Interview 1-1 - Date 1 1-2	T PLECT
Cort No. 1707/7/ September 1990 College Annual Processing September 1990 Colle	
APPLICATION FOR LICENSE TO PRACTICE MEDICINE BY ENDORSE	
(F. 176020	And April 1995 And Ap
FLEX selects by the flow of	_10
Date of application _ UAICA 3	
(I handly stock) for Economy to practice medicine and surpery in the State of Mains and in support of	
- Meso Cosor Benne Hook &	
ACOUNTS ACCOUNTS ACCOUNTS AND ASSOCIATION OF THE PARTY AND ASSOCIATION OF THE PARTY ACCOUNTS AND ASSOCIATION OF THE PARTY ASSOCIATION OF THE PARTY ASSOCIATION OF THE PARTY ASSOCIATION	e sealth arrows and the second and the sealth arrows
Statement in the first and the statement of the statement	word chief
PROPOSED RESIDENCE	na) proceding de anti-mone - subject opposite the form of the anti-mone - subject of the anti-mone - s
(2) AFROAVIT	the specific of the specific o
Self-residual to a transfer and make a Visit of the self-residual transfer and t	ATTACH
APPLICANT MUST SIGN HIS FULL NAME IN THE PRESENCE OF A MOTARY PUBLIC, WHO MUST COMPLETE THE APPLICAVIT AND APPLE MOTARIAL SEAL OVER A FORTION OF THE PHOTOGRAPH.	TOSEAPH IN
(awpham)	
Subscribed and eners to before its bit. LL day of	
Stores Patient C. Beraid	
	٠
(3) MEDICAL LICEMBURE	
Service State Cont. No. 1 processor of Cont. Service S	
MANUE Bragasay Editories Coeticisto	
CASE WELLEN PERSON SCHOOL OF MINURE	
44 SPECIALTY OR - 6YM Angles Board Continues Very C	Vergalis and the second second

Notes Fresh	s, To	Property and the second	of Landaudes, Plans of		100 T		a mangantasan
a la		TANUK MENTRISAR	- La Grandenica (nota Marinello Ministration)	San-American State (1.1)	Color and the Colorest	200	
1/13		Grand Same (1997) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995)	Scu. of M	West Transfer and a second	and the same	, so want via	marken did
1 11	3/80	<u>Manye Medical Ce</u>			AME	Remery is	.Oky
si kirili.				e di desir di	a de la companya de	\mathcal{F}_{L}	
	: : 1			77 * 79 *	· · · · · · · · · · · · · · · · · · ·	SAR THE	- A 15.16 Pc
				· :	MANA C	reduction that the	
	, ,		1			FAMOU	
	_			·····	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		A. W
	I - I			,	304	V 20 (20) (80 kg)	
-24.				-			- April Dec
esta.				. !		to the state of th	**************************************
©	HOS	TAL AFFILIATIONS	***************************************		and the second s	And the second s	
List no	mes and letting)		idian Hospitale/Institu	rtiane where	Yeu ere er være e	City, Same Provinces	
List as above I Free	mes and letting)	TAL AFFILIATIONS addresses of all U. S. or Cens	idian Hospitale/Institu	rtians where	Yeu ere er være e	member of the staff	
free to ve	mes and letting)	TAL AFFILIATIONS addresses of all U. S. or Cens	idian Hospitale/Institu	resone where	Yeu ere er være e	member of the staff	
List as above I Free	mes and letting)	TAL AFFILIATIONS addresses of all U. S. or Cens	idian Hospitale/Institu	rtions where	Yeu ere er være e	member of the staff	
List as above I Free	mes and letting)	TAL AFFILIATIONS addresses of all U. S. or Cens	idian Hospitale/Institu	rione where	Yeu ere er være e	member of the staff	
List as above I Free	To	TAL AFFILIATIONS addresses of all U. S. or Cons	dian Hospitals/Institus		YOU SO SO WAS SO		
List as shown in the same of t	To	TAL AFFILIATIONS addresses of all U. S. or Cone	dien Hospitels/Institus		Yes do de vero de la constante	City, State/Produced	
Fore Ma. V.	To	TAL AFFILIATIONS Accessed of all U. E. or Cons	dien Hospitals/Institus		YOU OF MAN B	Caty, Brace/Produced	
List as	To	TAL AFFILIATIONS addresses of all U. S. or Cense	dien Hospitals/Institus		YOU GO OF WOOD S	City, Sans Province	

Ð

THE SHOP SHOPE OF AN ASSESSED AS A TENNE THE SHOPE OF THE LOCKET	
Annual IPAN in the London Company of the Company of	a proof to completed by the Dans, Sometry, as engineer of Medical $\# 10.274$
(is harriest considered that the object consent applicant has received the	e dayse of Daties of Bernovic.
KAME OF MEDICAL SCHOOLS	DATES OF ATTENDANCE: 25 18 73 19 5-28 18 27
Case Vestern Reserve University	Degree conferred H.D. on 6-1 1:27
ODRESS Claveland, CE 44106	en and the second secon
HAME OF SCHOOL OFFICIAL Print	TITLE THE MENT AND AND AND ADDRESS OF MENT AND ADDRESS OF MENT AND ADDRESS.
Ports B. Diagle	Registrat / School \
GUATURE OF SCHOOL OFFICIAL	DATE OF SIGNATURE
Donis B. Dingle	3-18-80
8) RECOMMENDATION OF OFFICER OF MEDICAL SOC	CIETY — By Official of County or Basic Market Sectory
t is hereby certified that the above named spolicent is an othics mended withhest marracism for licensom to practice medicine in	al precritioner of good more) and professional character and is issued.
	MAME OF SOCIETY OFFICIAL PAGE
CUMBELLAND COUNTY MED. SO	C. WEYRY J. ENGLISH M.D.
	THE SECRETARY -TREASURER
SIGNATURE OF OFFICIAL Mesters 9. To	affic Mo
O RECOMMENDATION OF PHYSICIANS, CLERGYMAN	N OR PUBLIC OFFICIAL (The property of the property)
of good same and prohistoned character.	ed that to the best of any immediate and balled, wid applicable 6.6 parameters.
of good moral and professional character. NAME (Fried) NO: YRS AC TANGLAND 3	The second secon
NAME Print Standard Character. NO. YES ACKNOWLED 3 SIGNATURE H.N. BERNORT. PO.D.	47 Bowlell & Callent of 18
NAME Print Remarks No. YRS AC SIGNATURE H.N. BEAMORT. No. D.	COUAINTED 47 Boundal C ADDRESS
NAME OF THE WORLD WITH THE MENT OF THE ACT O	47 Bankalle Chanlers
NAME PRINT HIN. BEAUSET. NO. YES AC SIGNATURE CHAM. KENT MID.	COUAINTED 47 Branchild - CHarles 47 Branchild - St. 47 Branchil St. POPTLAND ME 0410
SIGNATURE STAN KENT MIN RECEPROCITY/EMBORSEMENT CERTIFICATIONS	COUAINTED 47 Branchild - CHarles 47 Branchild - St. 47 Branchil St. POPTLAND ME 0410
SIGNATURE H.N. BEAUSET. No.D. NAME PRIOR LAND NO. YRS. AC SIGNATURE LAND NO. YRS. AC SIGNATURE CLAM KENT MD RECURROCITY/EMCORSEMENT CERTIFICATION: D PERSONAL DATA	COULAINTED ADDRESS TO BE POST IN COLUMN TED ADDRESS ST. POST LAND ME OHIO. See instructions on lost pages. FORMS II continued.
SIGNATURE H.N. BEAMBET. FO.D. NO. YRS. AC SIGNATURE H.N. BEAMBET. FO.D. NO. YRS. AC SIGNATURE SIGNATURE SIGNATURE AND RECOPROCITY/EMOORSEMENT CERTIFICATION: OPERSONAL DATA I. Houre your over boom called before any class board log into	COULAINTED ADDRESS TO BE SEEN TO SEE STATE OF THE STATE O
SIGNATURE LA KENT MO. YES AC SIGNATURE SIGNATU	COULAINTED ADDRESS TO BE SEEN TO SEE STATE OF THE STATE O
EIGNATURE H.N. BEAUSET. FO.D. NO. YRS. AC SIGNATURE H.N. BEAUSET. FO.D. NO. YRS. AC SIGNATURE AC CONTY/ENCORSEMENT CERTIFICATION: D PERSONAL DATA 1. Have your over book called before any chale board for interaction conduct? 2. Have your over lad a Econoc to practice and miscanession of the following provided of a followy or miscanession of the following provided of a followy or miscanession of the following pour over lade a conscioled of a followy or miscanession of the following pour over lade a conscioled of a followy or miscanession of the following pour over lace of provided of a followy or miscanession of the following pour over lace of provided or a followy or miscanession of the following pour over lace of provided polyclindric breatment of treatment of the following pour over lace of the following the following pour over lace of the following the following pour over lace of the following the followi	COULINTED ADDRESS 47 Bran Lall ST. POST LAND ME OUTD. See instructions on lost page. FORSS II confeed. See that decorate concerning any variables of the bladded Process. See that decorate variances. See that decorate variances.
NAME Priest SIGNATURE H.N. BEAUBET. Po.D. NO. YRS. AC SIGNATURE H.N. BEAUBET. Po.D. NO. YRS. AC SIGNATURE H.A. KENT MA SIGNATURE HAN KENT MA DESCRIPTION OF THE TOTAL HAND STREET OF THE TOTA	COULINTED ADDRESS 47 Bran Lall ST. PRETLAND ME 0410. See instructions on lost page. FORM II contend. See instructions on lost page. FORM II contend. See instructions on lost page. FORM II contend. See the business of the lands of the business. Juntantical Contends on top and business Process. Juntantical Contends on top and business Process. Juntantical Contends on top and business Process. Juntantical Contends on top and business of the business. Juntantical Contends on top and business of the business. Juntantical Contends on top and business on top and business on top and business on top and business of the business
SIGNATURE LANGUAGE GRANDET. PO.D. BAME PRISON BIGHATURE LANGUAGE RECORDOCITY/ENCORSEMENT CERTIFICATION: D PERSONAL DATA 1. Have your over book called before any date board for interest conducted. 2. Have your over feel as Connected of Solomy or middless any loss over the actions of solomy of middless of the field before the conducted of the field post over the action of the field of th	COULAINTED 47 Branchald Calland 8418 47 Branchald St. POSTLAND ME 0410- See instructions on lost projet. FORM II contents. See instructions on lost projet. FORM II contents. See from posts to functional on separate float and product projets. Post Carlos must be functional on separate float and product. See from posts vicantically and the see seed to be seen and the seed of the see
NAME Pried NO. YRS. AC SIGNATURE H.N. BEAUBET. FO.D. NO. YRS. AC SIGNATURE H.N. BEAUBET. FO.D. NO. YRS. AC SIGNATURE CALL KENT M. SIGNATURE CALL KENT M. OD RECORDCITY/ENCORSEMENT CERTIFICATION: OPERSONAL DATA 1. Have you ever been called before any class board for his following questions are presented "Yes", for Act or anabled conduct! 2. Have you ever had a license to practice medicing revoked or a have you ever here called before any class board for his him you ever here schooled or a fallow or received to be seen as the process of	COULINTED HTT BOWLANGE CHARLES ST. ADDRESS 47 BRANDAIL ST. POSTLAND ME OUID. See instructions on but page. FORM II enclosed. See instructions on but page. FORM III enclosed. See instructions on but page. FORM II enclosed.
SIGNATURE LIN. BEAUSET. Fe.D. NAME GYIEST NO. YRS. AC SIGNATURE LIN. BEAUSET. Fe.D. NAME GYIEST NO. YRS. AC SIGNATURE LIN. BEAUSET. Fe.D. NO. YRS. AC SIGNATURE CLASS SEASON CERTIFICATION: OPERSONAL DATA I. Have you ever been called before any state board fee into Act or statebook conduct? 2. Have you ever had a license to practice medicine revoluted or a have you ever been addicted to or breated for statement of the have you ever been addicted to or breated for statement of the have you ever been addicted to or breated for statement of the have you ever been addicted to or breated for statement of the have you ever been consisted of a fallow, or the principle of breated. I have you ever been desired because, or the principle of breated. I have you ever been derived haspital principle. Or have you ever been derived haspital principle. Or have you ever been derived as DEA registration number or had. I have you ever been derived haspital principle. Or have you ever been derived as DEA registration number or had. I have you ever been derived as DEA registration number or had. It have you ever been derived as DEA registration number or had.	COULINTED HTT BOWLANGE CHARLES ST. ADDRESS 47 BRANDAIL ST. POSTLAND ME OUID. See instructions on but page. FORM II enclosed. See instructions on but page. FORM III enclosed. See instructions on but page. FORM II enclosed.

