 3-18-80
 School Seal

8 RECOMMENDATION OF OFFICER OF MEDICAL SOCIETY - By Official of County or State Medical Society

It is hereby certified that the above named applicant is an ethical practitioner of good moral and professional character and is recommended without reservation for licensure to practice medicine in the State of Maine.

NAME OF MEDICAL SOCIETY: CUMBERLAND COUNTY MED. SOC. NAME OF SOCIETY OFFICIAL (Print): WESLEY J. ENGLISH M.D.
 Title: SECRETARY - TREASURER

Is this applicant a member of this Medical Society? Yes No

SIGNATURE OF OFFICIAL: Wesley J. English M.D.

9 RECOMMENDATION OF PHYSICIANS, CLERGYMAN OR PUBLIC OFFICIAL (Two names required)

I certify that I am acquainted with the above named applicant and that to the best of my knowledge and belief, said applicant is a person of good moral and professional character.

NAME (Print): H.N. Bennett NO. YRS. ACQUAINTED: 3 ADDRESS: 47 Bramhall St. Portland 04102
 SIGNATURE: H.N. Bennett, M.D.

NAME (Print): Stan Kent NO. YRS. ACQUAINTED: 3 ADDRESS: 47 Bramhall St. Portland, ME 04102
 SIGNATURE: Stan Kent, MD

10 RECIPROCITY/ENDORSEMENT CERTIFICATION: See instructions on last page. FORM II enclosed.

11 PERSONAL DATA

- If any of the following questions are answered "Yes", full details must be furnished on separate sheet and attached.
- 1. Have you ever been called before any state board for investigation concerning any violation of the Medical Practice Act or unethical conduct? Yes No
 - 2. Have you ever had a license to practice medicine revoked or suspended? Yes No
 - 3. Have you ever been convicted of a felony or misdemeanor other than traffic violation? Yes No
 - 4. Have you ever received psychiatric treatment or treatment for mental illness? Yes No
 - 5. Have you ever been addicted to or treated for addiction to narcotic drugs? Yes No
 - 6. Have you ever been convicted of a violation of any narcotic law? Yes No
 - 7. Have you ever been denied a license, or the privilege of taking the examination for licensure by any state medical board? Yes No
 - 8. Have you ever been denied hospital privileges, or have your hospital privileges ever been limited? Yes No
 - 9. Have you ever been denied a DEA registration number or have you been issued a restricted DEA registration? Yes No
 - 10. Have you ever had any malpractice suits filed against you? Yes No

11a Have you ever taken the FLECP? Yes No

12

AFFIDAVIT OF APPLICANT

#10274
P-4

Carl R. Ward, being first duly sworn, depose and say that I am the person described and identified in the foregoing application.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and 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 constitute cause for the denial, suspension or revocation of my license to practice medicine and surgery in the State of Texas.

I hereby authorize all hospitals, medical institutions or organizations, my references, personal physicians, employers (past and present), business and professional associations (past and present) and all governmental agencies and instrumentalities (local, state, federal or foreign) to return to this licensing Board any information, files or records required by the Board for its evaluation of my professional and ethical qualifications for licensure in the State of Texas.

I hereby authorize the Board of Registration in Medicine to transmit any information contained in this application, or information that may otherwise become available to them, to any agency, organization, hospital, or individual, when, in the judgment of the Board, such disclosure is in the public interest.

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.

SIGNATURE OF APPLICANT

Subscribed and sworn to before me this

Carl R. Ward M.D.

11th day of March 1960

SEAL

Pauline C. Ansd

Notary Public for the State of Texas

My commission expires 5/5/65

INSTRUCTIONS FOR COMPLETING THE APPLICATION — PLEASE READ CAREFULLY

- CERTIFIED check or money order for \$125 must accompany application. Fee is not refundable.**
 - Type or print clearly in ink. Answer all questions.
 - Procedures for completing application:
 - Section 4A: If Board certified, provide copy of Certificate(s).
 - Section 4: Notarized copy of internal residency certificate(s) must accompany application. If certificate are not available provide original letters of certification from Directors of Medical Education.
 - Section 7: American, Canadian and British Isles Medical School Graduates: Forward this form to your medical school for completion and certification. Foreign Medical Graduates: Submit notarized photocopies of your medical school diploma with accurate translation.
 - Section 8: If you are not a member of a medical society, nor currently enrolled in a post-graduate training program, please so indicate.
 - Section 10: Forward FORM B, Section 10, AFTER COMPLETING AUTHORIZATION, to:
 - 1) The Medical Board of the State where you were licensed by written examination, OR
 - 2) If licensed by endorsement of National Board, FLEX or LMCC, to the Medical Board of the State or Province where you are currently licensed.
 - If your initial state or provincial license was obtained on the basis of National Board examination, FLEX or LMCC, you must also request from the appropriate agency that certification and/or scores be sent to this Board. Address and fees are as follows:
 - 1) National Board of Medical Examiners, 3930 Chestnut St., Philadelphia, PA 19104. Fee \$10.
 - 2. (FLEX) The Federation of State Medical Boards, 1640 Summit Ave., Suite 200, Fort Worth, TX 76102. Fee \$25 in certified check or postal money order only. 2626-B West Freeway
 - 3) The Medical Council of Canada, 1887 Alta Vista Drive, Box 8234, Ottawa, Canada K1G 2H7 (Endorsement of the LMCC limited to graduates of medical schools located in the U.S., Canada and the British Isles.) Fee \$15 in Canadian Funds.
 - FOREIGN MEDICAL GRADUATES must provide a notarized copy of their Standard ECFMG Certificate. "FLEX Pathway" applicants must provide certificate of supervised clinical training and certificate of 12-month postgraduate training in ABA approved institutions. (See Section 6 above.)
 - Notarized documentation of ANY NAME CHANGE must accompany application.
 - ALL SUPPORTING DOCUMENTS MUST BE NO LARGER THAN 8 1/2" x 11" and MUST BE NOTARIZED.
 - Incomplete applications, or those received without the required fee and/or documents will not be accepted.
 - 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 result in additional delay.
- After the application has been processed, applicants are required to appear for interview at a meeting of the Board. Regular Board meetings are scheduled for the Second Tuesday of March, July and November. Special Board meetings are held January, May and September. Information regarding interviews will be sent to you at the appropriate time.