LEX) The Federation of State Medical Boards. (ion B: If you are not a member of a medical B: If you are not a member of a medical B: Persent FORM II. Section 10, AFT 1) The Medical Board of the Siste of the	IFED check or money order for \$126 must at or prist clearly in Irk. Answer at questions, idures for completing applications. Ison 4A: B Board certified, provide copy of C ison & Notations copy of isonation indicated copy of international content of a sealable provide original letters of a American, Consolers and Brittel school for completion and certifical provide Medical Graduates Sufficient Graduates Sufficient Graduates Sufficient Graduates Sufficient Consolers	Pactice C. Anaid	y authorio the Board of Replecation in Medicine and State of Section of Secti	to the foregoing application. **SELATERS**** condulty said the quantum to the foregoing application of the property of the my attention and all extensions or the payments of the payments and the payments of the payments and the payments of the payments and the payments are payments and the payments and the payments and the payments are payments are payments and the payments are payments are payments and the payments are payments are payments are payments are payments. The payments are payments	APPROAUTOF APPLICANT
646-B. Mich 24 6-B. Mich 27 Crice, Box 8234. Ocean orized copy of their Brands g and certificate of 12-a if accompany application. SER THAN 844" is 15" and ir required fee profes docum in within they would required a ir will be the profess of a vell result in additional de ir required to appear for ind the Jaby and November. By	DEI COCCONY, REF CURRORITY OF CHAPTER YOU WORD Econosed to celebrational Security, FLEXI or LAM d. ch Pho basis of National Bio and fit. Projectories De 184 18	ertificate the blocking for the second secon	Motory Public for	C or Individual series to the	and proper payment and their made by an another their made by and herein on the process of their far process of th	10.44
Cones (10 ser governo Cones (10 ser governo Series (10 ser	regiod in a post-graduate total LZATICAL, tar y written exemination, CES CO, to the identical Beard of the court exemination, FLEX or LA total Board. Addresses and 1 104. Fee \$18	A not retermable.		NOTARY PUBLIC, WHO SEL BEGNATURE	And the second s	AUGUND KUTU
Consider Funds Consider Funds AMA possesses in	ing program, please o Rate of Accuses CC. you must dee					10279

10274 P.5

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 and question regarding this matter,
please write to: Stephen Soreff, M.D.

22 Bramhall Street Portland, Maine 04102

Sincerely,

Cawl P. Ward MD.

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

NATIONAL BOARD CF MEDICAL EXAMINERS SESTIFICATION TO THE PROPERTY OF CERTIFICATION TO THE PROPERTY OF CHARLES OF THE PROPERTY OF CHARLES OF THE PROPERTY OF having salistied all the requirements and having successfully passed the examinations is the requirements and having successfully passed the examinations is the reply declared a Diplomate of the National Board of Medical Examinates. Affest JOHN S. HILLIS

Creamen of the Board

SEAL

FEDITHE J. LEVIT

Residen for the Board SEAL EDITHE J. LEVII | Financial | Financi tt is certified that the above is a copy of the Diplomate Certificate (issiled to the name) physician a graduate of CASE NESTERN RESERVE U Figure 1977 whose birth date is Figure 1977 whose pirth d The grades obtained are as follows: Standard Scale PART I passed 05/75 Anatomy, Incl. histology and embryology 460 425 325 Physiology Biochemistry Biochemistry Pathology Microbiology; incl. immunology 型346 Pharmacology and Materia Medica

Behavioral Sciences

(Minimum Paggios 平 1 450 520 7 (Minimum Passing Grade 380/75) TOTAL GRADE/AVERAGE: 1995 Part II passed 09/76 Part II passed 09/76
Internal medicine and the medical specialties
Surgery and the surgical specialties
Obstetrics and Gynecology
Public Health and Preventive Medicine
Pediatrics
Pediatrics
(Minimum Passing Grade 290/75) TOTAL GRADE/AVERAGE*

(Minimum Passing Grade 290/75) TOTAL GRADE/AVERAGE* PART III passed 1 03/78 PART III passed 03/78
A General Test of Clinical Competence
(Minimum Pessing Grade 290/75)
AVERAGE 510 Examinations taken since June 1971 are reported with both Standard and Scale Sci t Since (1966 National Board criteria for certification are based upon candidates total Grade Part III and Part III, and not scores of individual subjects within each Part Secretary for Certification (到解解我们想请到20



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

AMA PHYSICIAN PROFILE

P · SMAY 1 1980

#1027

AMERICAN MEDICAL ASSOCIATION 535 NORTH DEARBORN STREET CHICAGO, ILLINDIS 60610

DIVISION OF SURVEY AND DATA RESOURCES DEPARTMENT OF DATA RELEASE SERVICES

TRANSPORTED TO THE PROPERTY AS DATE: 04-22-80 PORTLAND ME 04102 NAME: WARD, CAROL REBECCA, M.D. ADDRESS: 22 BRAMHALL ST BIRTHPLACE: CLEVELAND, OH MEDICAL EDUCATION (SCHOOL YEAR):

CASE WESTERN RESERVED TO THE SERVED THE SER 1977 NATIONAL BOARD CERTIFICATION: 1978 LICENSES: NOT REPORTED TO DATE

PHYSICIAN'S PROFESSIONAL ACTIVITIES: 11994 PT 11994 PT 109 PT 10 RESIDENT MAIDLYHS ZIMI AMT MOLLASTA ARU SWITER HE CANAN ALALYTI IESE ARU SWITER HE CANAN ALALYTI IN SPECIALTY: UNSPECIFIED TANTER OF A BOTH A SHEET OF A SH RESIDENCY: NOT REPORTED TO DATE COPYRIGHT 1979 AMERICAN MEDICAL ASSOCIATION **AMA FILES CHECKED** SEE REVERSE

090080112F13180442

NEW PROPERTY.

7 - MAY 1

AMA PHYSICIAN PROFILE

10274

AMERICAN MEDICAL ASSOCIATION 535 NORTH DEARBORN STREET CHICAGO: TLEINDYS 60610

CIVISITE OF SURVEY AND DATA RESOURCES

	Harry Francis		500 E T. 1	SHI NE
AMA		re service services		V
Ana		Articles (1995)	element i	
27 - 2 Maria	of the second			
		Called Speeds		
	PURPLE TO A PROPERTY OF THE PR	CALLED THE WAY	CONTRACTOR	
rei 🖁		RESEDUCTIVES:		
		10-10-0-0-1-1-4	direct of debra	71
	THE RESERVE OF THE PARTY OF THE	en a 2 as skriene		
IT 🖁				
(AM		Eggi cate Can		
PRO		diam'r ohio2		
MITE				
BE 1		tana di saba anta kamata		
GRA	5 1	a Più Losi	old (# 8)	
NON		the entered of		•
SPE		-	The second second second	Signific
(3)				
OK (. 45		1.	
ANY		1-12-0-		
STA				人
WHA				
T10		e Transmission		0 -
ALL	5			
OR C				# 50 AV
8 E				LERK S
48	H B			
			Salamen Co.	serve du
24.446				DEST. TAKE PROBEST

- P14 4068042 -

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—R ROLL HAW SELEAN MOTOR INTERNATIONAL MAIL SS :223 AUG a (See Reverse) SENTION LEGISLE CONTROL OF STATE OF STA

PHYSICIAN'S HISTERS JUSAS LENGTHES ! TOTAL POSTAGE AND FEES () S 32 () ()

POSIMAMORDAM TEST THE ZA-THE RECOURTS TO THE TABLE LA-PER AUG 15 1980 - AUTH MATIC WINSTING WELLE AND ANY THERE FION COH TREETAED THEERFECK SHALL Z IN THE EVENT LEIT THAN

SPECIALTY: UNSPECIFMO

EEST DENCY: MED KLERKER I GATE

SECRETE 1970 BACK IN TORE ROSELLAS DE AVAMA FILES CHILA

医内侧侧骨柱骨

OPPOSEDE LEGATIONS

Date Certificate Printed:

Date Posted:

Maine Board of Licensure in Medicine

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

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		License No		
	Carol R Ward, MD	18 177	010274	Social Security	
			010274		7
			Daytime Phone No.	Date of Birt	1/20/97
		na Milata	Daydine Filone No.	Date of Birt	%
			Carried State Control of the Control		97
(A A			for Which Applying:		
Į y	(1.) I am applying for an initial license to practice				
卫	(2.) I am applying for ACTIVE registration, based				
	(3.) I am applying for INACTIVE registration. I h and approval from the Board, I certify that I will Maine in any degree, including the writing of pre	not practice medicing	ne in Maine. I certify that I will not	tion. Without prior application provide professional services	
	(4.) I am applying for reinstatement of my Maine	e license.			
	(5.) I request to WITHDRAW my Maine license f	from registration, 1 a	acknowledge that reinstatement is	not possible after 5 years.	
	(In order to apply for withdrawal you must com	plete entire form, de	ate, sign, and return by due date or	nitting payment of	
	renewal application fee.)	Personal Data Up			
	A. If the spelling of your name, social security n			t places signification areas	
	and legibly print the correct information.	diliber, or date or br	itii prepiinted above are not correc	t, please circle the error	
	B. The Board requires BOTH your HOME mailing	address and phone	and the address and phone of your	PRINCIPAL PLACE OF MEDICA	AL
	PRACTICE. You may designate which of the tw	vo vou wish to be us	sed for mailings from the Board. No	ote however that the address	
	designated for that purpose will also be the add	ress published by the	e board in listings and publications	available to the general public.	•
	46)== n				
	(6.) Prefer Board contact me at home.		0.00		
	Home Mailing Address	If your hor	me address is incorrect, please corr	ect here	
	185 Woodville Road				
	Falmouth ME 04105				
	Home Phone: (207) 797-9430				
	(7.) Prefer Board contact me at office.				
	Office Mailing Address	If your off	ice address is incorrect, please com	reet hore	
	Office Maining Address	n your on	ice address is incorrect, piease con	ect liele	
	535 Ocean Avenue				
	Portland ME 04103				
	Office Phone: (207) 871-0666				
		Practice Date			
	(8.) At present I practice medicine (check all that			Check here if ABN	
	If your practice data is incorrect, please co	rrect	10.10.	certified in this sp	ecialty
	in the space provided		(9.) Primary Specialty: (10.) Sub-specialty 1:	Obstetrics and Gynecology	
	Full Time Hospital-based Pra		(11.) Sub-specialty 1:		_Ц
	Part Time In Partnership or C	3roup	(12.) I am ABMS Specia	alty Board certified by:	<u> </u>
	Solo I Have Retired		(Board Name):	ABOG	_X
	Do Not See Patients (i.e., Administrative,		· · · · · · · · · · · · · · · · · · ·	7000	
	Research, Teaching, etc.)	Liability insurance	i Data		
	Although maintenance of professional liability insi		40 (20) (10) (10) (10) (10) (10) (10) (10) (1	and in we write d &	
	each licensee's source of insurance, if any, to the	Superintendent of	Insurance to aid in the administration	ard is required to provide data a on of the Maine Rural Health Ac	about
	Program pursuant to PL (1990) Ch. 931.		Complete Only if Applying for Regis		
	(13.) Regardless of specialty interest or scope of professional negligence/medical malpractice? Ple	your medical practic	e in Maine, do vou have in effect a		oility fo
	Insurance Company (Name, Address)	Yes No			
	Medical Mutual of Maine	Policy #:			

Hospital/Employer:

*** Please Continue with Entries on Reverse of this Page **

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

Sta	ate Certificate#	Expiration Date	Present Status	Please add to or correct any of the entries listed at	left:	
□ +h	ave never held a permanent medi	10 To		Maine.		
(15.) H	fave you ever: (Circle the appropriate	response.)				
(15-1)	Had any state or territory of the U.S. disciplinary action against the licens suspension, revocation, or restriction	e issued to you in tha	t jurisdiction	/ER deny your application for any license, taken any (including but not limited to warning, reprintend, fine, with or without monitoring?)	NO	YES
(15-2)	Left a medical licensing jurisdiction	while allegations wer	e pending?		NO	YES
(15-3)	Been denied registration by the U.S. restricted, suspended, or revoked? It to prescribe or dispense controlled su	las any state or provir	dministration ace denied, re	(DEA) or has your DEA Registration ever been modified, stricted, modified, suspended, or revoked your state permit	(NO)	YES
(15-4)	Received a sanction from Medicare	or from a state Medic	aid program?		(NO)	YES
SINCE	LAST RENEWAL, HAVE YOU HAD AN	OF THE FOLLOWING	OCCURREN	CES? (Circle the appropriate response.)		
(15-5)	Suffered from any physical, psychiat as a physician or resulted in an inabil			d impair or require limitations on your functioning dicine for more than 30 days?	(NO).	YES
(15-6)	Been indicted, arrested or convicted or parking violations)?	of any criminal offen	se (including	motor vehicle offenses but not including minor traffic	NO)	YES
(15-7)	Hospital (or similar health care instit withdrawn involuntarily; or, you volu	ution) privileges whic untarily surrendered p	th had previous rivileges or re	usly been granted to you were suspended, restricted, esigned from staff membership while under peer review?	(NO)	YES
(15-8)	Disciplined by a professional society	or resigned while acc	cusation was j	pending?	(NO)	YES
(15-9)	claim of medical malpractice liability	in which you are/we	re named as a	t by negotiation/arbitration, or judgement by a court in a defendant with any degree of liability including pany/respresentatives without your express	NO	YES
(15-10)	Been notified by the licensing board and those allegations are not now dis which remain open as of the date of t	missed by a finding o	f that board t	of the existence of allegations, filed with or by that board, hat the allegations were without merit? (Note: accusations ponse and explanation.)	NO	YES
(15-11)	Do you practice medicine within the	State of Maine witho	ut "active" me	edical staff privileges at a Maine hospital?	NO	YES
(15-12)	Do you practice medicine in a state of in the jurisdiction where you practice	τ province other than?	Maine witho	ut "Active" medical staff privileges at a hospital operating	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 APPLIC	MION	
(All applicants must personally sign and date whether ap			Figure 1 and
l affirm under penalties of perjury that all information ent l understand that any false statement may be found to be	a ground for discipline of my license to pra	otice medicine in Maine pursuant to 32.	VLR.S.A. (3282-A(2)
I acknowledge my responsibility to notify the Maine Board particular, to notify the Board within 10 days of a change			ed hero and, in the state of th
Date 10/30/07	Signature: Typed or Printed Name:	COUNTE	MD MD

For Ofc Use	
Staff Rev Date: 11/19/9 Recommendation:	
Staff Rev Date: Recommendation:	

CONTINUING MEDICAL EDUCATION REPORTING LOG

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

4

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
AMERICANCOLC.				
PHYS, EXECS.	Tucson	PHYSICIANS IN MGMT, I.	11/4-11/8/96	31
MMC	MMC	Grand Rounds & Spec. Lout.	1/96-1/97	38
U. Of Piftsburgh	SNOWMASS.	Update in ObGyn.	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
teoding	mmc.	UVM med student bectwer,	1/96-1/98	24
. 0		UVM med student lectures,		
				7
		·		
	1 -			

• .		4,141	* * .					TOTAL (CATEGORY II C	REDITS 24
AFFIDAVIT:	CERTIFY THIS	LOG TO BI	E A TRUE AND CO	RRECT RE	PORT OF MY C	ме астіуіту.			Contract	(
Dated:	11/3	5/97	7	Phys	sician Signat	ure:	RU	eigh	M,	•
	то ве	VALID,	FORMS MUS	T BE SIG	NED, DATE	o, WITH TH	E HOURS TO	OTALED ON E	ACH SECTION	ı

Instructions for Completing Application for Maine Medical License Registration Renewal

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

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

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

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

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

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

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

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

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

Liability Insurance Data:

Mnst 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 <u>permanent</u> 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

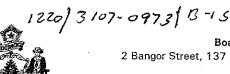
Cause Alleged by Claimant: Delayed diagnosis of ectopic pregnancy.

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.

* * * * *



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:
\$2,86/45

License Number: Date Certificate Prir

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.