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March 10, 1980
25 Middle Road
Falmouth, Maine 04105

State of Maine
Board of Registration on Medicine
100 College Avenue
Waterville, Maine 04901

Re: Application for License, Section 11, Question 4

Dear Sirs:

Between the months of April and November, 1979
I electively underwent counselling to discuss
unresolved issues surrounding my first pregnancy
and my residency, their relationship to each other,
and their impact upon my personal life and marriage.
Should you have any question regarding this matter,
please write to: Stephen Soreff, M.D.

22 Bramhall Street
Portland, Maine 04102

Sincerely,

Carol R. Ward M.D.

Carol R. Ward M.D.
Department of Obstetrics
and Gynecology
Maine Medical Center

NATIONAL BOARD OF MEDICAL EXAMINERS
 ENDORSEMENT OF CERTIFICATION

NATIONAL BOARD OF MEDICAL EXAMINERS
 OF THE
 UNITED STATES OF AMERICA

CAROL REBECCA WARD, M.D.

having satisfied all the requirements and having successfully passed the examinations is hereby declared a Diplomate of the National Board of Medical Examiners

Attest JOHN S. HILLIS
 Chairman of the Board

SEAL

EDITHE J. LEVIT

Philadelphia, Pa.
 07/01/78

Cert. # 176270

President of the Board

It is certified that the above is a copy of the Diplomate Certificate issued to the named physician a graduate of CASE WESTERN RESERVE U
 JUNE 1977 whose birth date is [REDACTED] following successful completion of all examinations required for Certification by the National Board of Medical Examiners

The grades obtained are as follows:

	Standard Score	Scale Score
Part I passed 05/75		
Anatomy, incl. histology and embryology	460	78
Physiology	425	76
Biochemistry	325	70
Pathology	510	75
Microbiology, incl. immunology	340	70
Pharmacology and Materia Medica	450	77
Behavioral Sciences	520	82
(Minimum Passing Grade 380/75) TOTAL GRADE/AVERAGE**	395	75
Part II passed 09/76		
Internal medicine and the medical specialties	325	75
Surgery and the surgical specialties	445	79
Obstetrics and Gynecology	505	82
Public Health and Preventive Medicine	480	81
Pediatrics	410	76
Psychiatry	445	79
(Minimum Passing Grade 290/75) TOTAL GRADE/AVERAGE**	410	78
Part III passed 03/78		
A General Test of Clinical Competence (Minimum Passing Grade 290/75)	AVERAGE	510
GENERAL AVERAGE (Parts I, II, and III)		78.5 (Scale Score)

*Examinations taken since June 1971 are reported with both Standard and Scale Score Equivalents

**Since 1966 National Board criteria for certification are based upon candidate's Total Grade in Part I, Part II, and Part III, and not scores of individual subjects within each Part

Ann K. Henning
 Secretary for Certification

03/17/80

SEAL

Date



MAINE MEDICAL CENTER • PORTLAND, MAINE 04102



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P. 7
COSTAS T. LAMBREW, MD
ASSOCIATE VICE PRESIDENT
FOR HEALTH EDUCATION

March 4, 1980

George Sullivan, M.D.
Secretary, Board of Registry in Medicine
100 College Avenue
Waterville, Maine 04901

Re: Carol R. Ward, M.D.

Dear Dr. Sullivan:

This is to certify that Dr. Carol Ward has successfully completed two years of postgraduate training in Obstetrics/Gynecology at the Maine Medical Center and is presently in her third year of training in this discipline. Her tenure here began on June 29, 1977 and it is expected that she will complete her training on or about September of 1981. This flexibility in timing is due to the fact that she is currently on maternity leave and will be making up the time lost at the end of her training period. As a resident on our staff, Dr. Ward holds a Temporary Educational Certificate from the State and has advised this office that she is currently applying for permanent licensure in the State of Maine.

She is a mature, responsible person who is an excellent physician, respected by her peers and senior staff.

Sincerely yours,

COSTAS T. LAMBREW, M.D.