	NAME/ADDRESS OF RECOR	D.	L	icense No	Social Security	=	
	Carol R Ward, MD		·	010274	Social Security	rinted:	
		Hi 240 2 6	1995			' Ω.	
				ne Phone No.	Date of Birt	. 0	
						01027 1/4/9	
		AND OF LICENSUI	4			0274 /4/96	
	SS/RS/CG-COMPANIES	pe of Registration Cl	Part of the second seco	Applying:	4	74 96	
۲	(1.) I am applying for an initial license	•					
뒭	(2.) I am applying for ACTIVE registra						
	(3.) I am applying for INACTIVE regis and approval from the Board, I certify Maine in any degree, including the wi	that I will not pract	ice medicine in Mair	ne. I certify that I will not prov	Without prior application with the professional service		
	(4.) I am applying for reinstatement of	f my Maine license.					
Ī	(5.) I request to WITHDRAW my Main	ne license from regis	tration. Lacknowled	lge that reinstatement is not p	ossible after 5 years.		
	(In order to apply for withdrawal you	must complete enti-	re form, date, sign,	<u>and return</u> by due date omittir	ng payment of		
	renewal application fee.)	Persona	al Data Update:		•		
	A. If the spelling of your name, socia	29.040		nted above are not correct. ple	ance circle the arror		
	and legibly print the correct informati	on on the adjacent li	ne.	nted above are not confect, pie	ase circle the enor		
	B. The Board requires BOTH your HO PRACTICE. You may designate whic for that purpose will also be the addr	h of the two you wis ess published by the	sh to be used for ma	illings from the Board. Note h	owever that the address d	AL esignated	
	(6.) Prefer Board contact me at hor						
	Home Mailing Address		If your home addres	s is incorrect, please correct h	iere		
	FALMOUTH ME CYLOS						
	PALIDOM IT THE DITO.	,					
	Home Phone: (49) 771 - 9430						
	(7.) Prefer Board contact me at off	ice.					
	✓ Office Mailing Address		If your office address	ss is incorrect, please correct l	nere		
	535 Ocean Avenue		*				
	Portland ME 04103						
	Office Phone: (207) 871-0666	;					
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	actice Data:		Check here if ABN	UIC SIN	
	(8.) At present I practice medicine (c If your practice data is incorrect				certified in this sp		
	in the space provided	, piedse conect		(9.) Primary Specialty: Obste	•	M.	
		II-based Practice		(10.) Sub-specialty 1:		-	
	,—· ·	nership or Group		(11.) Sub-specialty 2:			
	Solo I Have			(12.) I am ABMS Specialty E	Board certified by:		
	Do Not See Patients			(Board Name): ANN	etica Bird of 01364		
	(i.e.,Administrative, Research, Teaching, etc.)	fishing.	(Insurance Data:	novimen	,		
		2000 March Contract of the Con		2007/9461			
	Although maintenance of professional licensee's source of insurance, if any, pursuant to PL (1990) Ch. 931.	to the Superintender	nt of Insurance to aid	or Maine licensure, the Board is I in the administration of the N stration in "Active" status.)	s required to provide data a Maine Rural Health Access	about each Program	1
	(13.) Regardless of specialty interest o professional negligence/medical malpra	r scope of your med actice? Please make	ical practice in Main changes if appropri	e, do you have in effect a poli ate.	cy insuring you against lial	bility for	
	Insurance Company (Name, Address)	Yes	○ No				
	Medical Mutual of Maine	Policy #					
		_ Che	ck here if premiums t	or your professional liability are	paid by a Hospital or other	employer:	,
			/Employer:	*	i, injurite primiter of the	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		Hospital	anipioyer.	·			

*** Please Continue with Entries on Reverse of this Page ***

Background Data := -

(All Applicants Must Complete)

Staff Rev Date:

__Recommendation: _

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

St	ate	Certificate#	Expiration Date	Present Status	Please add to or correct any of the entries listed at	left:	
<u>∏</u> rih	ave never he	ld a permanent medical	practice license	except in	Maine.		
(15.) H	Have you ever:	•					
(15-1)	disciplinary a	ction against the license iss	ued to you in that	iurisdiction	EVER deny your application for any license, taken any including but not limited to warning, reprimand, fine, with or without monitoring?)	NO	YES
(15-2)	Left a medica	I licensing jurisdiction whil	e allegations wer	e pending?		(NO)	YES
(15-3)	restricted, sus	registration by the U.S. Dru pended, or revoked? Has a r dispense controlled substa	nv state or provir	dministration ce denied, r	n (DEA) or has your DEA Registration ever been modified, estricted, modified, suspended, or revoked your state permit	NO	YES
(15-4)	Received a sa	nction from Medicare or fro	om a state Medica	aid program'i	?	NO	YES
SINCE	LAST RENEWA	L, HAVE YOU HAD ANY OF	THE FOLLOWING	OCCURREN	NCES? (Circle the appropriate response.)		
(15-5)	Suffered from as a physician	any physical, psychiatric, or resulted in an inability t	or addictive disor o engage in the p	der that wou ractice of me	old impair or require limitations on your functioning edicine for more than 30 days?	NO	YES
(15-6)	Been indicted or parking vio	, arrested or convicted of ar lations)?	y criminal offens	e (including	motor vehicle offenses but not including minor traffic	NO	YES
(15-7)	Hospital (or si withdrawn inv	milar health care institution oluntarily; or, you voluntar	n) privileges whic ily surrendered p	h had previo	osly been granted to you were suspended, restricted, resigned from staff membership while under peer review?	NO	YES
(15-8)	Disciplined by	a professional society or re	esigned while acc	usation was	pending?	(NO)	YES
(15-9)	claim of medi-	cal malpractice liability in vits and including settlement	which you are/we	re named as	nt by negotiation/arbitration, or judgement by a court in a a defendant with any degree of liability including npany/respresentatives without your express	NO	YES
(15-10)	and those alleg	by the licensing board of argations are not now dismiss open as of the date of this a	ed by a finding o	f that board:	a of the existence of allegations, filed with or by that board, that the allegations were without merit? (Note: accusations sponse and explanation.)	NO	YES
(15-11)	Do you practic	ce medicine within the State	of Maine withou	it "active" m	nedical staff privileges at a Maine hospital?	NO	YES
(15-12)	Do you praction in the jurisdict	ce medicine in a state or pro- tion where you practice?	vince other than	Maine witho	out "Active" medical staff privileges at a hospital operating	NO	YES
		(Any "Yes" response must	be explained fully	on a separate	attached 8 x 11 sheet of paper cross-referenced by guestion number.)	-	
1	Note: A				subject you to a loss combination shows of \$100 AL. 6.7		

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
Il applicants must personali	y sign and date whether applying for "activ	e" or "mactive" registration of license or requesting withdrawal of registration.)
ion under penalties of per	iwy that all information entered and respon	uses given on this application are true and accurate to the best of my knowledge and belief.
derstand that any false sta	ement may be found to be a ground for dis-	scipline of my license to practice medicine in Maine pursuant to 32 M.R.S.A. \$3282-A(2).
icular, to notify the Board	within 10 days of a change in my place of i	in Medicine of any subsequent change in my status from that reported here and, in medical practice or place of residence.
	一个一个一个一个	Signature: Allw/MWayNin MD
Date:		25 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Date:	en anni di la Calendari e la companya di la companya	Typed or Printed Name: (A) (C) (A) (D) (MD) MD
Date		Typed or Printed Name CARUU K WANTO MID MD
Use	Established in the second seco	Typed or Printed Name (ARUL II) WARD MID

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.

ACCREDITED SPONSOR	LOCATION OF ACTIVITY	DESCRIPTION OF ACTIVITY	DATES ATTENDED	CREDITS EARNED
U. of Wan.	Park City Utah.	OBGUN Update & Enduc. Lufe	ev+3/1-3/7/95	25
MMC.	MMC.	OBGUNUPLATE & Endoc Enfe	1/1/94-12/3	0/04 37
MidCoast Hosp.	Samoret.	Communication in Medical Pracs	14 10/26/94	8
nme "	MMC	grad mirels	all 1995	
				<u> </u>
·				

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

TOTAL	CATEGORY	TOPPNITE

70 plice

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·]
millianing	(1	OBbyn - published astrile	.*	-30 ·] /
		in twenter on Nimplant			
		OBbyn-published aspelle in thrember on Norplant Pleneval.			
			·		
					1
					1
					7

AFFIDAVI	T: I CERTIFY THIS LOG TO BE A TRUE AN	O CORRECT REPORT OF MY CME ACTIVITY			12
	1 lalas		MAIN	TOTAL CATEGORY I	I CREDITS TO
Dated:_	7 10 17	Physician Signature:	WUVY		96
	1	<u>_</u>	/ \		

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

Instructions for Completing Application for Maine Medical License Registration Renewal

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

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

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

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

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

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

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

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

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

Liability Insurance Data:

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

Background Data:

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

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

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

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

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

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.

* * * * *

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

Hospital/Employer:

(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

Yes

Policy #:

professional negligence/medical malpractice? Please make changes if appropriate.

Insurance Company (Name, Address)