CTL/bw

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P.9

#10274
P.8 MAY 1 1980

AMA PHYSICIAN PROFILE

AMERICAN MEDICAL ASSOCIATION
535 NORTH DEARBORN STREET
CHICAGO, ILLINOIS 60610

DIVISION OF SURVEY AND DATA RESOURCES
DEPARTMENT OF DATA RELEASE SERVICES

NAME: WARD, CAROL REBECCA, M.D.
ADDRESS: 22 BRAMHALL ST
BIRTHPLACE: CLEVELAND, OH
MEDICAL EDUCATION (SCHOOL YEAR):
CASE WESTERN RESERVE UNIV SCH MED, CLEVELAND OH 44106
NATIONAL BOARD CERTIFICATION: 1978
LICENSES:

PORTLAND ME
BIRTHDATE: 12/29/50

DATE: 04-22-80
04102

1977

NOT REPORTED TO DATE
PHYSICIAN'S PROFESSIONAL ACTIVITIES: RESIDENT
RESIDENT
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
CURRENT MEDICAL TRAINING: RESIDENT
HOSPITAL: MAINE MED CENTER
DATES OF TRAINING: 07/78-06/80
SPECIALTY: OBSTETRICS AND GYNECOLOGY
SPECIALTY: UNSPECIFIED
INTERNSHIP: MAINE MED CENTER
HOSPITAL: MAINE MED CENTER
DATES OF TRAINING: 07/77-06/78
SPECIALTY: OBSTETRICS AND GYNECOLOGY
SPECIALTY: UNSPECIFIED

RESIDENCY:
NOT REPORTED TO DATE

COPYRIGHT 1979 AMERICAN MEDICAL ASSOCIATION **AMA FILES CHECKED** SEE REVERSE

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#10274
p.9

AMERICAN MEDICAL ASSOCIATION
535 NORTH DEARBORN STREET
CHICAGO, ILLINOIS 60610

DIVISION OF SURVIVAL AND DATA SERVICES
NATIONAL DATA RELEASE SERVICE

PI4 4068042

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

SENT TO
Carol R. Ward MD
Federal #10274
PO, STATE AND ZIP CODE

POSTAGE

CERTIFIED FEE	\$ 1.00
SPECIAL DELIVERY	\$ 1.00
RESTRICTED DELIVERY	\$ 0.00
POSTMASTER'S RECEIPT	\$ 0.00
RETURN RECEIPT SERVICE	\$ 0.00
OPTIMAL SERVICE	\$ 0.00
POSTAGE	\$ 0.00
TOTAL POSTAGE AND FEES	\$ 2.00

POSTMARK OR DATE
AUG 15 1980

AMERICAN MEDICAL ASSOCIATION
535 NORTH DEARBORN STREET
CHICAGO, ILLINOIS 60610

RECEIVED BY CHIEF OF BUREAU OF POSTAL INSPECTION

DATE OF DELIVERY
AUG 15 1980

CLERK'S INITIALS

IT (AM PRO WIT BE GRA NON SPE (3) OR ORG ANY STA WHA TIO ALL OR BE 48

COPYRIGHT 1980 BY THE AMERICAN MEDICAL ASSOCIATION. ALL RIGHTS RESERVED. CHICAGO, ILLINOIS 60610



State of Maine
Maine Board of Licensure in Medicine
 2 Bangor Street
 137 State House Station
 Augusta, ME 04333-0137

For Ofc Use
 Fee: \$ 265
 Exempt: _____
 Late \$ _____
 Date _____
 Posted: _____

Ward, Carol R
 License Number: 010274
 Date Certificate Printed: 11/20/97

Application for Maine Medical License Registration

Fee: \$265. UNLESS 70 YEARS OF AGE OR OLDER BY LICENSE EXPIRATION DATE OF 12/31/97

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

Carol R Ward, MD
 [Redacted]

License No

010274

Social Security

[Redacted]

Daytime Phone No.

[Redacted]

Date of Birth

[Redacted]

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 filed with this application.
- (3.) I am applying for INACTIVE registration. I have therefore not submitted evidence of CME qualification. Without prior applicatic and approval from the Board, I certify that I will not practice medicine in Maine. I certify that I will not provide professional service 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.)

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 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.

- (6.) Prefer Board contact me at home.

Home Mailing Address

185 Woodville Road
 Falmouth ME 04105
 Home Phone: (207) 797-9430

If your home address is incorrect, please correct here

- (7.) Prefer Board contact me at office.

Office Mailing Address

535 Ocean Avenue
 Portland ME 04103
 Office Phone: (207) 871-0666

If your office address is incorrect, please correct here

Practice Data:

Check here if ABMS certified in this specialty

- (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
- Solo
- Do Not See Patients (i.e., Administrative, Research, Teaching, etc.)
- Hospital-based Practice
- In Partnership or Group
- I Have Retired

- (9.) Primary Specialty: Obstetrics and Gynecology
- (10.) Sub-specialty 1: _____
- (11.) Sub-specialty 2: _____
- (12.) I am ABMS Specialty Board certified by:
 (Board Name): ABOG

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? Please make changes if appropriate.

Insurance Company (Name, Address)

Medical Mutual of Maine

Yes No

Policy #: [Redacted]

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

Hospital/Employer: _____

2477
 1-2001-3701-0499/18-4

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)

State	Certificate#	Expiration Date	Present Status	Please add to or correct any of the entries listed at left:

I have never held a permanent medical practice license except in Maine.

(15.) Have you ever: (Circle the appropriate response.)

- (15-1) Had any state or territory of the U.S. or province/territory of Canada EVER deny your application for any 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 YES
- (15-2) Left a medical licensing jurisdiction while allegations were pending? NO YES
- (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 YES
- (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 indicted, 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.

AFFIDAVIT OF APPLICATION

(All applicants must personally sign and date whether applying for "active" or "inactive" registration of license or requesting withdrawal of registration.)
 I affirm 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. 432B-A(2).
 I acknowledge my responsibility to notify the Maine Board of Licensure in Medicine of any subsequent changes 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: 10/30/97 Signature: [Signature] M.D.
 Typed or Printed Name: CHARLES B. WARD, J. M.D.