Medical Mutual of Maine

Background Data

(14	l.) Other tha	s Must Complete n in Maine, I currently hold, tates or provinces of Canad sident, or fellow). Please if	or I have at on a (exclude tem ake correction	porary, Locum s to information	perma tene n belo	anent license to practice medicine in the following s ns, or permits/certificates allowing training in the ca ow)	states (or territories) apacity of clinical
St	ate	Certificate#	Expiration Date	Present Status		Please add to or correct any of the entries list	ted at left:
					* .		
						1000	
E IT	ave never h	neld a permanent medical pr	actice license e	except in Maine	e.		
/ \		r: (Circle the appropriate response		•			
(15-1)	disciplinary	ate or territory of the U.S. or properties against the license issues, revocation, or restrictions in p	ed to vou in tha	t iurisdiction (in	ıcludir	y your application for any license, taken any gout not limited to warning, reprimand, fine, without monitoring?)	NG YE
(15-2)	Left a medi	ical licensing jurisdiction while	e allegations wer	e pending?			NO YE
(15-3)	restricted, s	d registration by the U.S. Drug suspended, or revoked? Has ar e or dispense controlled substan	ev state or provin	dministration (I	DEA)	or has your DEA Registration ever been modified, modified, suspended, or revoked your state permit	NO YE
(15-4)	Received a	sanction from Medicare or fro	m a state Medic	aid program?			NO YE
SINCE	LAST RENEW	AL, HAVE YOU HAD ANY OF	THE FOLLOWING	GOCCURRENCE	S? (Ci	role the appropriate response.)	
(15-5)	Suffered from as a physici	om any physical, psychiatric, o an or resulted in an inability to	r addictive disor engage in the p	der that would i	mpair cine fo	or require limitations on your functioning or more than 30 days?	NO YE
(15-6)	Been indict or parking v	ed, arrested or convicted of an violations)?	y criminal offens	se (including mo	otor ve	chicle offenses but not including minor traffic	NO YE
(15-7)	Hospital (or withdrawn i	r similar health care institution involuntarily; or, you voluntar) privileges which ly surrendered p	ch had previousl privileges or resi	ly been	n granted to you were suspended, restricted, from staff membership while under peer review?	NO
(15-8)	Disciplined	by a professional society or re	signed while acc	cusation was per	nding'	?	110
(15-9)	claim of me "nuisance" :	dical malpractice liability in w	hich you are/we	re named as a d	efend:	otiation/arbitration, or judgement by a court in a ant with any degree of liability including presentatives without your express	NO YE
(15-10)	and those al	ed by the licensing board of an llegations are not now dismisse in open as of the date of this ap	ed by a finding o	f that board that	t the a	xistence of allegations, filed with or by that board, llegations were without merit? (Note: accusations d explanation.)	NO YE
(15-11)	Do you prac	ctice medicine within the State	of Maine witho	ut "active" medi	ical st	aff privileges at a Maine hospital?	NO YE
(15-12)	Do you practing the jurisd	ctice medicine in a state or pro- liction where you practice?	vince other than	Maine without	"Activ	ve" medical staff privileges at a hospital operating	NO YE
		(Any "Yes" response must	be explained fully	on a separate, at	tached	8 x 11 sheet of paper cross-referenced by question number.)	
	Note	Any missing entry will render this	application incomp	olete and may subj	ect you	to a late application charge of \$100. Also failure to enclose the	
l	аррго	priate renewal application fee or pr	ovide evidence of t	ME qualification	if appl	ying for ACTIVE status will render your application incomplete	
1 a	lfirm under per	alties of perjuly that all information	entered and respo	nses given on this	egistra applic	from of ficeuse or requesting withdrawal of registration.)	
I a	cknowledge m	responsibility to notify the Maine	Beard of Licensure	in Medicine of a	ay subs	practice medicine in Maine pursuant to 32 M, R.S.A. \$3282-A(2) equent change in my status from that reported here and, in	
pa.	rticular, to notify the Date:	by the Board within 10 days of a chi-	me in my place of	medical practice S Typed or Printe	ignatu	c White	dD MD

Staff Rev Date: Recommendation: 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
Signetter Nucheel	howe atudy.	Risk Aware - prelipeder 5 hidy	1/22/99	Q.
MMC.	MMC	grand Runds, MSM.	1/98-1/99	38
MMAR	Freemot.	Reducing c/s unference.	5/27/98	3
Med Muhal.	portlad.	Difficult clinicis pt relat.	10/28/990	4.
Mt. Auburn.	BASTON NEWW	conf-conversies i ob.	11/19/198	7
MHAURUM	Newholmen	Adv. in GYN Laparosopy of	,	,
		Hystachupu	9/16/98	. 7
Medhuha	ume.	"Forthe Record "	3/98.	6
MMC	MMC	grand Rounds M&Mete.	1/99-1/00	27
ASCEP.	Santa Barbara Cap.	Vulvandised & Edw. wlgoscopy.	12/1/99-12/4	18

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

TOTAL CATEGORY I CREDITS // (2

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	purtland Me.	tracting N.P. Amdert.		20.
leaching.	my office.	F.P. rendents	98-99	60
teaching.	(()	UVM meelstudents.		40
				į.
	,			

			TOTAL CAT	EGORY II C	REDITS_	120
AFFIDAVIT: I CERTIFY THIS LOG TO BE A TRUE AND CORRECT REPORT OF MY CME ACTIVITY.		٠		•		
12/0/00	$ \Lambda$ Λ Λ	Å	1			

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

Physician 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 Appying (select only one.):

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

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

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

REINSTATEMENT: This category applies to physicians who have allowed their license to lapse or who have withdrawn from licesnare 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.

* * * * *

WARD CAROL R	
14. PRINCIPAL SETTING OF EMPLOYMENT (Check only one):	
11. Lil hospital 12. In nursing home, rest home, convalescent home,	33. university or college other than medicine, dentistry, or nursing
chronic disease hospital 13. clinic, free-standing	34. ☐ school or treatment center for the handicapped or disabled
14. 🔲 group health plan facility	35. elementary or high school
16. Community Health Center	36. other schools 41. patients' homes
21. health facility on military installation 22. VA., Public Health, Indian Health, and other	42. medical research institution or establishment 43. professional or allied health association
federal facilities 31. School or college of Allopathic or Osteopathic	44. administrative or regulatory health agency 51. manufacturing or industrial establishment
medicine or dentistry	52. retail, wholesale, or trade establishment
32. School or college of nursing	72. L other (specify)
15. HOURS USUALLY SPENT PER WEEK:	•
025 hrs. a. Providing patient care or services (exclude on call hour training provided to interns, residents, students or training provided to interns.)	
014 hrs. b. On call 000 hrs. c. Teaching course(s) related to this licensed profession	
000 hrs. d. Research	
000 hrs. e. Administration (excluding administrative duties related 000 hrs. f. Retail or wholesale trade	to the care of patients)
000 hrs. g. Other (specify) hrs. TOTAL	
Of the hours listed in 15a. above, how many were spent providing:	
Preventive Medical Care (immunizations, etc.)?hrs.	Patient Education?hrs.
16. DO YOU HAVE AN ESTABLISHED SYSTEM IN YOUR OFF	FICE (e.g., a card file "tickler" system) TO REMIND
PATIENTS OF SCHEDULED PREVENTIVE MEDICAL CAR	
1. ☐ Yes 2. ☐ No	1
17. PROFESSIONAL SPECIALTY AND HOURS	
Please indicate below, your primary, secondary and tertiary specialties alo	
spend per week in each specialty. NOTE: Use only those hours indicate	Hours
Specialty OBSTETRICS AND GYN	(Patient Care) BBB.
rilinary	
Secondary	
Tertiary	
rentaly	·
•	Total = 15a. above
18. REGARDLESS OF YOUR SPECIALTY, DO YOU DELIVER 1. 1. 1. 1. 1. 1. 1. 1.	Total = 15a. above
18. REGARDLESS OF YOUR SPECIALTY, DO YOU DELIVER 1. ▼ Yes 2. □ No If Yes, approximately how many deliver	Total = 15a. above
18. REGARDLESS OF YOUR SPECIALTY, DO YOU DELIVER	Total = 15a. above
18. REGARDLESS OF YOUR SPECIALTY, DO YOU DELIVER 1. ▼ Yes 2. □ No If Yes, approximately how many deliver	Total = 15a. above R BABIES? eries do you provide in a year? BBB
18. REGARDLESS OF YOUR SPECIALTY, DO YOU DELIVER 1. ☑ Yes 2. ☐ No If Yes, approximately how many delive 19. ARE YOU BOARD CERTIFIED?	Total = 15a. above R BABIES? eries do you provide in a year? BBB
18. REGARDLESS OF YOUR SPECIALTY, DO YOU DELIVER 1. ▼ Yes 2. □ No If Yes, approximately how many deliver 19. ARE YOU BOARD CERTIFIED? 1. ▼ Yes 2. □ No If Yes, please specify: OBSTETRIF 20. ARE YOU ACCEPTING NEW PATIENTS? 1. ▼ Yes	Total = 15a. above R BABIES? Pries do you provide in a year? CS AND GYN 2. \(\sum \) No
18. REGARDLESS OF YOUR SPECIALTY, DO YOU DELIVER 1. ▼ Yes 2. □ No If Yes, approximately how many deliver 19. ARE YOU BOARD CERTIFIED? 1. ▼ Yes 2. □ No If Yes, please specify: OBSTETRIF 20. ARE YOU ACCEPTING NEW PATIENTS? 1. ▼ Yes 21. DO YOU ACCEPT MEDICARE B (Title18) ASSIGNMENTS	Total = 15a. above R BABIES? BBB CS AND GYN 2. No 7 1. XYes 2. No
18. REGARDLESS OF YOUR SPECIALTY, DO YOU DELIVER 1.	Total = 15a. above R BABIES? BBB CS AND GYN 2. No 7 1. XYes 2. No
18. REGARDLESS OF YOUR SPECIALTY, DO YOU DELIVER 1. ▼ Yes 2. □ No If Yes, approximately how many deliver 19. ARE YOU BOARD CERTIFIED? 1. ▼ Yes 2. □ No If Yes, please specify: OBSTETRIF 20. ARE YOU ACCEPTING NEW PATIENTS? 1. ▼ Yes 21. DO YOU ACCEPT MEDICARE B (Title 18) ASSIGNMENTS: 22. DO YOU TREAT MEDICAID (Title 19) PATIENTS? 1. ▼ If Yes, what percent of your practice is Medicaid? (Indicate percent)	Total = 15a. above R BABIES? BBB CS AND GYN 2. No 7 1. XYes 2. No
18. REGARDLESS OF YOUR SPECIALTY, DO YOU DELIVER 1.	Total = 15a. above R BABIES? Paries do you provide in a year? BBB CS AND GYN 2. □ No 7 1. ▼ Yes 2. □ No 1 ▼ Yes 2. □ No 1 ▼ Yes 2. □ No
18. REGARDLESS OF YOUR SPECIALTY, DO YOU DELIVER 1. ▼ Yes 2. □ No If Yes, approximately how many deliver 19. ARE YOU BOARD CERTIFIED? 1. ▼ Yes 2. □ No If Yes, please specify: OBSTETRIF 20. ARE YOU ACCEPTING NEW PATIENTS? 1. ▼ Yes 21. DO YOU ACCEPT MEDICARE B (Title18) ASSIGNMENTS: 22. DO YOU TREAT MEDICAID (Title 19) PATIENTS? 1. ▼ If Yes, what percent of your practice is Medicaid? (Indicate percent) If Yes, do you limit the percent of Medicaid patients in your practice? 23. ARE YOU ACCEPTING NEW MEDICAID (Title 19) PATIENTS	Total = 15a. above R BABIES? BBB CS AND GYN 2. \(\text{No}\) No 7 1. \(\text{XI}\) Yes 2. \(\text{No}\) No 1. \(\text{XI}\) Yes 2. \(\text{No}\) No TS? 1. \(\text{XI}\) Yes 2. \(\text{No}\) No
18. REGARDLESS OF YOUR SPECIALTY, DO YOU DELIVER 1. ▼ Yes 2. □ No If Yes, approximately how many deliver 19. ARE YOU BOARD CERTIFIED? 1. ▼ Yes 2. □ No If Yes, please specify: OBSTETRIF 20. ARE YOU ACCEPTING NEW PATIENTS? 1. ▼ Yes 21. DO YOU ACCEPT MEDICARE B (Title18) ASSIGNMENTS: 22. DO YOU TREAT MEDICAID (Title 19) PATIENTS? 1. ▼ If Yes, what percent of your practice is Medicaid? (Indicate percent) If Yes, do you limit the percent of Medicaid patients in your practice? 23. ARE YOU ACCEPTING NEW MEDICAID (Title 19) PATIENTS 24. APPROXIMATELY HOW MANY PATIENTS ARE THERE IN	Total = 15a. above R BABIES? BBB CS AND GYN 2. \(\text{No}\) No 7 1. \(\text{XI}\) Yes 2. \(\text{No}\) No 1. \(\text{XI}\) Yes 2. \(\text{No}\) No TS? 1. \(\text{XI}\) Yes 2. \(\text{No}\) No N YOUR PRACTICE? (indicate number)
18. REGARDLESS OF YOUR SPECIALTY, DO YOU DELIVER 1. ▼ Yes 2. □ No If Yes, approximately how many deliver 19. ARE YOU BOARD CERTIFIED? 1. ▼ Yes 2. □ No If Yes, please specify: OBSTETRIF 20. ARE YOU ACCEPTING NEW PATIENTS? 1. ▼ Yes 21. DO YOU ACCEPT MEDICARE B (Title18) ASSIGNMENTS: 22. DO YOU TREAT MEDICAID (Title 19) PATIENTS? 1. ▼ If Yes, what percent of your practice is Medicaid? (Indicate percent) If Yes, do you limit the percent of Medicaid patients in your practice? 23. ARE YOU ACCEPTING NEW MEDICAID (Title 19) PATIENT (24. APPROXIMATELY HOW MANY PATIENTS ARE THERE IN 25. PLEASE ESTIMATE THE PERCENT OF YOUR PATIENT (25. PLEASE ESTIMATE THE PERCENT OF YOUR PATIENT)	Total = 15a. above R BABIES? BBB CS AND GYN 2. \(\text{No}\) No 7 1. \(\text{XI}\) Yes 2. \(\text{No}\) No 1. \(\text{XI}\) Yes 2. \(\text{No}\) No TS? 1. \(\text{XI}\) Yes 2. \(\text{No}\) No N YOUR PRACTICE? (indicate number)
18. REGARDLESS OF YOUR SPECIALTY, DO YOU DELIVER 1. ▼ Yes 2. □ No If Yes, approximately how many deliver 19. ARE YOU BOARD CERTIFIED? 1. ▼ Yes 2. □ No If Yes, please specify: OBSTETRIF 20. ARE YOU ACCEPTING NEW PATIENTS? 1. ▼ Yes 21. DO YOU ACCEPT MEDICARE B (Title18) ASSIGNMENTS: 22. DO YOU TREAT MEDICAID (Title 19) PATIENTS? 1. ▼ If Yes, what percent of your practice is Medicaid? (Indicate percent) If Yes, do you limit the percent of Medicaid patients in your practice? 23. ARE YOU ACCEPTING NEW MEDICAID (Title 19) PATIENTS 24. APPROXIMATELY HOW MANY PATIENTS ARE THERE IN	Total = 15a. above R BABIES? BBB CS AND GYN 2. No 7 1. Yes 2. No 1. Yes 2. No 1. Yes 2. No TS? 1. Yes 2. No NO NYOUR PRACTICE? (indicate number) CARE TIME SPENT WITH EACH OF THE FOLLOWING
18. REGARDLESS OF YOUR SPECIALTY, DO YOU DELIVER 1.	Total = 15a. above R BABIES? Pries do you provide in a year? BBB CS AND GYN 2. □ No 7 1. ▼ Yes 2. □ No 1. ▼ Yes 2. □ No 1. ▼ Yes 2. □ No TS? 1. ▼ Yes 2. □ No N YOUR PRACTICE? (indicate number) CARE TIME SPENT WITH EACH OF THE FOLLOWING 25-44 040 45-64 005 65+ TOTAL = 100% NT OR NURSE PRACTITIONER?
18. REGARDLESS OF YOUR SPECIALTY, DO YOU DELIVER 1.	Total = 15a. above R BABIES? Pries do you provide in a year? BBB CS AND GYN 2. □ No 7 1. ▼ Yes 2. □ No 1. ▼ Yes 2. □ No 1. ▼ Yes 2. □ No TS? 1. ▼ Yes 2. □ No N YOUR PRACTICE? (indicate number) CARE TIME SPENT WITH EACH OF THE FOLLOWING 25-44 040 45-64 005 65+ TOTAL = 100% NT OR NURSE PRACTITIONER?
18. REGARDLESS OF YOUR SPECIALTY, DO YOU DELIVER 1.	Total = 15a. above R BABIES? Pries do you provide in a year? BBB CS AND GYN 2. No 7 1. Yes 2. No 1 Yes 2. No 1 Yes 2. No TS? 1. Yes 2. No N YOUR PRACTICE? (indicate number) CARE TIME SPENT WITH EACH OF THE FOLLOWING 25-44 040 45-64 005 65+ TOTAL = 100% NT OR NURSE PRACTITIONER? In the next year? 1. Yes 2. No