For Ofc Use

Staff Rev Date: 11/18/97 Recommendation: [Signature]
 Staff Rev Date: _____ Recommendation: _____

CONTINUING MEDICAL EDUCATION REPORTING LOG

For reporting CME credits earned during the 24 months preceeding expiration date 12/31/97

Maine License Number: 010274 Name: Ward, Carol R

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
AMERICAN COLL. OF PHYS. EXECS.	TUCSON	PHYSICIANS IN MGMT. I.	11/4-11/8/96	31
MMC	MMC	Grand Rounds & Spec. conf.	1/96-1/97	38
U. of Pittsburgh	SNOWMASS.	Update in ob Gyn.	2/24-3/2/96	25

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

TOTAL CATEGORY I CREDITS 94

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
teaching	MMC	UVM med student lectures, precepting.	1/96-1/98	24

TOTAL CATEGORY II CREDITS 24

AFFIDAVIT: I CERTIFY THIS LOG TO BE A TRUE AND CORRECT REPORT OF MY CME ACTIVITY.

Dated: 11/3/97

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 Applying (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 licensure 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.

In conclusion, the Board's staff is available by phone at (207) 287-3604, Monday through Friday, 8 am to 4:30 pm, Eastern Daylight Time.



1220/3107-0973/B-15

State of Maine
Board of Licensure in Medicine
2 Bangor Street, 137 State House Station, Augusta, ME 04333-0137
(207) 287-3601

Application for Maine Medical License Registration

For Ofc Use
Fee: \$200
Exempt:
Late \$
Date
Posted: 12/26/95

Fee: \$200 UNLESS 70 YEARS OF AGE OR OLDER BY 01/01/96

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.

Ward, Carol R
License Number: 010274
Date Certificate Printed: 1/4/96

NAME/ADDRESS OF RECORD

Carol R Ward, MD

License No

010274

Social Security

Daytime Phone No.

Date of Birth

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 filed with this application.
(3.) I am applying for INACTIVE registration. I have therefore not submitted evidence of CME qualification. Without prior applicati and approval from the Board, I certify that I will not practice medicine in Maine. I certify that i will not provide professional service 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.)

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.

B. The Board requires BOTH your HOME mailing 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.

(6.) Prefer Board contact me at home.

Home Mailing Address

185 WOODVILLE RD
FALMOUTH ME 04105

If your home address is incorrect, please correct here

Home Phone: (207) 999-9430

(7.) Prefer Board contact me at office.

Office Mailing Address

535 Ocean Avenue
Portland ME 04103
Office Phone: (207) 871-0666

If your office address is incorrect, please correct here

Practice Data

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

Check here if ABMS certified in this specialty

- Full Time
Part Time
Solo
Do Not See Patients (i.e., Administrative, Research, Teaching, etc.)
Hospital-based Practice
In Partnership or Group
I Have Retired

(9.) Primary Specialty: Obstetrics and Gynecology

(10.) Sub-specialty 1:

(11.) Sub-specialty 2:

(12.) I am ABMS Specialty Board certified by:

(Board Name): American Board of OB/Gyn

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? Please make changes if appropriate.

Insurance Company (Name, Address)

Medical Mutual of Maine

Yes No

Policy #:

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)

State	Certificate#	Expiration Date	Present Status	Please add to or correct any of the entries listed at left:

I have never held a permanent medical practice license except in Maine.

(15.) Have you ever:

- (15-1) Had any state or territory of the U.S. or province/territory of Canada EVER deny your application for any 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) YES
- (15-2) Left a medical licensing jurisdiction while allegations were pending? (NO) YES
- (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) YES
- (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 indicted, 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.

AFFIDAVIT OF APPLICATION

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

I affirm 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: 10/19/95 Signature: [Handwritten Signature] M.D.
 Typed or Printed Name: CAROL R. WARD, M.D. M.D.

For Ofc Use

Staff Rev Date: 1/2/96 Recommendation: [Handwritten Signature]
 Staff Rev Date: _____ Recommendation: _____

CONTINUING MEDICAL EDUCATION REPORTING LOG

For reporting CME credits earned during the 24 months preceeding expiration date 12/31/95

Maine License Number: 010274

Name: Ward, Carol R

CATEGORY I

Category I includes programs that have received accreditation by the AMA Council on Medical Education, the National Liaison Committee on CME, 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.

OK

ACCREDITED SPONSOR	LOCATION OF ACTIVITY	DESCRIPTION OF ACTIVITY	DATES ATTENDED	CREDITS EARNED
U. of Utah	Park City Utah	OBGyn update & Endoc. Interest	3/1-3/7/95	25
MMC	MMC	Grand Rounds	1/1/94-12/30/94	37
MidCoast Hosp.	Samoset	Communication in Medical Practice	10/28/94	8
MMC	MMC	Grand rounds	all 1995	?

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

TOTAL CATEGORY I CREDITS 70 plus

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.] 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
teaching	my office			30
publishing	"	OBGyn - published article in November on Nonplacental Removal.		30 10

AFFIDAVIT: I CERTIFY THIS LOG TO BE A TRUE AND CORRECT REPORT OF MY CME ACTIVITY.

Dated: 12/19/95

Physician Signature: [Signature]

TOTAL CATEGORY II CREDITS 60
70

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 Applying (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 licensure 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.

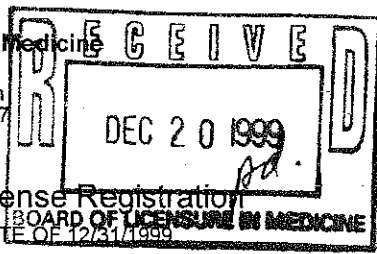
Current Status of Case: Although a motion to dismiss me as a defendant is pending, my insurance company has offered a settlement on my behalf of \$15,000 on February 14, 1992. I have been told the plaintiff rejected this and the claim is still pending.

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.

7220 3202-2016/B-10
2477



State of Maine
Maine Board of Licensure in Medicine
2 Bangor Street
137 State House Station
Augusta, ME 04333-0137



For Ofc Use
Fee: \$310.
Exempt: _____
Late \$ _____
Date Posted: _____

Ward, Carol R
License Number: 010274
Date Certificate Printed: 1/10/00

Application for Maine Medical License Registration

Fee: \$310. UNLESS 70 YEARS OF AGE OR OLDER BY LICENSE EXPIRATION DATE OF 12/31/1999
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

Carol R Ward, MD
[Redacted]

License No

010274

Social Security

[Redacted]

Daytime Phone No.

[Redacted]

Date of Birth

[Redacted]

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 filed with this application.
- (3.) I am applying for INACTIVE registration. I have therefore not submitted evidence of CME qualification. Without prior application to 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 in 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.)

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 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.

(6.) Prefer Board contact me at home.

Home Mailing Address

185 Woodville Road
Falmouth ME 04105
Home Phone: (207) 797-9430

If your home address is incorrect, please correct here

(7.) Prefer Board contact me at office.

Office Mailing Address

535 Ocean Avenue
Portland ME 04103
Office Phone: (207) 871-0666

If your office address is incorrect, please correct here

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
- Solo
- Do Not See Patients (i.e., Administrative, Research, Teaching, etc.)
- Hospital-based Practice
- In Partnership or Group
- I Have Retired

Check here if ABMS certified in this specialty

- (9.) Primary Specialty: Obstetrics and Gynecology
- (10.) Sub-specialty 1: _____
- (11.) Sub-specialty 2: _____
- (12.) I am ABMS Specialty Board certified by: ABOG

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? Please make changes if appropriate.

Insurance Company (Name, Address)
Medical Mutual of Maine

● Yes ○ No
Policy #: [Redacted]

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)

State	Certificate#	Expiration Date	Present Status	Please add to or correct any of the entries listed at left:

I have never held a permanent medical practice license except in Maine.

(15.) Have you ever: (Circle the appropriate response.)

- (15-1) Had any state or territory of the U.S. or province/territory of Canada EVER deny your application for any 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 YES
 - (15-2) Left a medical licensing jurisdiction while allegations were pending? NO YES
 - (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 YES
 - (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 indicted, 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.

AFFIDAVIT OF APPLICATION

(All applicants must personally sign and date whether applying for "active" or "inactive" registration of license or requesting withdrawal of registration.)
 I affirm 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: 11/11/99 Signature: [Signature] MD
 Typed or Printed Name: CAROL EDWARD MD MD

For Ofc Use

Staff Rev Date: 1/9/00 Recommendation: [Signature]
 Staff Rev Date: _____ Recommendation: _____

CONTINUING MEDICAL EDUCATION REPORTING LOG

For reporting CME credits earned during the 24 months preceeding expiration date 12/31/99

Maine License Number: 010274

Name: Ward, Carol R

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
Simmons Medical	Home Study	Risk Aware - independent study	1/22/99	6
MMC	MMC	Grand Rounds, M&M	1/98-1/99	38
MMAF	Freeport	Reductive c/s conference	5/27/98	3
Med Mutual	Portland	Difficult clinical pt relat.	10/28/98	4
Mt. Auburn	Newton	Conf - cancer series; ob.	11/29/98	7
Mt. Auburn	Newton	Adv. in GYN Laparoscopy & Hysteroscopy	9/16/98	7
Med Mutual	Home	"For the Record"	3/98	6
MMC	MMC	Grand Rounds, M&M etc.	1/99-1/00	27
ASCCP	Santa Barbara Cal.	Vulvar disease & Adv. colposcopy	12/1/99-12/4	18

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

TOTAL CATEGORY I CREDITS 116

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
Simmons College grad sch.	Portland Me.	Teaching N.P. student		20
Teaching	my office	F.P. residents	98-99	60
Teaching	" "	UVM med students		40

TOTAL CATEGORY II CREDITS 120

AFFIDAVIT: I CERTIFY THIS LOG TO BE A TRUE AND CORRECT REPORT OF MY CME ACTIVITY.

Dated: 12/8/99

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 Applying (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 licensure 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 579104. I am also represented by William B. Eagle, Eagle Hare P.A., 44 West River Drive, Suite 200, Topeka, KS 66601.

In conclusion, the Board's staff is available by phone at (207) 287-3604, Monday through Friday, 8 am to 4:30 pm, Eastern Daylight Time.

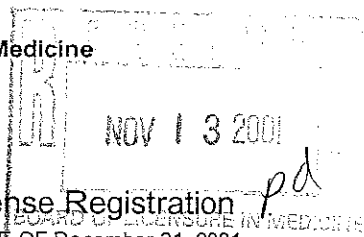


1220-3319-0396/B 28

State of Maine

Maine Board of Licensure in Medicine

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



For Ofc Use
Fee: \$ 400
Exempt:
Late \$
Date Posted:

Ward, Carol R
License Number: 010274
Date Certificate Printed: 12/4/01

Application for Maine Medical License Registration

Fee: \$400 UNLESS 70 YEARS OF AGE OR OLDER BY LICENSE EXPIRATION DATE OF December 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

Carol R Ward, MD

License No

010274

Social Security

[Redacted]

Daytime Phone No.