NNNNNNNNNNNNN

NNNNNNNNNNNNN



Maine Board of Licensure in Medicine

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

		``
Exempt:	Ce	1Se
Late \$	Ä.	Z
Date	\Rightarrow	\subseteq
Posted:	င္မ	\exists

Application for Maine Medical License Reg

Fee: \$400 UNLESS 70 YEARS OF AGE OR OLDE R 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

Daytime Phone No.

Social Security

Date of Birl

	Type of Registration Classification for Which Applying:
	(1.) I am applying for an initial license to practice medicine in Maine.
X	(2.) Lam 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 an 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	If your home address is incorrect, please correct here
	185 Woodville Road	
	Falmouth ME 04105	
	, Home Phone: (207) 797-9430	
(7.) K	Prefer Board contact me at office.	
/	Office Mailing Address	If your office address is incorrect, please correct here
	535 Ocean Avenue	
	Portland ME 04103	
	Office Phone: (207) 871-0666	
		Practice Data:
78 1 A	t present I practice medicine (check all that a	poply)

If your practice data is incorrect, please correct

in the space provided full Time Part Time

Do Not See Patients (i.e.,Administrative, Research, Teaching, etc.)

Solo Hospital-based Practice In Partnership or Group

☐ Have Retired

certified in this specialty (9.) Primary Specialty: Obstetrics and Gynecology

Check here if ABMS

(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)	Yes () No
Medical Mutual of Maine	Policy #:
	Check here if premiums for your professional liability are paid by a Hospital or other employer?
	Hospital/Employer:

(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)

Sta	ate	Certificate#	Expiration Date	Present Status		Please add to or correct any of the entries listed a	st left:
l ha	ave never held	a permanent medical p	ractice license e	xcept in Mair	ne.	18 01 01	<u> </u>
(15.) Ħ	,	Circle the appropriate resp	•				
(15-1)	disciplinary ac		ued to you in that	jurisdiction (ii	ncludin	your application for any license, taken any g but not limited to warning, reprimand, fine, ithout monitoring?)	NO YES
(15-2)	Left a medical	licensing jurisdiction whi	le allegations were	pending?			(NO) YES
(15-3)	restricted, susp	egistration by the U.S. Dru ended, or revoked? Has a dispense controlled substa	ny state or provin	lministration (ce denied, rest	DEA) o ricted, r	r has your DEA Registration ever been modified, modified, suspended, or revoked your state permit	NO YES
(15-4)	Received a san	nction from Medicare or fr	om a state Medica	id program?			NO YES
SINCE I	LAST RENEWAL	, HAVE YOU HAD ANY OF	THE FOLLOWING	OCCURRENC	ES? (Circ	cle the appropriate response.)	
(15-5)		any physical, psychiatric, or resulted in an inability				or require limitations on your functioning more than 30 days?	NO YES
(15-6)	Been indicted, or parking viol		ny criminal offens	e (including m	otor ve	hicle offenses but not including minor traffic	NO YES
(15-7)						granted to you were suspended, restricted, om staff membership while under peer review?	(NO') YES
(15-8)	Disciplined by	a professional society or r	esigned while acc	usation was pe	nding?		NO) YES
(15-9)	claim of medic	al malpractice liability in ts and including settlemen	which you are/we	re named as a o	defenda	ntiation/arbitration, or judgement by a court in a nt with any degree of liability including presentatives without your express	NO YES
(15-10)	and those alleg		sed by a finding o	f that board tha	at the al	istence of allegations, filed with or by that board, legations were without merit? (Note: accusations d explanation.)	NO YES
(15-11)	Do you practic	e medicine within the Stat	c of Maine withou	it "active" med	lical sta	ff privileges at a Maine hospital?	(NO) YES
(15-12)		e medicine in a state or prion where you practice?	ovince other than	Maine without	t "Activ	e" medical staff privileges at a hospital operating	NO YES
		(Any "Yes" response mus	t be explained fully	on a separate, a	attached	8 x 11 sheet of paper cross-referenced by question number.)	
	Note: A	my missing entry will render th	is application incom	olete and may su	bject you	to a late application charge of \$100. Also failure to enclose the	

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 APPLICATIO	Ň	
(All applicants must personally sign	n and date whether applying for "active"	" or "inactive" registration of lic	ense on requesting withdrawal of registration.)	
I understand that any false stateme: I acknowledge my responsibility to	nt may be found to be a ground for disc	sipline of my license to practice in Medicine of any subsequent cl	true and accurate to the best of my knowledge and belief, medicine in Maine pursuant to 32 M.R.S.A. §3282-A(2) hange in my status from that reported here and, in lence.	LD.