[Redacted]

Date of Birth

[Redacted]

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 filed with this application.
(3) I am applying for INACTIVE registration. I have therefore not submitted evidence of CME qualification.
(4) I am applying for reinstatement of my Maine license.
(5) I request to WITHDRAW my Maine license from registration.

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 MEDICAL PRACTICE.

(6) Prefer Board contact me at home.

Home Mailing Address

185 Woodville Road
Falmouth ME 04105
Home Phone: (207) 797-9430

If your home address is incorrect, please correct here

[Blank lines for address correction]

(7) Prefer Board contact me at office.

Office Mailing Address

535 Ocean Avenue
Portland ME 04103
Office Phone: (207) 871-0666

If your office address is incorrect, please correct here

[Blank lines for address correction]

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
Solo
Do Not See Patients
Hospital-based Practice
In Partnership or Group
I Have Retired

Check here if ABMS certified in this specialty

- (9.) Primary Specialty: Obstetrics and Gynecology
(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? Please make changes if appropriate.

Insurance Company (Name, Address)
Medical Mutual of Maine

Yes No
Policy #: [Redacted]

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)

State	Certificate#	Expiration Date	Present Status	Please add to or correct any of the entries listed at left:

I have never held a permanent medical practice license except in Maine.

(15.) Have you ever: (Circle the appropriate response.)

- (15-1) Had any state or territory of the U.S. or province/territory of Canada EVER deny your application for any 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 YES
 - (15-2) Left a medical licensing jurisdiction while allegations were pending? NO YES
 - (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 YES
 - (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 indicted, 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.

AFFIDAVIT OF APPLICATION

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

I affirm 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: 11/3/10 Signature: Carol R. Ward, M.D.
 Typed or Printed Name: Carol R. Ward M.D. M.D.

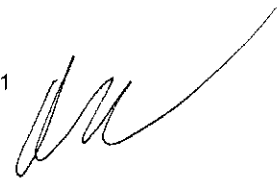
For Ofc Use

Staff Rev Date: 11/20/10 Recommendation: [Signature]

Staff Rev Date: _____ Recommendation: _____

CONTINUING MEDICAL EDUCATION REPORTING LOG

For reporting CME credits earned during the 24 months preceeding expiration date 12/31/01



Maine License Number: 010274

Name: Ward, Carol R

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
Maine Medical Center	Ob Gyn Department	Grand Rounds & Specialty conferences	1/1/00 - 10/31/01	52
A.A.F.P.	Boston University dept Fam med	Advanced life support in obstetrics	11/17-18	14.25

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

TOTAL CATEGORY I CREDITS 66.25

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.

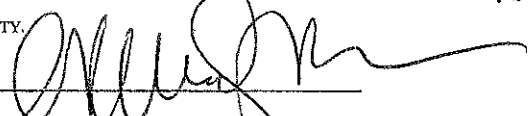
Note: Category I may be substituted for Category II.

TYPE OF ACTIVITY	LOCATION/CITY/STATE	DESCRIPTION OF LEARNING ACTIVITY	DATES OF ACTIVITY	CREDITS
teaching	535 Ocean Ave.	teaching medical students.	1/1/00 - 12/31/01	100+

TOTAL CATEGORY II CREDITS 166.25+

AFFIDAVIT: I CERTIFY THIS LOG TO BE A TRUE AND CORRECT REPORT OF MY CME ACTIVITY.

Dated: 11/6/01

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 Applying (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 licensure 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:

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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.

In conclusion, the Board's staff is available by phone at (207) 287-3604, Monday through Friday, 8 am to 4:30 pm, Eastern Daylight Time.



3306-095610-7
2477

State of Maine

Maine Board of Licensure in Medicine

137 State House Station, 2 Bangor Street
Augusta ME 04333-0137
(207)287-3601
FAX: (207)287-6590

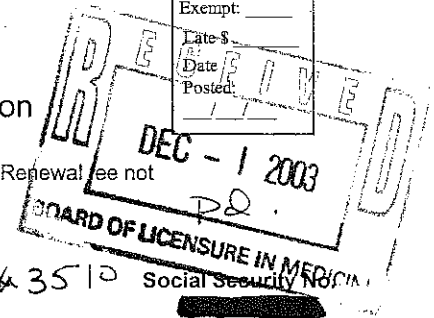
For Ofc Use

Fee: \$ 400.00
Exempt: _____
Late \$ _____
Date _____
Posted: _____

Application for Maine Medical License Registration

Fee: \$400 UNLESS 70 YEARS OF AGE OR OLDER BY LICENSE EXPIRATION DECEMBER 31, 2003

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

Carol R Ward, MD
[redacted]

License No

010274

CK # 3510

Social Security No. [redacted]

Daytime Phone No.

Date of Birth

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 filed with this application.
- (3.) I am applying for INACTIVE registration. I have therefore not submitted evidence of CME qualification. Without prior application to 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. 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.

B. The Board requires BOTH your HOME mailing 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.

- (6.) Prefer Board contact me at home.

Home Mailing Address

185 Woodville Road
Falmouth ME 04105
Home Phone: (207) 797-9430

If your home address is incorrect, please correct here

- (7.) Prefer Board contact me at office.

Office Mailing Address

535 Ocean Avenue
Portland ME 04103
Office Phone: (207) 871-0666

If your office address is incorrect, please correct here

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
- Solo
- Do Not See Patients (i.e., Administrative, Research, Teaching, etc.)
- Hospital-based Practice
- In Partnership or Group
- I Have Retired

Check here if ABMS certified in this specialty

- (9.) Primary Specialty: Obstetrics and Gynecology
- (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? Please make changes if appropriate.

Insurance Company (Name, Address)

Medical Mutual of Maine

Yes No

Policy #: [redacted]

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

Hospital/Employer: _____

Ward, Carol R
License Number: 010274
Date Certificate Printed: 1/22/2004

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)

State	Certificate#	Expiration Date	Present Status	Please add to or correct any of the entries listed at left:

I have never held a permanent medical practice license except in Maine.

(15.) Have you ever: (Circle the appropriate response.)

- (15-1) Had any state or territory of the U.S. or province/territory of Canada EVER deny your application for any 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 YES
 - (15-2) Left a medical licensing jurisdiction while allegations were pending? NO YES
 - (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 YES
 - (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 indicted, 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

AFFIDAVIT OF APPLICATION

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

I affirm 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: 1/15/03 Signature: [Signature] M.D.
 Typed or Printed Name: Carroll E. Ward M.D.

For Ofc Use

Staff Rev Date: 1/15/04 Recommendation: [Signature]
 Staff Rev Date: _____ Recommendation: _____

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 Applying (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 licensure 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, 4521 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.

* * * * *

In conclusion, the Board's staff is available by phone at (207) 287-3604, Monday through Friday, 8 am to 4:30 pm, Eastern Daylight Time.

Continuing Medical Education Log 12-31-01 through 12-31-03

Maine license Number 010274

Name: Carol R. Ward, M.D.

Category 1

<u>sponsor</u>	<u>location</u>	<u>description</u>	<u>dates</u>	<u>credits</u>
MMC	Woodlands	Greeley Medical Staff Leadership retreat	May 12-13 2003	13 hrs
MMC Ob Gyn dept	MMC	grand rounds and sub-specialty confs.	2002	28 hrs
MMC Ob Gyn dept	MMC	grand rounds and sub specialty confs.	2003	—
U. C.S.F. Sch. of Medicine	Snowmass, Co	Advances in Perinatal Medicine	2/15-2/21 2002	20 hrs

TOTAL:

71 hrs at least

Category 2

teaching	535 Ocean Ave.	teaching med students, residents, RNP students	2002&3	150 hr
----------	----------------	--	--------	--------

TOTAL:

150 at least

Dated

10/22/03

Physician

signature

Carol R. Ward



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

JOHN ELIAS BALDACCI
GOVERNOR

EDWARD DAVID, M.D.J.D.
CHAIRMAN

RANDAL C. MANNING
EXECUTIVE DIRECTOR

December 9, 2003

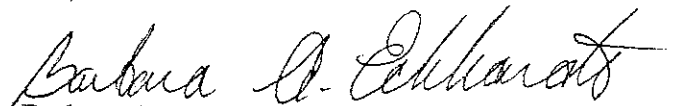
Carol R. Ward, MD
[REDACTED]
[REDACTED]

Dear Dr. Ward:

I am in receipt of your application to renew your Maine medical license. A review of our files indicates that there is currently an open complaint against you pending with the Board. Therefore, your renewal application will remain pending until resolution of the complaint. Your license remains current while your application is pending and I am enclosing a letter stating this for your use.

Please feel free to contact me at (207) 287-3604 with any questions you may have concerning the above.

Yours truly,


Barbara A. Eckhardt, Clerk IV
ME Renewal/PA License Specialist

Bae

Enclosure



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

JOHN ELIAS BALDACCI
GOVERNOR

EDWARD DAVID, M.D.J.D.
CHAIRMAN

RANDAL C. MANNING
EXECUTIVE DIRECTOR

December 9, 2003

Carol R. Ward, MD
[REDACTED]
[REDACTED]

Dear Dr. Ward:

I am writing to confirm that you have applied for renewal of your Maine medical license, but the Board has not yet taken final action on your application.

Under Maine law, Title 5 M.R.S.A., Section 10002:..."when a licensee has made timely and sufficient application for renewal, the existing license shall not expire until the application has been finally determined by the agency." Therefore, your existing license does not expire on December 31, 2003, as it states. Your license remains an Active status license pending final action on your renewal application.

If I can be of further assistance, please feel free to contact me at (207) 287-3604.

Sincerely,


Barbara A. Eckhardt, Specialist
MD Renewal/PA Licensure

/bae



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

JOHN ELIAS BALDACCI
GOVERNOR

EDWARD DAVID, M.D.J.D.
CHAIRMAN

RANDAL C. MANNING
EXECUTIVE DIRECTOR

January 15, 2004

Carol R. Ward, MD
[REDACTED]
[REDACTED]

Dear Dr. Ward

I am writing to inform you that your license #010274 had been renewed. Your new renewal date is 12/31/2005. Please expect to receive your renewal license within 10 days from the date of this letter.