For	Ofc Use		1 15	
C.L	off Day Dates /	1/20/16 basermandation	(29)	
Su	aff Rev Date:	Recommendation:		
Sta	aff Rev Date:	/l Recommendation: _		
L_				

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.

ob Gun Department	· Organ Dougada & Specialist	1 2 2 1	
	I was towners & specimes	1100-10310	52-
stry University	Advanced life Support in Obstets	is 11/17-18	14.25
		i	
	A 11 - 1		
			· · · · · · · · · · · · · · · · · · ·

	* * * * * * * * * * * * * * * * * * * *		

(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
teachine	535 Ocean Ave.	teaching medical students.	1/1/00-10/31/0	100+
V			11111	
]	10.00

					j	11.0
				701	AL CATEGORY II C	redits/00:25
AFFIDAVIT: I CEI	ETHEY THIS L	OG TO BE A TRUE AND CORRECT R	EPORT OF MY CME ACTIVITY.	MAISO	M	
Dated:	1010	<u></u>	Physician Signature: 📗	// V L Ler	/	
		•				
	, LO BE /	/ALID, FORMS MUST BE SIG	GNED, DATED, WITH TH	IE HOURS TOTALED (NN FACH SECTION	N

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 CMB 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 CMB.

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

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

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

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

REINSTATEMENT: This category applies to physicians who have allowed their license to lapse or who have withdrawn from licesaure 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)

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.

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

Application for Maine Medical License Registration

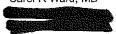
Fee: \$400 UNLESS 70 YEARS OF AGE OR OLDER BY LICENSE EXPIRATION DECEMBER 31, 2003

Please remit with application by check/money order payable to "Maine Board of Licensure in Medicine". Renewal required if at least age 70, or if withdrawing from license registration.

NAME/ADDRESS OF RECORD

Carol R Ward, MD

Medical Mutual of Maine



License No

010274

Daytime Phone No.

Date of Birth

For Ofc Use

Exempt:

Date

ONARD OF LICENSURE IN

Type of Registration Cl	assification for Which Applying:		
(1.) I am applying for an initial license to practice medicine in	n Maine.		
(2.) I am applying for ACTIVE registration, based on evidence	ce of CME qualification filed with this application.	U	□.
	re not submitted evidence of CME qualification. Without prior application to licine in Maine. I certify that I will not provide professional services in Maine illy, or friends.	Date Co	License Number:
(4.) I am applying for reinstatement of my Maine license.		4	Ž
(In order to apply for withdrawal you must complete enternewal application fee.)	ation. I acknowledge that reinstatement is not possible after 5 years. tire form, date, sign, and return by due date omitting payment of	Certificate Printed:	lumbe
Person	nal Data Update:	.	Ä
 A. If the spelling of your name, social security number, or da and legibly print the correct information. 	ate of birth preprinted above are not correct, please circle the error	rint	
	and phone and the address and phone of your PRINCIPAL PLACE OF MEDI to be used for mailings from the Board. Note however that the address design of the listings and publications available to the general public.		, O
(6.) Prefer Board contact me at home.		1/22	10:
Home Mailing Address	If your home address is incorrect, please correct here	1/22/2004	010274
185 Woodyille Road	### / PA /	4	
Falmouth ME 04105			
Home Phone: (207) 797-9430			
(7.) Prefer Board contact me at office.			
Office Mailing Address	If your office address is incorrect, please correct here		
535 Ocean Avenue			
Portland ME 04103			
Office Phone: (207) 871-0666			
P	ractice Data: Check here if A	DMC	:
(8.) At present I practice medicine (check all that apply:)	certified in this		
If your practice data is incorrect, please correct	(9.) Primary Specialty: Obstetrics and Gynecology	Spec	√]
in the space provided	(10.) Sub-specialty 1:		H
Full Time Hospital-based Practice	(11.) Sub-specialty 2:		H
☐ Part Time ☐ In Partnership or Group ☐ Solio ☐ I Have Retired	(12.) I am ABMS Specialty Board certified by:		
Do Not See Patients	(Board Name):		
(i.e.,Administrative,	y Insurance Data		
	t a requirement for Maine licensure, the Board is required to provide data about find the administration of the Maine Rural Health Access Properties (Complete Only if Applying for Registration in "Active" status.)		
(13.) Regardless of specialty interest or scope of your medica professional negligence/medical malpractice? Please make of	al practice in Maine, do you have in effect a policy insuring you against liability changes if appropriate.	for	
Incurance Company (Name Address)	○ No		

Hospital/Employer:

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

Background Data

(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 of 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)

	Expiration Present ate Certificate# Date Status Pleas	e add to or correct any of the entries listed at left:	
	No. 1 Control of the	n and the state of	_
			_
X Ih	lave never held a permanent medical practice license except in Maine.		_
(15.) F	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 a disciplinary action against the license issued to you in that jurisdiction (including but no suspension, revocation, or restrictions in permitted practice, probation with or without no	of limited to warning, reprimand, fine, (NO) YES	3
(15-2)	Left a medical licensing jurisdiction while allegations were pending?	(NO) YES	3
(15-3)	Been denied registration by the U.S. Drug Enforcement Administration (DEA) or has your estricted, suspended, or revoked? Has any state or province denied, restricted, modified to prescribe or dispense controlled substances?	our DEA Registration ever been modified, d, suspended, or revoked your state permit	3
(15-4)	Received a sanction from Medicare or from a state Medicaid program?	NO YES	3
SINCE	LAST RENEWAL, HAVE YOU HAD ANY OF THE FOLLOWING OCCURRENCES? (Circle the ap	opropriate response.)	
(15-5)	Suffered from any physical, psychiatric, or addictive disorder that would impair or requias a physician or resulted in an inability to engage in the practice of medicine for more to	ire limitations on your functioning (NO) YES than 30 days?	3
(15-6)	Been indicted, arrested or convicted of any criminal offense (including motor vehicle of or parking violations)?	ffenses but not including minor traffic NO. YES	3
(15-7)	Hospital (or similar health care institution) privileges which had previously been granted withdrawn involuntarily; or, you voluntarily surrendered privileges or resigned from sta		3
(15-8)	Disciplined by a professional society or resigned while accusation was pending?	NO YES	2
(15-9)	A pending claim or suit alleging malpractice liability, a claim settlement by negotiation claim of medical malpractice liability in which you are/were named as a defendant with "nuisance" suits and including settlements made by your insurance company/respresents consent? (see Instructions)	/arbitration, or judgement by a court in a any degree of liability including	}
(15-10)	Been notified by the licensing board of any state or province of Canada of the existence and those allegations are not now dismissed by a finding of that board that the allegation which remain open as of the date of this application require a "Yes" response and explan	ns were without merit? (Note: accusations	3
(15-11)	Do you practice medicine within the State of Maine without "active" medical staff privil	leges at a Maine hospital?	3
(15-12)	Do you practice medicine in a state or province other than Maine without "Active" medi in the jurisdiction where you practice?	ical staff privileges at a hospital operating	3
	(Any "Yes" response must be explained fully on a separate, attached 8 x 11 sl	heet of paper cross-referenced by question number.)	

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

		AFFIDAVIT OF APPLIC	<u>ATION</u>	
All applicants must perso	mally sign and clate whether applying	g for "active" or "inactive" registration	of license or requesting withdrawal of regis	tration.)
understand that any false acknowledge my respons	statement may be found to be a gro sibility to notify the Maine Board of	ound for discipline of my license to pra	n are true and accurate to the best of my knotice medicine in Maine pursuant to 32 M.R ent change in my status from that raported 1 residence	S.A. §3282-A(2)
Date.	11/15/03	Signature: Typed of Printed Name:	Miller	ava Mimb ava Mimb

For Ofc Use	1 1.	
Staff Rev Date: ///5/// Recommendation:	1/201 > _	
Staff Rev Date:/ Recommendation:		

CONTINUING MEDICAL EDUCATION REPORTING LOG

For reporting CME credits earned during the 24 months preceeding expiration date 12/31/2003

Mair	ום	icanca	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 EARNE
			<i>y</i> .	
		MANN		//
		I KU	1 1.	///
			e Jall	X .
		Ŏ	NA CONTRACTOR OF THE PARTY OF T	
you need additional space,	please attach separate sheet of pap	er.)	75.4181	

OU Jackiel

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
		-		····

TOTAL CATEGORY II CREDITS	=6	2
Canal.		

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

Instructions for Completing Application for Maine Medical License Registration Renewal

The following definitions and instructions are intended to help you complete the Maine Board of Licensure in Medicine application form. If after reviewing the instructions you have questions, please do not hesitate to call the Board. The Board, which licenses and reregisters in two (2) year increments, now reregisters based on the month of birth.

Because of this, fees and CME requirements will be prorated during your initial licensure period. Once your first renewal (on your month of birth) is complete you will be on the regular cycle for fees and CME.

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

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

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

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

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

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

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

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

Liability Insurance Data:

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

Background Data:

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

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

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

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

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

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

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

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

Cause Alleged by Claimant: Delayed diagnosis of ectopic pregnancy.

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

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

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

Continuing Medical Education Log 12-31-01 through 12-31-03 Maine license Number 010274 Name: Carol R. Ward, M.D.