Yours truly,

Barbara A. Eckhardt, Specialist
MD Renewal/PA Licensure/Registration

BAE

Board of Licensure in Medicine
2 Bangor St.
137 SHS
Augusta ME 04330

Telephone: (207) 287-3601
Fax: (207) 287-6590

FAX

To: Diana Hurd

From: Barbara A. Eckhardt, Specialist, MD Renewal/PA Licensure/Registration

Fax: (207) 871-9134

Date: January 15, 2004

Pages: 2

Re: Updated License Status for Carol R. Ward, MD



2477
3202-1584/1319

State of Maine

Maine Board of Licensure in Medicine

137 State House Station, 2 Bangor Street
Augusta ME 04333-0137
(207)287-3601
FAX: (207)287-6699

NOV 18 2005

For Ofc Use

Fee: \$ 400
Exempt: _____
Late \$ _____
Date _____
Posted: _____

Application for Maine Medical License Registration

Fee: \$400 UNLESS 70 YEARS OF AGE OR OLDER BY LICENSE EXPIRATION DECEMBER 31, 2005

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

Carol R Ward, MD

License No

010274

Social Security No.

[REDACTED]

Daytime Phone No.

[REDACTED]

Date of Birth

[REDACTED]

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 filed with this application.
- (3.) I am applying for INACTIVE registration. I have therefore not submitted evidence of CME qualification. Without prior application to 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. 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.

B. The Board requires BOTH your HOME mailing address and phone and the address and phone of your PRINCIPAL PLACE OF MEDIC PRACTICE. You may designate which of the two you wish to be used for mailings from the Board. Note however that the address design 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

185 Woodville Road
Falmouth ME 04105
Home Phone: (207) 797-9430

If your home address is incorrect, please correct here

- (7.) Prefer Board contact me at office.

Office Mailing Address

535 Ocean Avenue
Portland ME 04103
Office Phone: (207) 871-0666

If your office address is incorrect, please correct here

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
- Solo
- Do Not See Patients (i.e., Administrative, Research, Teaching, etc.)
- Hospital-based Practice
- In Partnership or Group
- I Have Retired

- (9.) Primary Specialty: Obstetrics and Gynecology
- (10.) Sub-specialty 1: _____
- (11.) Sub-specialty 2: _____
- (12.) I am ABMS Specialty Board certified by: _____
(Board Name): _____

Check here if ABMS certified in this specialty

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? Please make changes if appropriate.

Insurance Company (Name, Address)

Medical Mutual of Maine

Yes No

Policy #: [REDACTED]

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

Hospital/Employer: _____

1127

WARD, Carol R. MD
License # 010274
Date Certificate Printed 12/06/05

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)

State	Certificate#	Expiration Date	Present Status	Please add to or correct any of the entries listed at left:

I have never held a permanent medical practice license except in Maine.

(15.) Have you ever: (Circle the appropriate response.)

- (15-1) Had any state or territory of the U.S. or province/territory of Canada EVER deny your application for any 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 YES
 - (15-2) Left a medical licensing jurisdiction while allegations were pending? NO YES
 - (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 YES
 - (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 indicted, 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

AFFIDAVIT OF APPLICATION

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

I affirm 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. §3262-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: 11/8/05 Signature: [Signature] M.D.
 Typed or Printed Name: Carol R. Ward M.D.

For Ofc Use

Staff Rev Date: 12/6/05 Recommendation: [Signature]

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 Applying (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 licensure 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.

* * * * *

In conclusion, the Board's staff is available by phone at (207) 287-3604, Monday through Friday, 8 am to 4:30 pm, Eastern Daylight Time.

Continuing Medical Education Log 11/03 through 11/05

Maine license Number 010274

Name: Carol R. Ward, M.D.

Category 1

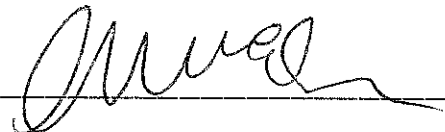
<u>sponsor</u>	<u>location</u>	<u>description</u>	<u>dates</u>	<u>credits</u>
MMC Ob Gyn dept, MMC		grand rounds and sub specialty confs.	2004	13
MMC Ob Gyn dept, MMC		grand rounds and sub specialty confs.	2005	34
			Cat 1 TOTAL:	47

Category 2

teaching	535 Ocean Ave.	teaching med students, residents, RNP and PA students	2004&5	150 hr
----------	----------------	---	--------	--------

Cat 2 TOTAL: 150hr.
GRAND TOTAL: 197hr.

Dated _11/16/05_ Physician signature



Online Licensing Request

Date: 12/31/2011
Regulator: BOARD OF LICENSURE IN MEDICINE
TXN Title: Renew as an Active Medical Doctor
License: MD
Prefix:
License: A
Status:
License: CAROL R. WARD, MD (MD10274)

Questions:

- Have you taken the Maine State Board of Medicine Written Exam since May 20, 2011 and passed it? Yes

- 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 *Yes*, 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

- 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 nuisance suits 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 practice medicine within the State of Maine without active medical staff privileges at a Maine hospital? No

- Do you have any open malpractice claims? 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

Payments:

Amount:	\$400.00
Method:	VISA - [REDACTED]
Expiration:	[REDACTED]

Online Licensing Request

Date: 11/30/2013
Regulator: BOARD OF LICENSURE IN MEDICINE
TXN Title: Renew as an Inactive Medical Doctor
License: MD
Prefix:
License: I
Status:
License: CAROL R. WARD, MD (MD10274)

Questions:

- 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 *Yes*, 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

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

Payments:

Amount: \$500.00
 Method: VISA - [REDACTED]
 Expiration: [REDACTED]