<u>Ca</u>	te	qc	ry	1

sponsor	<u>location</u>	description	<u>dates</u>	<u>credits</u>
MMC	Woodlands	Greeley Medical Staff Leadership retreat	May 12-13 2003	13 hrs
MMC Ob Gyn dept	ММС	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:

Category 2

teaching

535 Ocean Ave.

teaching med students, residents, RNP students

2002&3

150 hr

TOTAL:

Dated 10/22/03 Physician signature_

150 ablen

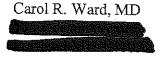


STATE OF MAINE BOARD OF LICENSURE IN MEDICINE 137 STATE HOUSE STATION AUGUSTA, MAINE 04333-0137

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

RANDAL C. MANNING EXECUTIVE DIRECTOR

December 9, 2003



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

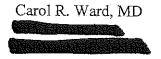


STATE OF MAINE BOARD OF LICENSURE IN MEDICINE 137 STATE HOUSE STATION AUGUSTA, MAINE 04333-0137

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

RANDAL C. MANNING EXECUTIVE DIRECTOR

December 9, 2003



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

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

January 15, 2004

RANDAL C. MANNING EXECUTIVE DIRECTOR

Carol R. Ward, MD



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

State of Maine

1584/B 19 Maine Board of Licensure in Medicine
137 State House Station, 2 Bangor Street

Augusta ME 04333-0137 (207)287-3601 FAX: (207)287-6599

NOV | 8 2005

For Ofc Use
Fee: ####

Exempt: ____
Late \$ ___
Date
Posted:

Application for Maine Medical Licer

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	License No	Social Security No.
	Carol R Ward, MD	010274	
		Daytime Phone No.	Date of Birth
	P		
_		Classification for Which Applying	нн
	(1.) I am applying for an initial license to practice medicine		License Date Ce
Z}	(2.) I am applying for ACTIVE registration, based on evider		e (
Ļ	(3.) I am applying for INACTIVE registration. I have therefor approval from the Board, I certify that I will not practice me		Isc # 0102/4 Certificate Printed 12/06/05 Certificate Printed 12/06/05 after 5 years. payment of le the error AL PLACE OF MEDIC that the address designation blic.
	degree, including the writing of prescriptions for myself, far		ifi.
]	(4.) I am applying for reinstatement of my Maine license.		O1027
	(5.) I request to WITHDRAW my Maine license from registr (In order to apply for withdrawal you must complete expressions)		after 5 years.
	renewal application fee.)	A THE CONTRACT AND A SHELL AND	payment of E.
	A. If the spelling of your name, social security number, or o	onal Data Update	ted the correct
	and legibly print the correct information.	date of birth preprinted above are not correct, please circ	le file elloi
	B. The Board requires BOTH your HOME mailing address		AL PLACE OF MEDIC
	PRACTICE. You may designate which of the two you wish that purpose will also be the address published by the Boa		that the address desig 9
		5	Ω,
	(6.) Prefer Board contact me at home.		
	Home Mailing Address	If your home address is incorrect, please correct h	ere
	185 Woodville Road	A	 .
	Falmouth ME 04105		
	Home Phone: (207) 797-9430		
	(7.) Prefer Board contact me at office.		
	Office Mailing Address	If your office address is incorrect, please correct h	ere
	535 Ocean Avenue		
	Portland ME 04103		
	Office Phone: (207) 871-0666		
	(8.) At present I practice medicine (check all that apply:)	Practice Data:	Check here if ABMS
	If your practice data is incorrect, please correct	. (O.) Dalancia Constituti Obritali	certified in this specialty
	in the space provided	(9.) Primary Specialty: <u>Obstetr</u> (10.) Sub-specialty 1:	ics and Gynecology
	Full Time	(11.) Sub-specialty 2:	
	☐ Solo ☐ I Have Retired	(12.) I am ABMS Specialty Boar	rd certified by:
	☐ Do Not See Patients	(Board Name):	
	(i.e.,Administrative, Research, Teaching, etc.)	lity Insurance Data:	
	Although maintenance of professional liability insurance is n		ed to provide data about each
	licensee's source of insurance, if any, to the Superintendent	t of Insurance to aid in the administration of the Maine Ru	ural Health Access Program
	pursuant to PL (1990) Ch. 931.	(Complete Only if Applying for Registration	·

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

Yes \(\) No

Hospital/Employer:

professional negligence/medical malpractice? Please make changes if appropriate.

Insurance Company (Name, Address)

Medical Mutual of Maine

(All Appi	icants	Must (Comp	lete)
-----------	--------	--------	------	-------

(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)

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?) (15-2) Left a medical licensing jurisdiction while allegations were pending? (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?	
(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?) (15-2) Left a medical licensing jurisdiction while allegations were pending? (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	ale de de
(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?) (15-2) Left a medical licensing jurisdiction while allegations were pending? (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	
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?) (15-2) Left a medical licensing jurisdiction while allegations were pending? (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	
(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	YES
restricted, suspended, or revoked? Has any state or province denied, restricted, modified, suspended, or revoked your state permit	YES
	YES
(15-4) Received a sanction from Medicare or from a state Medicaid program?	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?	YES
(15-6) Been indicted, arrested or convicted of any criminal offense (including motor vehicle offenses but not including minor traffic or parking violations)?	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?	YES
(15-8) Disciplined by a professional society or resigned while accusation was pending?	YES
(15-9) A pending claim or suit alleging malpractice liability, a claim settlement by negotiation/arbitration, or judgement by a court in a claim of medical malpractice liability in which you are/were named as a defendant with any degree of liability including "nuisance" suits and including settlements made by your insurance company/respresentatives without your express consent? (see Instructions)	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.)	YES
(15-11) Do you practice medicine within the State of Maine without "active" medical staff privileges at a Maine hospital?)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?	YES
(Any "Yes" response must be explained fully on a separate, attached 8 x 11 sheet of paper cross-referenced by question number.)	

		À	FFIDAVIT OF APPLICA	HON		
All applicants must p	ersonally sign and date w	ether applying for "active"	or "inactive" registration of	license or requesting	withdrawal of registration.	
understand that any i acknowledge my res	alse statement may be for ponsibility to notify the M	ation entered and responses nd to be a ground for discip aine Board of Licensure in I a change in my place of me	line of my license to practi Medicine of any subsequen	ce medicine in Maine p t change in my s tatus f	oursuant to 32 M.R.S.A. §	3282-A(2).
			Typed or Printed Name:	avol	2. Ward:	MD

CONTINUING MEDICAL EDUCATION REPORTING LOG

For reporting CME credits earned during the 24 months preceeding expiration date 12/31/2005

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 EARNE
				· · · · · · · · · · · · · · · · · · ·
			-	
		Λ	nd	
		LIVE		
		Much		
	Mer	W.		
	·			

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

ፐብፕልፒ.	CATEGORY	I CDENTTO	

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
		, 112	8	
		1. West 5		· · · · · · · · · · · · · · · · · · ·
•		1 Million		
	Xw			
	0			
		·		
				· · · · · · · · · · · · · · · · · · ·

					•				įė.
	٠.	•				тота	L CATEGORY II	CREDITS	
AFFIDAVIT: 1 CERT	IFY THIS LOG TO I	BE A TRUE AND CO	RRECT REPO	RT OF MY CME A	CTIVITY.				
Dated:			Phy	rsician Signat	ure:				

Instructions for Completing Application for Maine Medical License Registration Renewal

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

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

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

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

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

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

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

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

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

Liability Insurance Data:

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

Background Data:

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

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

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

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

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

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

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

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

Cause Alleged by Claimant: Delayed diagnosis of ectopic pregnancy.

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

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

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

Continuing Medical Education Log 11/03 through 11/05

Maine license Number 010274 Name: Carol R. Ward, M.D.

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

Α

Status:

License:

CAROL R. WARD, MD (MD10274)

Questions:

estions:	
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?	_ _Nc

If any of your answers to questions 5-7 is <i>Yes</i> , are the limitations or apairments caused by your medical, mental health, or addictive andition reduced or improved because you receive ongoing professional eatment (with or without medication) or because you participate in a rofessional monitoring program?	_ No
Have you raised the issue of consumption of drugs or alcohol or the sue of a medical, mental health or addictive disorder as a defense or in attigation of, or as an explanation for your actions in the course of any dministrative or judicial proceeding or investigation; any inquiry or other roceeding; or any proposed termination action (educational, employer, overnment agency, professional organization, or licensing authority)?	_ No
0. Are you currently engaged in the illegal use of drugs or misuse of any rugs?	_ No
1. Have you been diagnosed with or treated for any type of sexual ehavior disorder?	N
2. Have you been charged, summoned, indicted, arrested, or convicted on criminal offense, including when those events have been deferred, set side, dismissed, expunged or issued a stay of execution? Please include notor vehicle offenses but not minor traffic or parking violations.	
3. Have you applied for hospital, HMO or other health care entity rivileges which were denied?	N
4. Have you had your staff privileges or employment at any hospital, ursing home, HMO, or other health care entity terminated, revoked, educed, restricted in any way, suspended, made subject to probation, mited in any way, or withdrawn involuntarily?	N
5. Have you voluntarily surrendered privileges or resigned from staff nembership during peer review or investigation or to avoid peer review onvestigation?	r N
6. Have you been deselected from a managed care organization health are provider panel?	_ N
7. Have you been disciplined by a professional society or resigned while n accusation was pending?	_ N
8. Have you been named as a party or a defendant, or as an employee of 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?	N
9. Do you practice medicine within the State of Maine without active nedical staff privileges at a Maine hospital?	_ _ N
Do you have any open malpractice claims?	N
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.	5.

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:

Method:

Expiration:



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

Ī

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

5/22/2015

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?	N
15. Have you voluntarily surrendered privileges or resigned from staff membership during peer review or investigation or to avoid peer review or investigation?	r N
16. Have you been deselected from a managed care organization health care provider panel?	_ _ N
17. Have you been disciplined by a professional society or resigned while an accusation was pending?	N
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	ı N
company/representatives without your express consent? 19. Do you have any open malpractice claims?	N
20. Do you practice medicine within the State of Maine without active	
medical staff privileges at a Maine hospital?	N

Payments:

Amount:

Method: Expiration:

