

Online Licensing Request

Date: 03/31/2015
Regulator: BOARD OF LICENSURE IN MEDICINE
TXN Title: Renew as an Active Medical Doctor
License: MD
Prefix:
License: A
Status:
License: AVA R. MOSKIN, MD (MD15890)

Questions:

- Have you taken the Maine State Board of Medicine Written Exam within the four years previous to your current license expiration date and passed it? Yes
-
1. Had ANY licensing authority (INCLUDING MAINE) deny your application for any type of license, or take any disciplinary action against the license issued to you in that jurisdiction, including but not limited to warning, reprimand, fine, suspension, revocation, restrictions in permitted practice, or probation with or without monitoring? No
-
2. Been notified of the existence of allegations involving you, filed with or by ANY licensing authority (INCLUDING MAINE), which allegations remain open as of the date of this application? No
-
1. Have you left a medical licensing jurisdiction (INCLUDING MAINE) while a complaint or allegation was pending? No
-
2. Have you been denied registration or had your ability to prescribe or dispense controlled substances modified, restricted (except by administrative rule or statute in a jurisdiction), suspended, revoked, or voluntarily suspended by the U.S. Drug Enforcement Administration (DEA)? No
-
3. Have you been denied registration or had your ability to prescribe or dispense controlled substances modified, restricted (except by administrative rule or statute in a jurisdiction), suspended, revoked, or voluntarily suspended by any state/territory of U.S. INCLUDING MAINE? No
-
4. Have you received a sanction from Medicare or from any state Medicaid program? No
-
5. Have you been diagnosed with or treated for a medical, mental health, or addictive condition which in any way currently limits or impairs your ability to practice medicine or to function as a health care provider? No
-
6. Have you been diagnosed with or treated for any medical, mental health, or addictive disorder that impaired your behavior, judgment, understanding, or ability to function in school, work or other important life activities? No
-
7. Are you now, or have you been dependent upon alcohol or habituating

- drugs or undergone treatment for such? No
-
8. If any of your answers to questions 5-7 is *Yes*, are the limitations or impairments caused by your medical, mental health, or addictive condition reduced or improved because you receive ongoing professional treatment (with or without medication) or because you participate in a professional monitoring program? No
-
9. Have you raised the issue of consumption of drugs or alcohol or the issue of a medical, mental health or addictive disorder as a defense or in mitigation of, or as an explanation for your actions in the course of any administrative or judicial proceeding or investigation; any inquiry or other proceeding; or any proposed termination action (educational, employer, government agency, professional organization, or licensing authority)? No
-
10. Are you currently engaged in the illegal use of drugs or misuse of any drugs? No
-
11. Have you been diagnosed with or treated for any type of sexual behavior disorder? No
-
12. Have you been charged, summoned, indicted, arrested, or convicted of any criminal offense, including when those events have been deferred, set aside, dismissed, expunged or issued a stay of execution? Please include motor vehicle offenses but not minor traffic or parking violations. No
-
13. Have you applied for hospital, HMO or other health care entity privileges which were denied? No
-
14. Have you had your staff privileges or employment at any hospital, nursing home, HMO, or other health care entity terminated, revoked, reduced, restricted in any way, suspended, made subject to probation, limited in any way, or withdrawn involuntarily? No
-
15. Have you voluntarily surrendered privileges or resigned from staff membership during peer review or investigation or to avoid peer review or investigation? No
-
16. Have you been deselected from a managed care organization health care provider panel? No
-
17. Have you been disciplined by a professional society or resigned while an accusation was pending? No
-
18. Have you been named as a party or a defendant, or as an employee of a party or a defendant, in a medical malpractice liability claim or lawsuit, including a nuisance suit, which has been settled, adjudicated by a court in favor of the other party, or settled by your insurance company/representatives without your express consent? No
-
19. Do you have any open malpractice claims? No
-
20. Do you practice medicine within the State of Maine without active medical staff privileges at a Maine hospital? No
-

Category I includes programs that have received accreditation by the AMA Council on Medical Education, the Accreditation Council for

Continuing Medical Education (ACCME), or the Committee on CME of the Maine Medical Association. Category I CME's earned outside the U.S. or Canada must be approved by the Board; therefore such activities must be separately documented.

Have you earned the 40 CME Category I credits required? Yes

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

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

Payments:

Amount:	\$500.00
Method:	MC - **** * [REDACTED]
Expiration:	06/2016

Online Licensing Request

Date: 04/02/2013
Regulator: BOARD OF LICENSURE IN MEDICINE
TXN Title: Renew as an Active Medical Doctor
License MD
Prefix:
License A
Status:
License: AVA R. MOSKIN, MD (MD15890)

Application Information:

Address:
 166 BRACKETT ST
 PORTLAND, ME 04102-3825
 FIPS: 23005
 Country: US
 Addr Usages: MA BU

Phone:

 +1 (207) 874-8416
 Phone Usages: WO

Questions:

- Have you taken the Maine State Board of Medicine Written Exam within the four years previous to your current license expiration date and passed it? Yes
-
1. Had ANY licensing authority (INCLUDING MAINE) deny your application for any type of license, or take any disciplinary action against the license issued to you in that jurisdiction, including but not limited to warning, reprimand, fine, suspension, revocation, restrictions in permitted practice, or probation with or without monitoring? No
-
2. Been notified of the existence of allegations involving you, filed with or by ANY licensing authority (INCLUDING MAINE), which allegations remain open as of the date of this application? No
-
1. Have you left a medical licensing jurisdiction (INCLUDING MAINE) while a complaint or allegation was pending? No
-
2. Have you been denied registration or had your ability to prescribe or dispense controlled substances modified, restricted (except by administrative rule or statute in a jurisdiction), suspended, revoked, or voluntarily suspended by the U.S. Drug Enforcement Administration (DEA)? No
-
3. Have you been denied registration or had your ability to prescribe or dispense controlled substances modified, restricted (except by administrative rule or statute in a jurisdiction), suspended, revoked, or voluntarily suspended by any state/territory of U.S. INCLUDING

MAINE?	No
4. Have you received a sanction from Medicare or from any state Medicaid program?	No
5. Have you been diagnosed with or treated for a medical, mental health, or addictive condition which in any way currently limits or impairs your ability to practice medicine or to function as a health care provider?	No
6. Have you been diagnosed with or treated for any medical, mental health, or addictive disorder that impaired your behavior, judgment, understanding, or ability to function in school, work or other important life activities?	No
7. Are you now, or have you been dependent upon alcohol or habituating drugs or undergone treatment for such?	No
8. If any of your answers to questions 5-7 is <i>Yes</i> , are the limitations or impairments caused by your medical, mental health, or addictive condition reduced or improved because you receive ongoing professional treatment (with or without medication) or because you participate in a professional monitoring program?	No
9. Have you raised the issue of consumption of drugs or alcohol or the issue of a medical, mental health or addictive disorder as a defense or in mitigation of, or as an explanation for your actions in the course of any administrative or judicial proceeding or investigation; any inquiry or other proceeding; or any proposed termination action (educational, employer, government agency, professional organization, or licensing authority)?	No
10. Are you currently engaged in the illegal use of drugs or misuse of any drugs?	No
11. Have you been diagnosed with or treated for any type of sexual behavior disorder?	No
12. Have you been charged, summoned, indicted, arrested, or convicted of any criminal offense, including when those events have been deferred, set aside, dismissed, expunged or issued a stay of execution? Please include motor vehicle offenses but not minor traffic or parking violations.	No
13. Have you applied for hospital, HMO or other health care entity privileges which were denied?	No
14. Have you had your staff privileges or employment at any hospital, nursing home, HMO, or other health care entity terminated, revoked, reduced, restricted in any way, suspended, made subject to probation, limited in any way, or withdrawn involuntarily?	No
15. Have you voluntarily surrendered privileges or resigned from staff membership during peer review or investigation or to avoid peer review or investigation?	No
16. Have you been deselected from a managed care organization health care provider panel?	No

17. Have you been disciplined by a professional society or resigned while an accusation was pending? No

18. Have you been named as a party or a defendant, or as an employee of a party or a defendant, in a medical malpractice liability claim or lawsuit, including a nuisance suit, which has been settled, adjudicated by a court in favor of the other party, or settled by your insurance company/representatives without your express consent? No

19. Do you have any open malpractice claims? No

20. Do you practice medicine within the State of Maine without active medical staff privileges at a Maine hospital? Yes

Category I includes programs that have received accreditation by the AMA Council on Medical Education, the Accreditation Council for Continuing Medical Education (ACCME), or the Committee on CME of the Maine Medical Association. Category I CME's earned outside the U.S. or Canada must be approved by the Board; therefore such activities must be separately documented.

Have you earned the 40 CME Category I credits required? Yes

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

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

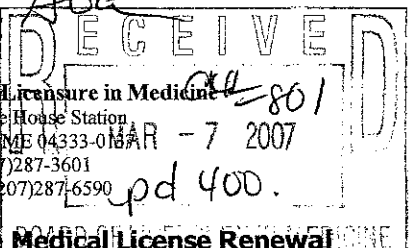
Attachments:

Attachment ID: PRNOPRIV
My work is entirely outpatient.

Payments:

Amount: \$500.00
Method: MC - **** * 6926
Expiration: 08/2015

Maskin Ave



Fee: 400
Exempt: _____
Late: _____

1114614

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

Maine Board of Licensure in Medicine
137 State House Station
Augusta, ME 04333-0137
(207)287-3601
Fax: (207)287-6590

Application for Maine Medical License Renewal

Fee: Please remit with application by check/money order payable to "Maine Board of Licensure in Medicine". A renewal fee is not required if you are age 70 or older, or if you are withdrawing from license registration.

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 report CME qualification if applying for ACTIVE status, will render your application incomplete.

Name: AVA MOSKIN License No: 015890 Social Security No: [REDACTED]
Address: [REDACTED] Daytime Phone No: () - [REDACTED] Date of Birth: [REDACTED]
Email address: AVA - [REDACTED]

Type of Licensure Status for Which Applying:

- 1. I am applying for renewal of my license in ACTIVE status, based on evidence of CME qualification filed with this application.
- 2. I am applying for renewal of my license in INACTIVE status. I have therefore not submitted evidence of CME qualification. Without prior application to and approval from the Board, I will not practice medicine in Maine or provide professional services in Maine, including writing of prescriptions for myself, family, friends, or anyone. I must still pay the renewal fee.
- 3. I am applying for reinstatement of my Maine license.
- 4. 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 the due date, omitting payment of renewal application fee.)

Personal Data Update:

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

5. I prefer Board contact me at home.
Home mailing address

If your home address is incorrect, please correct here:

[REDACTED]
Telephone: [REDACTED]

6. I prefer Board contact me at office.
Office mailing address

If your office address is incorrect, please correct here:

~~700 MT. HOPE AVENUE suite 4~~
PO BOX 918
BANGOR ME 04402
Telephone: (207) 947-5337

PRACTICE DATA: If your practice data is incorrect, please correct in the space provided.

7. At present I practice medicine (check all that apply):
- Full Time
 - Hospital-based Practice
 - Solo
 - Do not see patients (i.e. Administrative, Research, Teaching, etc.)
 - Part Time
 - In Partnership or Group
 - Retired

List Specialties and check the box if ABMS certified in any specialty.

8. Primary Specialty: FAMILY MEDICINE 10. Specialty 3: _____
9. Specialty 2: _____ 11. Specialty 4: _____

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 24-A MRSA, Ch. 75, § 6304, (3).

12. Please check the appropriate box to indicate the method you employ to secure professional medical malpractice liability insurance. If you have no coverage check 'Self Insured': Self Insured (See Instructions, Page 4) Physician Paid Employer Paid

#1 medical mutual
SARGENT, Tyler + WEST
100 S. MAIN ST PO BOX 198
BREWER, ME 04412

If you checked off "Employer Paid", please enter the name of the employer who or which paid your premiums here: Mabri Wadsworth Women's Health Center

Policy #: [REDACTED]
paid by: Planned Parenthood of Northern New England
Policy # [REDACTED]

#2 National Union Fire Insurance
February 20, 2007 1166 Ave of Americas
NY NY 10022

02/11/3057-0214/1530

BACKGROUND DATA:

(All Applicants must complete)

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

State	Certificate #	Expiration Date	Present Status	State	Certificate #	Expiration Date	Present Status
MA	213854	4/07/2005	expired				

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

14. Circle each appropriate response. Every "YES" response must be fully explained by written statement on a separate 8 1/2" x 11" sheet of white paper. Each explanation must be referenced by question number, signed, dated, and enclosed with your application.

HAVE YOU EVER:

- YES NO 14.1 Had ANY licensing authority (INCLUDING MAINE) deny your application for any type of license, or take any disciplinary action against the license issued to you in that jurisdiction, including but not limited to warning, reprimand, fine, suspension, revocation, restrictions in permitted practice, probation with or without monitoring?
- YES NO 14.2 Been notified of the existence of allegations involving you, filed with or by ANY licensing authority (INCLUDING MAINE), which allegations remain open as of the date of this application?
- YES NO 14.3 Left a medical licensing jurisdiction (INCLUDING MAINE) while a complaint or allegation was pending?
- 14.4 Been denied registration or had your ability to prescribe or dispense controlled substances modified, restricted, suspended, revoked, or voluntarily suspended by
 - a) U. S. Drug Enforcement Administration (DEA)?
 - b) Any state/territory of U. S. INCLUDING MAINE?

SINCE YOUR LAST APPLICATION:

- YES NO 14.5 Have you received a sanction from Medicare or from any state Medicaid program?
- YES NO 14.6 Have you suffered from any physical, psychiatric, or addictive disorder that would impair or require limitations on your functioning as a physician or that resulted in the inability to practice medicine for more than 30 days?
- YES NO 14.7 Have you been charged, summonsed, indicted, arrested, or convicted of any criminal offense (including motor vehicle offenses but not including minor traffic or parking violations)?
- YES NO 14.8 Have you applied for hospital, HMO or other health care entity privileges which were denied?
- YES NO 14.9 Have you had your hospital, HMO, or other health care entity privileges revoked, suspended, restricted, limited in any way, or withdrawn involuntarily?
- YES NO 14.10 Have you voluntarily surrendered privileges or resigned from staff membership during peer review or investigation or to avoid peer review or investigation?
- YES NO 14.11 Have you been deselected from a managed care organization physician panel?
- YES NO 14.12 Have you been disciplined by a professional society or resigned while accusation was pending?
- YES NO 14.13 Have you had a claim or suit alleging malpractice liability in which you are/were named as a defendant, including "nuisance" suits settled, adjudicated by a court in favor of the other party, or settled by your insurance company /representatives without your express consent?
- YES NO 14.14 Do you have any open malpractice claims?
- YES NO 14.15 Do you practice medicine within the State of Maine without active medical staff privileges at a Maine hospital?

AFFIDAVIT OF APPLICANT:

(All applicants must personally sign and date whether applying for "active" or "inactive" renewal of license or requesting withdrawal of licensure status.) I have carefully read the questions in this application and have answered them completely, without reservations of any kind, and declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of my license to practice medicine and surgery in the state of Maine, or other discipline as the Board may determine. I acknowledge my responsibility to notify the Maine Board of Licensure in Medicine of my subsequent change in my status from that reported here and, in particular, to notify the Board within 10 days of a change in my place of medical practice or residence.

Date: 3/6/2007 Signature: *Ava Moskin*, MD
Typed or Printed Name: AVA MOSKIN, MD

For Office Use Only: Staff Rev Date: 4/4/07 Recommendation: *[Signature]*

CONTINUING MEDICAL EDUCATION REPORT

For reporting CME credits earned during the previous 24 months.

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

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

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

CATEGORY I

Category 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 Chapter 1, §13 of the Rules of the Maine Board of Licensure in Medicine for specific definitions. See <http://www.maine.gov/sos/cec/rules/02/373/373c001.doc>] Forty (40) CME credits must be in Category I. Category I CME's earned outside the U.S. or Canada must be approved by the Board; therefore such activities must be separately documented.

Total Category I Credits Earned 114

CATEGORY II

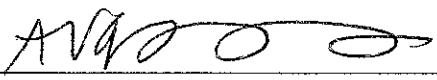
Category II includes programs with non-accredited sponsorship, i.e., Medical Teaching, Papers, Books, Publications, and Exhibits. Also included are non-supervised individual CME activities and other Meritorious learning Experiences. [Refer to Chapter 1, §13 of the Rules of the Maine Board of Licensure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

NOTE: Category I may be substituted for Category II.

Total Category II Credits Earned 11

Please note that 32MRSA, §3282-A,2,(A) states that ground for discipline includes the practice of fraud or deceit in obtaining a license.

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

Date: 3/6/07 Physician Signature: 

Typed or Printed Name: AVA MOSKIN, MD

STATE OF MAINE
BOARD OF LICENSURE IN MEDICINE
137 STATE HOUSE STATION
AUGUSTA ME 04333-0137
(207) 287-3782
FAX (207) 287-6590

ATTENTION FROM: MD Renewal Specialist

TO: Ava Moskin, MD

License # 015890

DATE OF RETURN: March 19, 2007

Your license renewal application is being returned as administratively incomplete pursuant to 32 M.R.S.A. §3280. **Please correct or provide the necessary information as indicated below and return the completed form to the Board of Licensure in Medicine.**

REASON FOR RETURN: 14.15- you answered yes to this question please provide an explanation.

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



Ava Moskin MD
License # 015890
Mabel Wadsworth Women's Health Center
PO Box 918
Bangor ME 04402
Ph. (207) 671-3009
Fax (207) 947-9163

State of Maine
Board of Licensure in Medicine
137 State House Station
Augusta ME 04333-0137

To Whom it May Concern,
My practice is wholly outpatient, therefore obviating the need for inpatient staff privileges.

Sincerely,

Ava Moskin 4/4/07

Ava Moskin MD

*Mabel
Wadsworth
Women's
Health
Center*



FAX TRANSMITTAL SHEET

DATE: 4/4/07

TO: MD Renewal specialist

COMPANY: B. O. M.

FAX#: (207) 287-6590

FROM: AVA MOSKIN MD

FAX# 207-947-9163

PAGE 1 OF 2

MESSAGE: Re: License # 015890

*Mabel
Wadsworth
Women's
Health
Center*

THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS PRIVILEGED AND CONFIDENTIAL AND ONLY INTENDED FOR THE USE OF THE INDIVIDUAL OR ENTITY ABOVE NAMED. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION, OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US AT THE BELOW ADDRESS VIA THE U.S. POSTAL SERVICE. THANK YOU

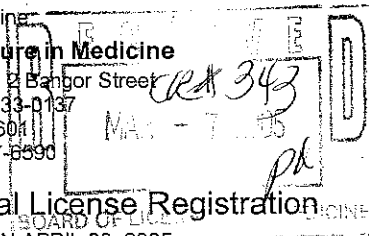
If all pages are not received, please call 207-947-5337.



1220/3202-1565/B-17

1277

State of Maine
Maine Board of Licensure in Medicine
137 State House Station, 2 Bangor Street
Augusta ME 04333-0137
(207)287-3604
FAX: (207)287-6990



For Ofc Use	
Fee:	\$ <u>400</u>
Exempt:	_____
Late \$:	_____
Date Posted:	____/____/____

Application for Maine Medical License Registration

Fee: \$400 UNLESS 70 YEARS OF AGE OR OLDER BY LICENSE EXPIRATION APRIL 30, 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

Ava R Moskin, MD

License No

015890

Social Security No.

Daytime Phone No.

Date of Birth

Type of Registration Classification for Which Applying

- (1.) I am applying for an initial license to practice medicine in Maine.
- (2.) I am applying for ACTIVE registration, based on evidence of CME qualification filed with this application.
- (3.) I am applying for INACTIVE registration. I have therefore not submitted evidence of CME qualification. Without prior application to and 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 any degree, including the writing of prescriptions for myself, family, or friends.
- (4.) I am applying for reinstatement of my Maine license.
- (5.) I request to WITHDRAW my Maine license from registration. I acknowledge that reinstatement is not possible after 5 years. (In order to apply for withdrawal you must complete entire form, date, sign, and return by due date omitting payment of renewal application fee.)

Personal Data Update

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

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

25 Melbourne St
Portland ME 04101
Home Phone: (207) 671-3009

If your home address is incorrect, please correct here

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

Office Mailing Address

Planned Parenthood
970 Forest Ave, PO Box 1519
Portland ME 04104
Office Phone: (207) 797-8881

If your office address is incorrect, please correct here

Practice Data

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

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

(9.) Primary Specialty: Family Practice

(10.) Sub-specialty 1: _____

(11.) Sub-specialty 2: _____

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

(Board Name): American Board of Family Practice

Check here if certified in the

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

Policy #: 6794744

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

Hospital/Employer: Planned Parenthood

#1 MARSH USA INCORPORATED

#2 Landmark AMER. INSUR. CO

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

pd by MABEL WADSWORTH

Moskin, Ava R
License Number: 015890
Date Certificate Printed: 4/20/2005

Background Data

(All Applicants Must Complete)

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

State	Certificate#	Expiration Date	Present Status
Massachusetts	8727	06/30/2002	Active
Vermont	0600002775	06/30/2001	Expire

Please add to or correct any of the entries listed at left:

213854 4/7/05 expired

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

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

- (15-1) Had any state or territory of the U.S. or province/territory of Canada EVER deny your application for any license, taken any disciplinary action against the license issued to you in that jurisdiction (including but not limited to warning, reprimand, fine, suspension, revocation, or restrictions in permitted practice, probation with or without monitoring?) (NO) YES
- (15-2) Left a medical licensing jurisdiction while allegations were pending? (NO) YES
- (15-3) Been denied registration by the U.S. Drug Enforcement Administration (DEA) or has your DEA Registration ever been modified, restricted, suspended, or revoked? Has any state or province denied, restricted, modified, suspended, or revoked your state permit to prescribe or dispense controlled substances? (NO) YES
- (15-4) Received a sanction from Medicare or from a state Medicaid program? (NO) YES

SINCE LAST RENEWAL, HAVE YOU HAD ANY OF THE FOLLOWING OCCURRENCES? (Circle the appropriate response.)

- (15-5) Suffered from any physical, psychiatric, or addictive disorder that would impair or require limitations on your functioning as a physician or resulted in an inability to engage in the practice of medicine for more than 30 days? (NO) YES
- (15-6) Been indicted, arrested or convicted of any criminal offense (including motor vehicle offenses but not including minor traffic or parking violations)? (NO) YES
- (15-7) Hospital (or similar health care institution) privileges which had previously been granted to you were suspended, restricted, withdrawn involuntarily; or, you voluntarily surrendered privileges or resigned from staff membership while under peer review? (NO) YES
- (15-8) Disciplined by a professional society or resigned while accusation was pending? (NO) YES
- (15-9) A pending claim or suit alleging malpractice liability, a claim settlement by negotiation/arbitration, or judgement by a court in a claim of medical malpractice liability in which you are/were named as a defendant with any degree of liability including "nuisance" suits and including settlements made by your insurance company/representatives without your express consent? (see Instructions) (NO) YES
- (15-10) Been notified by the licensing board of any state or province of Canada of the existence of allegations, filed with or by that board, and those allegations are not now dismissed by a finding of that board that the allegations were without merit? (Note: accusations which remain open as of the date of this application require a "Yes" response and explanation.) (NO) YES
- (15-11) Do you practice medicine within the State of Maine without "active" medical staff privileges at a Maine hospital? NO (YES)
- (15-12) Do you practice medicine in a state or province other than Maine without "Active" medical staff privileges at a hospital operating in the jurisdiction where you practice? (NO) YES

(Any "Yes" response must be explained fully on a separate, attached 8 x 11 sheet of paper cross-referenced by question number.)

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

AFFIDAVIT OF APPLICATION

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

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

Date: 2/26/05 Signature: [Signature] M.D.
 Typed or Printed Name: AVL MOSKIN M.D.

For Ofc Use

Staff Rev Date: 4/19/05 Recommendation: [Signature]

Staff Rev Date: _____ Recommendation: _____

CONTINUING MEDICAL EDUCATION REPORTING LOG

For reporting CME credits earned during the 24 months preceeding expiration date 4/30/2005

license began
9/02 = 20 months

Maine License Number: 015890

Name: Moskin, Ava 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
NAF	Seattle, WA	post graduate seminar	4/6/03	6
MHPRC	Augusta, ME	Conference	9/13/03	6.5
MMC	Portland, ME	Conference	10/3/03	5
AAFP	home	CME quizzes	1/03-10/03	36
AAFP	Kansas City, Mo	leadership forum	5/02/03	9
AAFP	home	CME quizzes	1/04	32
GLFHC	LAWR, Ma	Grand Rounds	1/03-10/03	2

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

TOTAL CATEGORY I CREDITS 96.5

CATEGORY II

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

Note: Category I may be substituted for Category II.

TYPE OF ACTIVITY	LOCATION/CITY/STATE	DESCRIPTION OF LEARNING ACTIVITY	DATES OF ACTIVITY	CREDITS
Teaching	UNE med school Biddeford, ME	lecture to med students	10/21/04	1 hr
Teaching	EMMC Bangor, ME	lecture to FP residents	12/15/04	1 hr

TOTAL CATEGORY II CREDITS 2

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

Dated: 2/26/05

Physician Signature: 

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

Instructions for Completing Application for Maine Medical License Registration Renewal

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

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

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

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

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

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

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

Payment application fee is not required with an application to withdraw from license registration. The application form must however be completed and accepted by the Board before withdrawal is effected. Note that a Maine license, once withdrawn, may not be reinstated after 5 years. The licenses of some other states may become void if granted in reciprocity with a Maine license which is withdrawn from registration.

Liability Insurance Data:

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

Background Data:

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

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

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

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

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

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

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

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

Cause Alleged by Claimant: Delayed diagnosis of ectopic pregnancy.

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

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

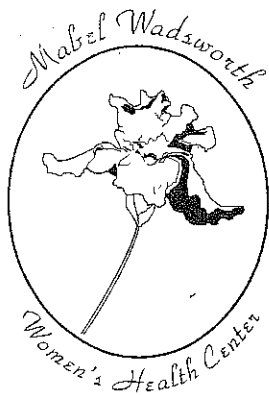
Name and Address of Insurance Company/Attorney Defending Case: Great Plains Physicians' Mutual Indemnity, Attn: Jim Brown, Claims Manager, 4321 Ketchum Blvd. Rock Springs, SD 79104. I am also represented by William B. Eagle, Eagle, Hare P.A., 44 West River Drive, Suite 200, Topeka, KS 60301.

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

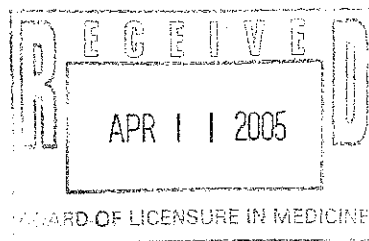
addendum to application
for Ava Moskiri MD

#15-11 1 practice outpatient medicine

~~0000~~



APRIL 1, 2005



Dear Barbara Eukhart

Hello. per our disussion earlier today
I am submitting an additional 2 hours of
CME type II activity

MARCH 26 2.5 hrs lecture to medical students
at UNE Biddeford, Me

Thanks!

AVA MOSKWIN MD



STATE OF MAINE
BOARD OF LICENSURE IN MEDICINE
137 STATE HOUSE STATION
AUGUSTA, ME 04333-0137
(207) 287-3604

4

ATTENTION: MD Renewal Specialist

TO: Ava R. Moskin, MD

License # 015890

DATE OF RETURN: 4/12/05

Your license renewal application is being returned as administratively incomplete pursuant to 32 M.R.S.A. §3280. Please correct or provide the necessary information as indicated below and return the completed form to the Board of Licensure in Medicine.

REASON FOR RETURN:

- Failed to date and sign form.
- Failed to remit _____ license application fee.
- Please remit \$100. late fee. The law provides that the Board assess a fee in addition to the renewal fee when it is necessary to write to a licensee about an incomplete or missing renewal application after expiration of license.
- Requested Active status but failed to provide summary of CME activity on CME log to qualify for Active status (see Board Bulletin for sample).
- Please provide documentation for Category I credits reported on your form as listed below.
- Failed to answer question (s) _____, or provide the following data:

Please submit 1.5 more hours
of CME. Maybe in Cat II.

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



122013306-0715/13-5
2477

State of Maine
Maine Board of Licensure in Medicine
137 State House Station, 2 Bangor Street
Augusta ME 04333-0137
(207)287-3601
FAX: (207)287-6590

RECEIVED
MAR 19 2003
DEPARTMENT OF HEALTH & HUMAN SERVICES
STATE OF MAINE

For Ofc Use
Fee: 400
Exempt: _____
Late \$ _____
Date Posted: 1/1

Application for Maine Medical License Registration

Fee: \$400 UNLESS 70 YEARS OF AGE OR OLDER BY LICENSE EXPIRATION DATE APRIL 30, 2003

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

ck 893

NAME/ADDRESS OF RECORD

Ava R Moskin, MD
[Redacted]
[Redacted]

License No

015890

Social Security No.

[Redacted]

Daytime Phone No.

(207) 000-0000

Date of Birth

[Redacted]

Type of Registration Classification for Which Applying:

- (1) I am applying for an initial license to practice medicine in Maine.
- (2) I am applying for ACTIVE registration, based on evidence of CME qualification filed with this application.
- (3) I am applying for INACTIVE registration. I have therefore not submitted evidence of CME qualification. Without prior application to approval from the Board, I certify that I will not practice medicine in Maine. I certify that I will not provide professional services in Maine in degree, including the writing of prescriptions for myself, family, or friends.
- (4) I am applying for reinstatement of my Maine license.
- (5) I request to WITHDRAW my Maine license from registration. I acknowledge that reinstatement is not possible after 5 years. (In order to apply for withdrawal you must complete entire form, date, sign, and return by due date omitting payment of renewal application fee.)

Personal Data Update

A. If the spelling of your name, social security number, or date of birth preprinted above are not correct, please circle the error and legibly print the correct information.
B. The Board requires BOTH your HOME mailing address and phone and the address and phone of your PRINCIPAL PLACE OF MEDIC PRACTICE. You may designate which of the two you wish to be used for mailings from the Board. Note however that the address design that purpose will also be the address published by the Board in listings and publications available to the general public.

(6.) Prefer Board contact me at home.

Home Mailing Address

25 Melbourne St
Portland ME 04101
Home Phone: (207) 000-0000

If your home address is incorrect, please correct here

(7.) Prefer Board contact me at office.

Office Mailing Address

MMC
22 Bramhall St
Portland ME 04102
Office Phone: () -

If your office address is incorrect, please correct here.

Planned Parenthood
970 FOREST AVE
PO BOX 1519
Portland, ME 04104 phone # 207 797-8881

Practice Data:

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

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

Check here if ABMS certified in this specialty

- (9.) Primary Specialty: Family Practice
- (10.) Sub-specialty 1: _____
- (11.) Sub-specialty 2: _____
- (12.) I am ABMS Specialty Board certified by: (Board Name): AAFP

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)
National Union Fire
Insurance Co.
1166 Ave. of the Americas
NY NY 10036

Yes No
Policy #: [Redacted]

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

Moskin, Ava R
License Number: 015890
Date Certificate Printed: 4/25/2003

Background Data

(All Applicants Must Complete)

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

State	Certificate#	Expiration Date	Present Status
Massachusetts	8727	06/30/2002	Active
Vermont	0600002775	06/30/2001	Expire

Please add to or correct any of the entries listed at left:

Massachusetts 213854 exp 4/07/03 Active

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

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

- (15-1) Had any state or territory of the U.S. or province/territory of Canada EVER deny your application for any license, taken any disciplinary action against the license issued to you in that jurisdiction (including but not limited to warning, reprimand, fine, suspension, revocation, or restrictions in permitted practice, probation with or without monitoring?) NO YES
- (15-2) Left a medical licensing jurisdiction while allegations were pending? NO YES
- (15-3) Been denied registration by the U.S. Drug Enforcement Administration (DEA) or has your DEA Registration ever been modified, restricted, suspended, or revoked? Has any state or province denied, restricted, modified, suspended, or revoked your state permit to prescribe or dispense controlled substances? NO YES
- (15-4) Received a sanction from Medicare or from a state Medicaid program? NO YES

SINCE LAST RENEWAL, HAVE YOU HAD ANY OF THE FOLLOWING OCCURRENCES? (Circle the appropriate response.)

- (15-5) Suffered from any physical, psychiatric, or addictive disorder that would impair or require limitations on your functioning as a physician or resulted in an inability to engage in the practice of medicine for more than 30 days? NO YES
- (15-6) Been indicted, arrested or convicted of any criminal offense (including motor vehicle offenses but not including minor traffic or parking violations)? NO YES
- (15-7) Hospital (or similar health care institution) privileges which had previously been granted to you were suspended, restricted, withdrawn involuntarily; or, you voluntarily surrendered privileges or resigned from staff membership while under peer review? NO YES
- (15-8) Disciplined by a professional society or resigned while accusation was pending? NO YES
- (15-9) A pending claim or suit alleging malpractice liability, a claim settlement by negotiation/arbitration, or judgement by a court in a claim of medical malpractice liability in which you are/were named as a defendant with any degree of liability including "nuisance" suits and including settlements made by your insurance company/representatives without your express consent? (see Instructions) NO YES
- (15-10) Been notified by the licensing board of any state or province of Canada of the existence of allegations, filed with or by that board, and those allegations are not now dismissed by a finding of that board that the allegations were without merit? (Note: accusations which remain open as of the date of this application require a "Yes" response and explanation.) NO YES
- (15-11) Do you practice medicine within the State of Maine without "active" medical staff privileges at a Maine hospital? NO YES
- (15-12) Do you practice medicine in a state or province other than Maine without "Active" medical staff privileges at a hospital operating in the jurisdiction where you practice? NO YES

(Any "Yes" response must be explained fully on a separate, attached 8 x 11 sheet of paper cross-referenced by question number.)

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

AFFIDAVIT OF APPLICATION

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

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

Date: 3/4/03 Signature: AVA MOSKIN M.D.
 Typed or Printed Name: AVA MOSKIN M.D.

For Ofc Use

Staff Rev Date: _____ Recommendation: _____
 Staff Rev Date: _____ Recommendation: _____

Instructions for Completing Application for Maine Medical License Registration Renewal

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

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

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

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

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

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

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

Payment application fee is not required with an application to withdraw from license registration. The application form must however be completed and accepted by the Board before withdrawal is effected. Note that a Maine license, once withdrawn, may not be reinstated after 5 years. The licenses of some other states may become void if granted in reciprocity with a Maine license which is withdrawn from registration.

Liability Insurance Data:

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

Background Data:

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

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

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

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

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

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

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

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

Cause Alleged by Claimant: Delayed diagnosis of ectopic pregnancy.

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

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

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

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

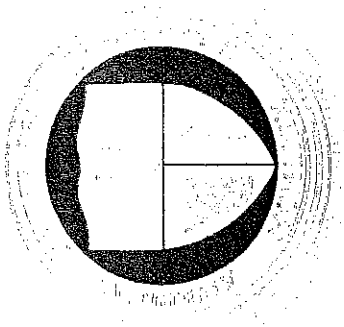
question # 15-11

my medical practice in Maine is limited to contractual outpatient care with Planned Parenthood. Therefore I do not have privileges at a Maine hospital.

CME Reporting

~~me~~ On July 12, 2002 I successfully completed the AAFP specialty Board exam. According to #13 B.3.b this is equivalent to the CME requirements. Please see copy of certificate.

American Board of Family Practice



Ava Rosalind Moskū, M.D.
having met all its requirements
is hereby certified to be a

Diplomate

of this Board for the period

2002-2009

Robert C. ...
Executive Director and Secretary



J. ...
President

MAINE MEDICAL LICENSE APPLICATION FLOWSHEET

015890
 LIC # ~~015890~~
 ISSUED: 8-29-02
 EXPIRES: 4-31-03

Permanent ~~Temporary~~ Locum Tenens Educational
 Time Frame: _____ Letter of need _____
 Camp _____ Name/Location: _____
 Reinstatement _____ Lapsed/Withdrawn Date: _____ Lapsed Letter: _____ Active: _____ Inactive: _____

DATE APP REC'D: 01-15-02 APP FEE PD: \$300 ORAL FEE: \$50 Rec'd: 01-15-02
 PRORATED LIC FEE PD: \$133 Rec'd: 5-13-02

NAME: Moskine, Anna R. SS#: _____

PLACE/DATE OF BIRTH: _____

MEDICAL SCHOOL: Albert Einstein College of Medicine DATE GRAD: 1999
 Bronx, NY SPECIALTY: FP

LICENSE EXAM:	BASED ON	ON FILE	NUMBER/PLACE
FMGEMS/ECFMG	_____	_____	_____
FIFTH PATHWAY	_____	_____	_____
AM BD CERT	_____	_____	_____
USMLE	_____	_____	_____
NBME	_____	_____	_____
FLEX	_____	_____	_____
STATE	_____	_____	_____
LMCC	_____	_____	_____
BRITISH ISLES	_____	_____	_____

MALPRACTICE None OTHER PERSONAL DATA _____
 TRANSCRIPT/DIPLOMA _____ INTERN _____ Yr RES _____ Yrs FELLOW _____ Yrs
 STATE VERIFICATIONS _____ SBI _____ FSMB _____ NPDB PGY LTRS _____
 REFERENCE LETTERS _____ 02-08-02

STILL NEED: None
 COMMENTS: _____

APPROVAL
 R. MANNING [Signature] DATE 7/10/02 H. BENNERT, JR., MD [Signature] DATE 3/13
 LIC COM LIST A LIST B _____ LIST C _____ AGENDA DATE _____
 COMMENTS: _____

BOARD APPROVED YES _____ NO _____ APPROVAL DATE _____
 ORAL EXAM DATE 5-13-02 EXAMINER [Signature]

[Signature] [Signature]

MOSELEY, ANNA R., MD 015890



Maine Board of Licensure in Medicine
Medical Practice License Registration
Expiration Date: April 30, 2003

015890

This is to certify that the physician named below is licensed for the practice of medicine and surgery in the State of Maine and that the license is validly registered for the period September 1, 2002 through April 30, 2003 pursuant to Title 32, Maine Revised Statutes of 1964, Chapter 48, as amended. If this registration certificate is marked "Inactive", the licensee may not lawfully provide professional services within the borders of the State of Maine without having first satisfied the Board of his/her Continuing Medical Education qualification in compliance with Board Rules, Chapter 1, Section 13.

LICENSEE NAME:

Moskin, Ava R, MD



MAINE LICENSE CERTIFICATE #:


015890



Harry W. Bennett, Jr., M.D. Secretary
Maine Board of Licensure in Medicine


DISPLAY WITH LICENSE

VOID WITHOUT IMPRINTED BOARD SEAL

 **Maine Board of Licensure in Medicine**
Medical Practice License Registration
Verification

Licensee Name: Ava R Moskin, MD
Maine License #: 015890
Expiration Date: 04/30/2003

The physician named is licensed for the practice of medicine and surgery in the State of Maine. The registration of this license is valid through the expiration date. See reverse side for limitations.



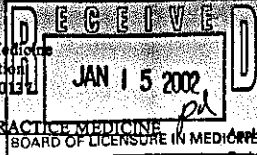
Harry W. Bennett, Jr., M.D. Secretary
Maine Board of Licensure in Medicine

We are pleased to provide you with this certificate of renewal of registration of your Maine medical practice license which is to be displayed in your primary place of practice with your Maine license certificate and also to provide you with a wallet card evidencing the continuing validity of your Maine license.

Please write to the Board at 137 State House Station, Augusta, ME 04333 if your address changes, if your professional activities alter the basis upon which your Maine license has been renewed and classified in registration, or if you have any question about your Maine license record.

Permanent MD License Application

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



01 5896

APPLICATION FOR LICENSE TO PRACTICE MEDICINE
BOARD OF LICENSURE IN MEDICINE

APPLICATION DATE: 1/11/02

Application Fee: 300.00
Oral Fee: 74

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

NAME: MOSKIN AVA ROSALIND
Last First Middle

ADDRESS: [Redacted]
Number and Street (Note: Locums Company addresses will not be accepted.)
[Redacted] [Redacted]
City State Zip/Postal Code

Social Security Number: [Redacted] Daytime Telephone: [Redacted] Date of Birth: 04/07/71
MO. DAY YR

Specialty: Family Practice Place of Birth: NEW YORK CITY

Medical School Attended: Albert Einstein College of Medicine 06/03/99
NAME GRADUATION DATE
BRONX, NY 10461 USA
CITY, STATE, COUNTRY

Will you practice in Maine within the next year? Yes No If yes, in what community? Portland / Augusta

2. AFFIDAVIT OF APPLICANT

I, AVA MOSKIN, being duly sworn, depose and say that I am the person described and identified in this application.

I have carefully read the questions in this application and have answered them completely, without reservations of any kind, and declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of my license to practice medicine and surgery in the state of Maine, or other discipline as the Board may determine. I hereby authorize all hospitals, medical institutions or organizations, my references, personal physicians, employers (past and recent), business and professional associates (past and present) and all governmental agencies and instrumentalities (local, state, federal, and foreign) to release to this licensing Board any information, files or records required by the Board for its evaluation of any professional and ethical qualifications for licensure in the state of Maine. I hereby release any and all entities from responsibility regarding the information they release to the Board of Licensure in Medicine. I hereby authorize the Board of Licensure in Medicine to transmit any information contained in the application, or information that may otherwise become available to them, to any agency, organization, hospital, or individual, who, in the judgement of the Board, has a legitimate interest in such information.

[Signature]
Signature of Applicant
1/11/02
Date
[Signature]
Signature of Notary

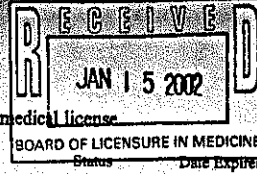


Notary Commission Expires:
Feb. 18, 2005

- 1) APPLICANT MUST SIGN HIS FULL NAME IN THE PRESENCE OF A NOTARY PUBLIC
- 2) NOTARY PUBLIC MUST COMPLETE THE AFFIDAVIT AND AFFIX NOTARIAL SEAL OVERLAPPING A PORTION OF THE PHOTOGRAPH BUT NOT COVERING ABOVE THE NECK.

3. MEDICAL LICENSURE

015890



List all states, provinces, or countries where you have held, now hold, or have applied for a medical license

State	Cert. #	Status	Date Expires
Mass	8727	current	6/30/02
Vt	060 000 2775	expired	6/30/01
ME	EC-01-309	expired	10/31/01

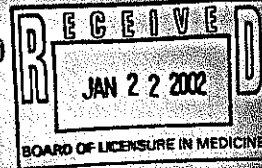
State	Cert. #	Status	Date Expires

4. PERSONAL DATA

Circle each appropriate response. Every "YES" response must be fully explained by written statement on a separate 8.5" x 11" sheet of white paper. Each such explanation must be referenced by question number, signed, dated, and enclosed with your application.

- YES NO 1 Have you EVER had ANY licensing authority (INCLUDING MAINE) deny your application for any type of license, or take any disciplinary action against the license issued to you in that jurisdiction, including but not limited to warning, reprimand, fine, suspension, revocation, restrictions in permitted practice, probation with or without monitoring?
- YES NO 2 Have you EVER been notified of the existence of allegations involving you, filed with or by ANY licensing authority (INCLUDING MAINE), which allegations remain open as of the date of this application?
- YES NO 3 Have you EVER left a medical licensing jurisdiction (INCLUDING MAINE) while a complaint or allegation was pending?
- YES NO 4 Have you EVER been denied registration or had your ability to prescribe or dispense controlled substances modified, restricted, suspended, revoked, or voluntarily suspended by
 - a) U. S. Drug Enforcement Administration (DEA)?
 - b) Any state/territory of U. S. INCLUDING MAINE?
- YES NO 5 Have you EVER received a sanction from Medicare or from any state Medicaid program?
- YES NO 6 Have you EVER suffered from any physical, psychiatric, or addictive disorder that would impair or require limitations on your functioning as a physician, or that resulted in the inability to practice medicine for more than 30 days?
- YES NO 7 Have you EVER been charged, summonsed, indicted, arrested, or convicted of any criminal offense (including motor vehicle offenses but not including minor traffic or parking violations)?
- YES NO 8 Have you EVER applied for hospital, HMO or other health care entity privileges which were denied?
- YES NO 9 Have you EVER had your hospital, HMO, or other health care entity privileges revoked, suspended, restricted, limited in any way, or withdrawn involuntarily?
- YES NO 10 Have you EVER voluntarily surrendered privileges or resigned from staff membership during peer review or investigation or to avoid peer review or investigation?
- YES NO 11 Have you EVER been deselected from a managed care organization physician panel?
- YES NO 12 Have you EVER been disciplined by a professional society or resigned while accusation was pending?
- YES NO 13 Have you EVER had a claim or suit alleging malpractice liability in which you are/were named as a defendant, including nuisance suits settled, adjudicated by a court in favor of the other party, or settled by your insurance company /representatives without your express consent?
- YES NO 14 Do you have any open malpractice claims?
- YES NO 15 Do you intend to practice medicine within the State of Maine without active medical staff privileges at a Maine hospital?

State of Vermont
Board of Medical Practice 015890
109 State Street
Montpelier, VT 05609-1106
(802) 828-2363



VERIFICATION OF LICENSURE

This is to verify that according to the records of the Board of Medical Practice on 17 January 2002 regarding:

Ava R. Moskin MD
[REDACTED]

The Board of Medical Practice granted this License as a Physician-Limited Temp. Permit numbered 060-0002775 on 17 January 2001.

Current Status: INACTIVE-PER REQUEST
Date of Expiration: 30 June 2001

Our records also indicate the following information:

Date of Birth: [REDACTED]
School/College Education: Albert Einstein College of Medicine
Date of Graduation: 06/03/1999
Degree earned: MD

Basis of Licensure:

Examination Information:

This licensee met all requirements at the time of licensure in accordance with the appropriate regulations of this state.

Board Action information:

No charges have been preferred against this licensee.

I hereby certify, as a staff assistant to the Board of Medical Practice, to the best of my knowledge, the information above is true and accurate.

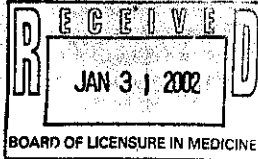
Jenny Quads 1-17-02
Signature of Staff Assistant Date



Commonwealth of Massachusetts
Board of Registration in Medicine

10 West Street
Boston, Massachusetts 02111
(617) 727-3086
Fax (617) 451-9568

015890



Date: 01/29/2002

To Whom It May Concern:

This is to certify **AVAR. MOSKIN, M.D.**, a graduate of
Albert Einstein College of Medicine Yeshiva Univ
in the year 0, has been duly registered by this board as provided by the laws
of the Commonwealth.

Certificate Number 8727 was issued to Dr. MOSKIN on .
THIS LICENSE IS CURRENT. The expiration date is Jun 28 2002.

Our files contain no open complaint information on this physician.

Our files contain no closed complaint information on this physician.

Our files contain no disciplinary information on this physician.

SEAL

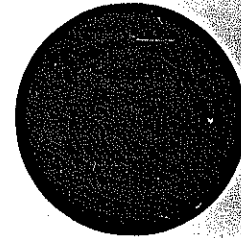
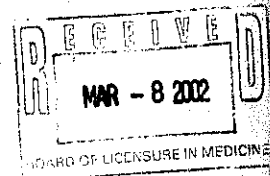
Peter Madras, M.D., Chairman

Please be advised that the above information is based entirely on examination of our open and closed complaint file. It is not based on a review of the application for licensure, renewal of licensure, or any reports that the Board is required to receive by statute (from courts, insurers, hospitals, etc...).

The Federation of State Medical Boards of the United States, Inc.
Federation Credentials Verification Service
Federation Place
400 Fuller Wiser Road, Suite 300
Euless, Texas 76039-3855
Telephone: (817) 868-4000
Fax: (817) 868-4099

015890

Physician Information Profile



This report is compiled exclusively for:

Name: Ava Rosalind Moskin
SSN: [REDACTED]
DOB: [REDACTED]
Recipient: Maine Board of Licensure in Medicine

NOTICE:

The Federation Credentials Verification Service (FCVS) was retained by the above referenced physician to verify his/her medical credentials for submission to your agency/organization. Unless noted otherwise, all documents contained in this report were received directly from the issuing institution per written request made by FCVS. All documents bearing the official FCVS seal are certified to be an exact reproduction of the original. Where required, original documents are provided according to the agreements with the institution issuing such document. FCVS maintains all original documents (excluding third-party examination transcripts) in the physician's source file.

The Physician Information Profile is compiled and published by the Federation of State Medical Boards of the United States, Inc. as a reference source for its member boards and other authorized entities. The Physician Information Profile may not be republished, sold, resold or duplicated, in whole or in part, for commercial or any other purposes, or for purposes of compiling lists or files without the express written consent of the Federation's Executive Vice President as authorized by its Board Of Directors. The use of this Physician Information Profile to establish independent data files or compendiums or information is strictly prohibited.

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Rev. 8/11/00

Request ID: 8175828

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- B. Omission/Discrepancy Report
- C. Board Action Data Bank Search Results

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- B. Certified Birth Certificate or Photocopy of Original Passport

III. Medical Education

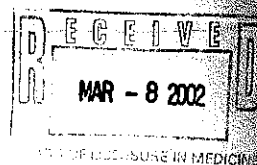
- A. Verification of Medical Education Form(s)
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IV. Postgraduate Medical Education

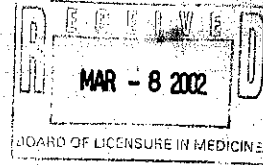
- A. Verification of Postgraduate Medical Education Form(s)

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015890



Section I

FCVS Reports

Physician Information Report 015890

Identity:

Name: Ava Rosalind Moskin
Other Name Used: N/A

Gender: Female

Date of Birth: [REDACTED]
Place of Birth: [REDACTED]
SSN: [REDACTED]

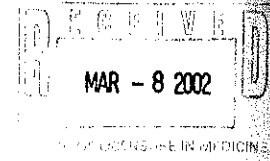
Current Address: [REDACTED]

Permanent Address: [REDACTED]

Telephone Numbers:
Bus: 978-689-6560
Fax: N/A
Home: [REDACTED]
Other: [REDACTED]

Physical Description:
Height: 5' 6"
Weight: 130 lbs
Eye Color: Brown
Hair Color: Brown

Physical Marks:
Description: N/A
Location: N/A



Premedical Education (Reported by physician. Not verified by FCVS):

Institution: Brown University, Providence, RI 02912
Dates of Attendance: 09/1990 - 12/1991
Degree Awarded: None

Institution: College of the Atlantic, Bar Harbor, ME 04609
Dates of Attendance: 08/1992 - 06/1995
Degree Awarded: Bachelor of Arts

Medical Education:

Current, valid ECFMG: N/A
ECFMG Number: N/A
Date Issued: N/A

Medical School: Albert Einstein College of Medicine of Yeshiva University
 Office of the Registrar
 Jack & Pearl Resnick Campus
 1300 Morris Park Avenue
 Bronx, NY 10461

Dates of Attendance: 08/16/1995 - 05/24/1999
Graduation Date: 06/03/1999
Degree Awarded: Doctor of Medicine

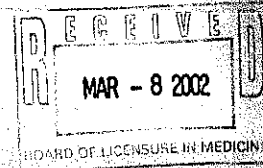
Unusual Circumstance: None

015890

Post Graduate Medical Education:

Institution: Lawrence Family Practice Residency
Department of Family Practice
34 Haverhill Street
Lawrence, MA 01841

Post Graduate Year: 1-3
Program Type: Internship/Residency
Department: Family Practice
Dates of Attendance: 06/17/1999 - 06/21/2002
Completion: To Be Completed On 06/21/2002
Accreditation: ACGME



Unusual Circumstance: None

Fifth Pathway:

N/A

Examination History:

Transcripts Enclosed For: USMLE Step 1
USMLE Step 2
USMLE Step 3

Board Action:

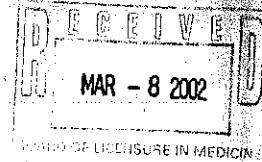
A Report of the results from a search of the Board Action Data Bank is enclosed.

015890

Omission / Discrepancy Report

Physician Identification:

Name: Ava Rosalind Moskin
DOB: [REDACTED]
SSN: [REDACTED]
Packet ID: 23085
Request ID: 8175628



REPORT OF OMISSIONS

There are none identified.

REPORT OF DISCREPANCIES

There are none identified.

MISCELLANEOUS INFORMATION

Miscellaneous 1:

Section of Profile: Continuity of Education

Issue: There is a gap of approximately 1/2 year between premedical education at Brown Univ (ends 12/1991) and College of the Atlantic (begins 08/1992).

Follow-Up: This information is provided as information only. No follow up performed.

End of report for Ava Rosalind Moskin

Packet Id: 23085

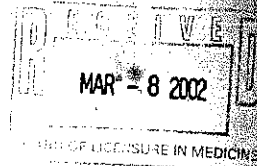
Request Id: 8175628

Report Created By: LTN

Board Action Databank Search

015890

State Queried For: **Maine Board of Licensure in Medicine**
Physician's Name: **Moskin, Ava Rosalind**
Date of Birth: **[REDACTED]**
Medical School: **033020 - Albert Einstein Col Med**
Year of Graduation: **1999**
Social Security Number: **[REDACTED]**
ECFMG Number: **N/A**



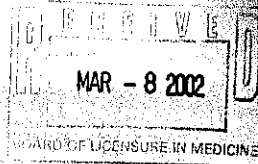
Results:

WE HAVE NO UNFAVORABLE INFORMATION
REGARDING THE ABOVE NAMED PHYSICIAN

MAR 06 2002

Dale L. Austin
DALE L. AUSTIN
DEPUTY EXECUTIVE VICE PRESIDENT
AND CHIEF OPERATING OFFICER

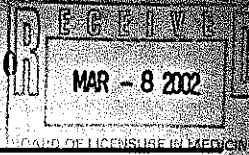
015890



Section II

Identity

015890



AFFIDAVIT AND RELEASE

I, the undersigned, hereby certify under oath that I am the person named in this application, that all statements I have or shall make with respect thereto are true, that I am the original and lawful possessor and person named in the various forms and credentials furnished or to be furnished with respect to my application and that all documents, forms or copies thereof furnished or to be furnished with respect to my application are strictly true in every aspect.

I acknowledge that I have read and understand the "INSTRUCTIONS FOR COMPLETING THE FCVS APPLICATION" and have answered all questions contained in the application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to my being prosecuted under appropriate federal and state laws.

I authorize and request every person, hospital, clinic, government agency (local, state, federal or foreign), court, association, institution or law enforcement agency having custody or control of any documents, records and other information pertaining to me to furnish to the Federation Credentials Verification Service any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data and to permit the Federation Credentials Verification Service or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application.

I hereby release, discharge and exonerate the Federation Credentials Verification Service, its agents or representatives and any person furnishing information, of any and all liability of every nature and kind arising out of investigation made by the Federation Credentials Verification Service. I authorize the Federation Credentials Verification Service to release information, material, documents, orders or the like relating to me or this application to any entity at my request.

AVA
Applicant's Signature (must be signed in the presence of a notary)

MOSKIN
Applicant's Printed Last Name

AVA R
Applicant's Printed First Name, Middle Initial, and Suffix (e.g., Jr.)

1/11/02
Date of Signature (must correspond to date of notarization)



State of Massachusetts, County of Essex

I certify that on the date set forth below the individual named above did appear personally before me and that I did identify this applicant by: (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made in my presence on this form with the signature on his/her identifying document. The statements on this document are subscribed and sworn to before me by the applicant on this 11th day of January, 2002.

Notary Public signature: *Dominic M. Valera*

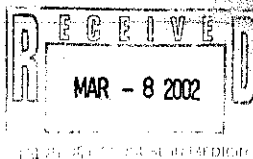
My commission expires: February 18, 2003

Notary:
The physician has been instructed to sign the front of the photograph.
Your seal (or stamp) must be partly upon the photo and partly upon
the signature of the applicant.

23085

Federation Credentials Verification Service

015890



Section III

Medical Education

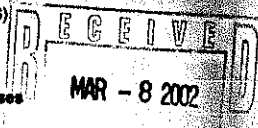
FEDERATION CREDENTIALS VERIFICATION SERVICE (FCVS)
VERIFICATION OF MEDICAL EDUCATION
 (This form must be completed by the medical school)

015890

INSTRUCTIONS TO THE DEAN

The individual identified on the attached Authorization For Release of Information, Documents and Records form has authorized your medical school to provide to the Federation Credentials Verification Service (FCVS) any and all information pertaining to their education at your institution. Please complete this form and forward it to FCVS in the enclosed postage-paid, self-addressed envelope.

Please note: If your institution processes transcript requests through another office, FCVS has likely made such a request under separate cover. If your office also processes transcript requests, please attach the individual's official transcript (which indicates courses taken, dates and hours of attendance, and scores, grades, or evaluation).



VERIFICATION OF MEDICAL EDUCATION

Name of Institution: Albert Einstein College of Medicine of Yeshiva University
 Complete Address: 1300 Morris Park Avenue, Bronx, New York 10461
 Street Address: 1300 Morris Park Avenue
 City: Bronx State: New York ZIP Code (Postal Code): 10461
 If name of institution was different when this individual attended, please note this name below:

Premedical Education: Does your school have a premedical education requirement? Yes No
 If yes, include where your records indicate the individual completed his/her premedical education and the basic science courses taken (attach additional pages if necessary):

Premedical Institution(s): College of Atlantic
 Check courses taken: Physics Biology/Zoology Organic Chemistry Inorganic Chemistry
 *Physics taken at Columbia University

Enrollment and Participation: Our records indicate that Ava R. Moskin (type/print individual's name: Last, First, Middle, Suffix)
 attended our medical school for total of 44 weeks of medical education on the following dates (mm/dd/yy):
 From 08 / 16 / 1995 To 05 / 24 / 1999
Month Date Year Month Date Year

This individual (check one):
 was awarded the degree of Doctor of Medicine on June 03 / 1999
 was NOT awarded a degree (please attach an explanation)
Month Date Year

Certification: By my signature, I, Lillian Lombardi (type/print name), certify that the above information is an accurate account of the above named individual's official records maintained in this and is true and correct to my knowledge.



Signature: Lillian Lombardi
 Title: Registrar
 Date of Signature: February 13, 2002
 Phone: (718) 430-2102 Fax: (718) 430-8825
 Email: lombardi@aecom.yu.edu

FEDERATION CREDENTIALS VERIFICATION SERVICE (FCVS)

VERIFICATION OF MEDICAL EDUCATION

(continued)

Unusual Circumstances: The following questions apply to unusual circumstances that occurred during any part of the individual's medical education. Please check the appropriate response and provide dates and requested information. "Yes" responses to any of these questions require a copy of explanatory records or a written explanation (attach additional pages as necessary).

015890

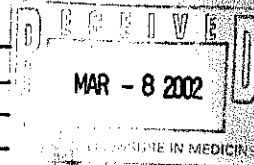
1. Do this individual's official records reflect (an) interruption(s) or extension(s) in his/her medical education?

Response YES NO

If YES, please select the reason(s) for, indicate the dates of the interruption(s) or extension(s) and check whether the interruption/extension was approved or unapproved.

	From Mo/Yr	To Mo/Yr	Approved	Unapproved
Personal/Family			<input type="checkbox"/>	<input type="checkbox"/>
Academic remediation			<input type="checkbox"/>	<input type="checkbox"/>
Health			<input type="checkbox"/>	<input type="checkbox"/>
Financial			<input type="checkbox"/>	<input type="checkbox"/>
Participation in joint degree Program (e.g., MD/PhD)			<input type="checkbox"/>	<input type="checkbox"/>
Participation in non-research special study (e.g., fellowship, international experience)			<input type="checkbox"/>	<input type="checkbox"/>
Participation in non-degree research			<input type="checkbox"/>	<input type="checkbox"/>
Other			<input type="checkbox"/>	<input type="checkbox"/>

Please Specify: _____



2. Do this individual's official records reflect that he/she was ever placed on academic or disciplinary probation during his/her medical education?

Response YES NO

If YES, please select the reason(s) for the probation, indicate the date(s) of placement on and removal from probation and attach additional documentation to this report.

From Mo/Yr To Mo/Yr

Academic Probation _____

Probation for unprofessional conduct/behavioral _____

Probation for other reason _____

Please specify reason: _____

3. Do this individual's official records reflect that he/she was ever disciplined for unprofessional conduct/behavioral reasons by the medical school or parent university?

Response YES NO

If YES, please provide detailed documentation/information about the circumstances and outcome(s):

4. Do this individual's official records reflect that he/she was ever the subject of negative reports or an investigation by the medical school or parent university?

Response YES NO

If YES, please provide detailed documentation/information about the circumstances and outcome(s):

5. Do this individual's official records reflect that there were any limitations or special requirements imposed on the individual because of questions of academic incompetence, disciplinary problems, or any other reason?

Response YES NO

If YES, please provide detailed documentation/information about the nature of the limitations or special requirements.

The Federation Credentials Verification Service is a division of The Federation of State Medical Boards of the United States, Inc.

OFFICIAL COPY

ALBERT EINSTEIN COLLEGE OF MEDICINE
YESHIVA UNIVERSITY
Jack and Pearl Resnick Campus
Office of the Registrar

OFFICIAL COPY 5890

Transcript for: MOSKIN, AVA R.
Matriculated: 1995

Class of: 1999
Printed: 02/13/2002

Year 1

Biochemistry H	Cell Biology H	*Clinical Selective P
*Genetics P	*Gross Anatomy/Embryology . . . P	Histology H
*Immunology P	*Intro to Patient P	Neuroscience P
*Physiology P	*Psychopathology P	

Year 2

Cardiovascular System ^{1,2,3} . . . P	Clinical Examination P	Endocrine System ^{1,2,3} P
GI/Liver System ^{1,2,3} P	Hematology ^{1,2,3} P	Intro Disease Mechanisms ¹ . . . H
Micro/Infect. Disease ^{1,2} . . . H	Nervous System ¹ H	Parasitology ³ P
Pharmacology P	Renal System ^{1,3} P	Reproductive Systems ^{1,2,3} . . . P
Respiratory System ^{1,3} P	Rheumatologic Disease ¹ P	

Year 3

Family Medicine Clerkship . . . HP	Medicine Clerkship H	**Neurology Clerkship P
Obstetrics/GYN Clerkship . . . H	Pediatrics Clerkship HP	Psychiatry Clerkship H
Surgery Clerkship H		

Year 4

Ambulatory Care/Ind.Hea. . . . P	Clin. Rot. Child Prot.Ctr. . . . P	Emergency Med. JMC/MMC P
Family Med. Subinternship . . . P	**Geriatrics Clerkship P	Peds. Ortho Surgery HP
Sub Consult/Liaison Psych. . . . H		

- 1 - Integrated Pathobiology, Epidemiology/preventive Medicine and Radiology
2 - Includes Physiology 3 - Includes Pharmacology.

MD Degree granted June 03, 1999
Elected to Alpha Omega Alpha.

Grading: (Year 1 & Year 2)

H=Honors *P=Pass Only
F=Fail E=Exempt I=Incomplete
(Year 3 & Year 4)

H=Honors HP=High Pass P=Pass
LP=Low Pass F=Fail I=Incomplete
D=Deferred E=Exempt N=Ungraded

** Clerkships 2 weeks or less, Pass/Fail only

MAR - 8 2002

Not valid without seal.

Certified by:

BOARD OF LICENSURE IN MARYLAND

Lillian Lombardi
MRS. LILLIAN LOMBARDI
REGISTRAR

FEB 13 2002

THE FAMILY EDUCATION RIGHTS AND PRIVACY ACT OF 1974, AS AMENDED,
PROHIBITS THE RELEASE OF INFORMATION FROM THIS TRANSCRIPT WITHOUT
PRIOR WRITTEN CONSENT OF THE STUDENT TO WHOM IT MAY CONCERN

SEAL
VERIFIED

YESHIVA UNIVERSITY

IN RECOGNITION OF THE SATISFACTORY FULFILLMENT
OF THE REQUIRED COURSE OF STUDY AT THE

ALBERT EINSTEIN COLLEGE OF MEDICINE

AND UPON THE RECOMMENDATION OF THE FACULTY,
THE TRUSTEES OF YESHIVA UNIVERSITY BY VIRTUE OF THE
AUTHORITY VESTED IN THEM HAVE CONFERRED UPON

AVA ROSALIND MOSKIN
THE DEGREE OF
DOCTOR OF MEDICINE

This is a copy of the original diploma
issued to Ava R. Moskin, M.D. who
graduated on June 3, 1999

Lillian Lombardi
Mrs. Lillian Lombardi, Registrar

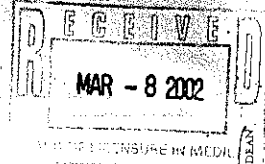
SEAL: WITH ALL THE RIGHTS, PRIVILEGES, AND HONORS THEREUNTO PERTAINING
IN TESTIMONY WHEREOF THIS DIPLOMA IS GRANTED IN THE CITY OF
NEW YORK ON THE THIRD DAY OF JUNE, 1999.



David J. Latham
CHAIRMAN, BOARD OF TRUSTEES

Charles
CHAIRMAN, BOARD OF OFFICERS

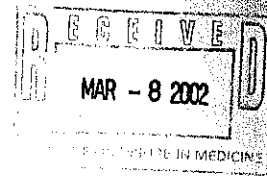
SEAL
VERIFIED



Robert R. P...
PRESIDENT
VICE PRESIDENT FOR MEDICAL AFFAIRS AND DEAN

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Section IV

Postgraduate Training

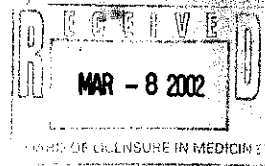
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Federation Credentials Verification Service (FCVS)
Federation Place, 400 Fuller Wieser Road, Suite 300, Euless, TX 76039
Tel: (817) 868-5000 Fax: (817) 868-5009

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MAR - 8 2002

Verification of Postgraduate Medical Education	
Institution: Lawrence Family Practice Residency	Attention: Program Director
Address: Department of Family Practice Lawrence, MA 01841	Affiliated University: University of Massachusetts Tufts University
Verification For:	Name: Moskin, Ava Rosalind SSN: 058-50-0563 DOB: 04/07/1971 Physician's Name on Record (if different from above):
Program Participation: Important: Report Incomplete postgraduate years (PGY) separately from those that were successfully completed.	PGY: <u>1-3</u> <input checked="" type="checkbox"/> Internship <input checked="" type="checkbox"/> Residency <input type="checkbox"/> Fellowship <input type="checkbox"/> Research Department: <u>Family Medicine</u> From: <u>6/17/1999</u> To: <u>6/21/2002</u> Successfully Completed?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> In Progress Accredited by: <input checked="" type="checkbox"/> ACGME <input type="checkbox"/> AOA <input type="checkbox"/> Not Accredited Other: _____
If the postgraduate year is currently in progress report the expected completion date in the "To" field. Report Internships, Fellowships and Fellowships separately.	PGY: _____ <input type="checkbox"/> Internship <input type="checkbox"/> Residency <input type="checkbox"/> Fellowship <input type="checkbox"/> Research Department: _____ From: _____ To: _____ Successfully Completed?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress Accredited by: <input type="checkbox"/> ACGME <input type="checkbox"/> AOA <input type="checkbox"/> Not Accredited Other: _____
Use one section per department. If the department is rotating or transitional, please provide a schedule of rotations.	PGY: _____ <input type="checkbox"/> Internship <input type="checkbox"/> Residency <input type="checkbox"/> Fellowship <input type="checkbox"/> Research Department: _____ From: _____ To: _____ Successfully Completed?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress Accredited by: <input type="checkbox"/> ACGME <input type="checkbox"/> AOA <input type="checkbox"/> Not Accredited Other: _____
Unusual Circumstances: Circle the correct response. Detailed responses require written explanation. If necessary, you may continue your explanation on a separate sheet of paper.	Did this individual ever take a leave of absence or break from his/her training? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Was this individual ever placed on probation? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Was this individual ever disciplined or placed under investigation? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Were any negative reports ever filed by instructors? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Were any limitations or special requirements placed upon this individual because of questions of academic incompetence, disciplinary problems or any other reason? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Please explain any "Yes" response from above: _____ _____
Certification: Affix seal here. SEAL VERIFIED form notarized.	Completion of the following is certification that the information above is an accurate account of this individual's records and is true and correct. This section MUST be signed by the Program Director (M.D./D.O. only). Name: <u>Scott E. Arly</u> Signature: <u>[Signature]</u> Title: <u>Residency Director</u> Date of Signature: <u>2/13/02</u> Tel: <u>978-725-7410</u> Fax: _____ E-Mail: <u>searly@ghmc.org</u>

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Section V

Examination History/Score Transcripts

Authenticity of USMLE Transcripts

The score of United States Medical Licensing Examination scores is printed using black ink on blue safety paper. The Federation of State Medical Boards, Federation of State Medical Boards, or National Board of Medical Examiners. The TouchSafe Hologram in the lower left corner certifies the authenticity of this document. If the USMLE transcript may result in appropriate legal action and/or a determination of irregular behavior, as determined by the Committee on Irregular Behavior. The TouchSafe Hologram on TouchSafe Fingerprint and the word VALID will appear. When liquid bleach is applied to the document, the paper will turn brown. Also, when photocopied, a security statement containing the words "THIS IS A SECURITY COPY OF A DOCUMENT" will appear prominently across the face of the entire document.

USMLE SCORES

The USMLE transcript includes a complete score history and a list of the examinee's scores for which the examinee sat and took the examination. Scores are reported as "Incomplete" or "Indeterminate," "Passing," or "Failing" on different scales. For each Step, the examinee's score is reported on the three-digit scale for the Step (e.g., 200) and on the two-digit scale for the Step (e.g., 75). The examinee's score on the three-digit scale is usually in the range of 145 and 265. An equivalent value score on the two-digit scale is also provided. A score of 75 on the two-digit scale is the minimum passing score. The examinee's score on each scale is shown on the transcript next to the examinee's score for each Step. The level of proficiency required to pass the examination is subject to change.

Factors that influence an examinee's score include the level of difficulty of the subject matter being tested, the specific set of test items used for an examination, the Standard Error of Measurement (SEM) for the examination, and the level of the examinee's performance. The SEM is a measure of the variation in scores that would be expected if an examinee were tested repeatedly using the same set of items covering similar content. The SEM for a Step 1 score is usually in the range of 4 to 8 score points on the three-digit scale and 1 to 2 score points on the two-digit scale.

ANNOTATIONS APPEARING UNDER "COMMENTS"

Annotations appearing on an examinee's transcript with an administration shown on the transcript may include one or more annotations listed next to the examinee's score. A description of each "Comment" is provided below.

Invalid Results - Results that cannot be certified as representing a valid measure of the examinee's knowledge or competence as determined by the examination. Decisions to classify results as Invalid Results may be made on the basis of factors that include, but are not limited to, unexplained inconsistency of performance on the examination or between administrations of the same Step. No score is reported. Information regarding the nature of the Invalid Results and the determination of the Committee on Irregular Behavior Validity is available. If such information is not available with this transcript, it may be obtained by contacting the organization from which you received the transcript or the Federation of State Medical Boards, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

Incomplete - The examinee sat for some, but not all, of the scheduled examination. No score is reported.

Irregular Behavior - The Committee on Irregular Behavior determined that the examinee engaged in irregular behavior. Examples of irregular behavior are described in the current edition of the *USMLE Bulletin of Information*. Information regarding the nature of the irregular behavior and the determination of the Committee is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

Score Not Available - The score is not available. Further review and/or analysis may be pending, or it may have been determined that the score cannot be reported.

Test Accommodations - Following review and approval of a request from the examinee, test accommodations were provided in the administration of the examination.

ANNOTATIONS APPEARING AS "NOTE"

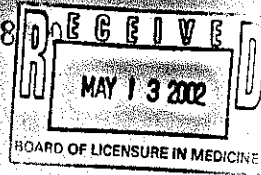
Circumstances not in connection with an administration shown on this transcript may result in one or more annotations and an explanation or instructions to contact the appropriate individual or organization. The "Note" will appear at the end of the document.

BOARD ACTION DATA BANK INFORMATION APPEARING AS "NOTE"

The Board Action Data Bank of the Federation of State Medical Boards (FSMB) contains actions reported to the FSMB by U.S. licensing and disciplinary boards, Canadian licensing authorities, the U.S. Armed Forces, the U.S. Department of Health and Human Services, and other credentialing entities. To be included in the Bank, an action must be a matter of public record or be legally releasable to state medical boards or other entities with recognized authority to review physician credentials. Certain actions reported to and released by the Board Action Data Bank are not disciplinary or otherwise prejudicial in nature. Such actions are reported to ensure that records are complete and to assist in preventing misrepresentation or the use of lost or stolen credentials by unauthorized persons. Once reported to the FSMB, an action becomes part of the permanent record of the individual physician, and the existence of such an action may be indicated on the USMLE transcript by a "Note".

100% 0158

**MAINE BOARD OF LICENSURE IN MEDICINE
STATE LICENSURE EXAMINATION**



MARK SKIN (please PRINT full name)

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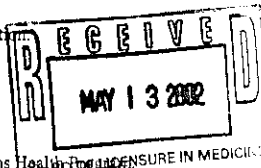
1. True or False - Sexual contact with a patient is not misconduct if the patient suggests it.
2. True or False - A patient is never entitled to a copy of his or her own medical record.
3. True or False - Sexual contact with patients and or colleagues is potential grounds for Board disciplinary action.
4. True or False - If a licensee (physician or physician assistant) does not belong to the American Medical Association, the AMA Code of ethics will be applied to that licensee's behavior.
5. True or False - Medical Board membership consists only of physicians.
6. True or False - Outbursts of anger from licensees caused by stress or lack of rest should be excused.
7. True or False - Sexual contact with a patient is not deemed misconduct if it occurred outside the office.
8. True or False - There is little a licensee can do to prevent the diversion of opioids to drug abusers.
9. True or False - Any potential issue the Board reviews will be made worse by misrepresentation of the circumstances to the Board.
10. True or False - If a patient has not paid a bill, the licensee has no obligation to forward records upon request until the bill is paid.
11. True or False - If deemed pertinent to the investigation of a complaint, the Board of Medicine has the authority to require that a licensee undergo a physical, mental, and/or substance abuse evaluation by an evaluator of the Board's choice.
12. True or False - Licensees should not be concerned about rude behavior of their office staff such as the receptionist.
13. True or False - Licensees should report all disciplines and practice restrictions to all national data banks such as the National Practitioner Data Bank and the Federation of State Medical Boards discipline databank.
14. True or False - Misrepresenting CME activity on an application for medical license renewal is grounds for discipline by the Board.
15. True or False - Licensees should not prescribe controlled substances for themselves or for family members except in emergency situations.
16. True or False - Disruptive licensee behavior will be excused as long as the licensee is medically competent.
17. True or False - The sale of goods from the licensee's office raises ethical questions.
18. True or False - If a patient files a complaint and then withdraws it, the Board may still pursue the complaint.

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Board of Medicine

Answer each of the following questions by circling the corresponding

20. Which of the following is not a concern in managing nonmalignant pain is:
- A. Long-term pain management is not a concern.
 - B. Long-term pain management requires monitoring for opioid abuse and diversion.
 - C. Opioid abuse should be reserved for terminal situations.
 - D. Opioid abuse is a frightening problem and therefore does not require urgent attention.

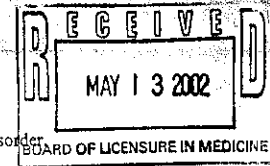


21. Which of the following is not a concern in monitoring the Maine Medical Association Physicians Health Program:
- A. The program is not a basis for automatic discipline.
 - B. The program does not require a report to the Board, whether or not there is a concern.
 - C. The program will be offered and monitored confidentially by the Committee.
 - D. The program is not a concern.
 - E. None of the above.

22. If a licensee is reasonably concerned that a licensed practicing colleague is abusing opioids:
- A. The concerned licensee has a legal obligation to report the colleague either to this Board, or the Maine Medical Association Physicians Health Program.
 - B. The concerned licensee may report the addicted colleague to the Board of Medicine or the Maine Medical Association Physicians Health Program, but has no obligation to do so.
 - C. The licensee has a legal obligation to report unless the concerned licensee observes or is aware of adverse patient consequences as a result of the substance abuse.
 - D. The licensee has no obligation to report.
 - E. None of the above.
 - F. None of the above.

23. Which of the following would not constitute Board disciplinary action?
- A. A licensee is prescribed a narcotic by his/her health care provider who is suffering from a chronic medical condition.
 - B. A licensee is prescribed an antidepressant for depression.
 - C. A licensee is prescribed a narcotic or an anxiolytic which is prescribed, documented, and monitored by the licensee's health care provider.
 - D. Both A and B.
 - E. Both B and C.
 - F. All of the above.
 - G. None of the above.

24. If unsure how to answer a question on an application, a prudent course is to:
- A. answer the question putting yourself in the most favorable light.
 - B. call the Board for advice.
 - C. attach an addendum to the application explaining the situation/circumstances.
 - D. both B and C.
 - E. both A and C.
 - F. all of the above.
 - G. none of the above.

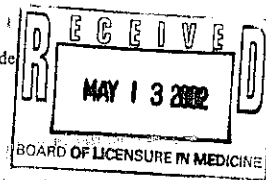


24. The Board of Medicine cannot investigate a complaint if:
- A. the complainant is unable to produce a written complaint due to illiteracy.
 - B. the patient whose care is the focus of the complaint is deceased.
 - C. the person who is filing the complaint is known to suffer from a psychotic disorder.
 - D. there are no witnesses to the alleged unacceptable licensee behavior.
 - E. both C and D.
 - F. all of the above.
 - G. none of the above.
25. Which of the following is true:
- A. over eighty percent of chemically dependent physicians respond successfully to treatment and return to full practice.
 - B. heavy alcohol use, if restricted to times when the licensee is not practicing medicine will have no impact on the licensee's fitness for practice.
 - C. licensees are too intelligent and too informed about drugs and alcohol to get into trouble with them.
 - D. the Physician Health Program in Maine is of no assistance in keeping recovering licensees in practice.
 - E. both B and D.
 - F. both C and D.
 - G. all of the above.
26. If you become aware that a patient who is addicted to or abuses or may be diverting opioids is seeking medication from other providers which of the following is true?
- A. opioid abuse/addiction is a potentially life threatening medical condition.
 - B. Maine law supports communicating concern about the patient's opioid abuse to other providers without the patient's consent.
 - C. diversion of opioids is a threat to the health and safety of other Maine citizens.
 - D. there is little you can do in this circumstance.
 - E. all of the above.
 - F. A, B, and C.
 - G. none of the above.
27. Common issues underlying complaints against licensees to the Board of Licensure in Medicine include:
- A. office staff communication style.
 - B. lack of communication regarding test results.
 - C. poor communication between/among professionals.
 - D. licensee rudeness.
 - E. both A and D.
 - F. both B and C.
 - G. all of the above.
28. In its actions the major focus of the Board of Licensure in Maine is:
- A. to protect the public health and welfare.
 - B. to provide education for licensees.
 - C. to provide a readily verifiable source of information for various credentialing bodies.
 - D. to provide rehabilitation for ill licensees.
 - E. to promote the public image of medicine.
 - F. to protect licensees from malpractice suits.
 - G. none of the above.

Maine Board of Licensure in Medicine
revised: January 23, 2002

29. If the licensee has failed to obtain adequate CME for license renewal, acceptable courses of action include: 015890
- A. delay sending in the application for license renewal until the CME is completed.
 - B. claim CME that is planned even if not yet completed.
 - C. send in the application on time, including an accurate CME log, explain the circumstances around not having completed CME requirements, and request an extension.
 - D. send in your renewal leaving CME information blank.
 - E. both A and C.
 - F. all of the above.
 - G. none of the above.

30. Some of the warning signs of substance abuse or addiction in colleagues include
- A. change in attention level.
 - B. change in temper or temperament.
 - C. change in physical appearance.
 - D. change in performance.
 - E. both A and B.
 - F. both A and D.
 - G. all of the above.



31. What should you do if you become concerned that a patient you are treating is abusing the pain medication you are prescribing?
- A. ignore the potential problem if the pain is severe.
 - B. talk with the patient.
 - C. consider a "contract" regarding use of strong analgesics.
 - D. refer the patient to proper authorities who prosecute substance abuse.
 - E. both B and C.
 - F. both B and D.
 - G. all of the above.

32. Rude behavior by the licensee toward staff could:
- A. undermine patient care by undermining the effectiveness of the healthcare team.
 - B. represent untreated psychopathology in the licensee.
 - C. be the manifestation of untreated addiction.
 - D. cause the patient to be anxious and unable to interact effectively with the licensee.
 - E. both A and C.
 - F. B, C, and D.
 - G. all of the above.

33. In Maine, absent emergency circumstances, with whom can a licensee discuss medical information concerning an adult patient without obtaining consent?
- A. the patient's family, unless prohibited by the patient.
 - B. the patient's employer.
 - C. the patient's attorney.
 - D. a physician or other health care personnel for diagnosis or treatment of the patient.
 - E. Members of the press.
 - F. A and D.
 - G. All of the above.

I affirm that the foregoing answers are mine, and that I alone completed this examination.

AVN000
(Applicant signature)

4/14/02
(Date)

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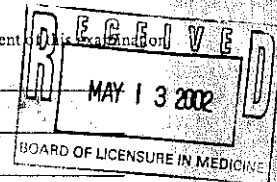
The following are open comment questions to help us evaluate this exam.

34. Through this experience did you learn anything that will be of value in your practice in Maine ?

The suggested opioid contract was
helpful

35. If you have suggestions, questions, or other comments regarding the improvement of this exam, please make them here.

none



36. Did you review the enclosed Law/Rule/Policy materials before taking this exam, or did you test your current level of knowledge ?

Read the materials first
 Did not read the materials first

I did a practice run,
then checked my
answers by reading
the material.

thanks!

Veinott, Tammy L

From: mike@informe.org
Sent: Wednesday, March 02, 2011 10:36 AM
To: mike@informe.org; jgrace@informe.org; kim@informe.org; Fike, Mike J; BOM-Renewal; Veinott, Tammy L
Subject: MBLM - New Registrant - Moskin-015890

User: Ava Moskin
License#: 015890
Renewal Status: Active
Renewal Confirmation: 20673808
Renewal Approved: N
Approved Reason: Applicant had at least one yes response in the questionnaire.

Reported CME credits:
Cat1: 65 credits
Cat2: 60 credits

Reported Insurance Information:
Method: employer
Employer: Mabel Wadsworth Women's Health Center
Company Name: Mutual Medical of Maine
Ins#: [REDACTED]

Moskin, Ava
License # 015890

Veinott, Tammy L

From: mike@informe.org
Sent: Wednesday, March 02, 2011 10:33 AM
To: mike@informe.org; jgrace@informe.org; kim@informe.org; Fike, Mike J; BOM-Renewal; Veinott, Tammy L
Subject: MBLM - Questionnaire - Moskin-015890

User: Ava Moskin
License#: 015890

20. Do you practice medicine within the State of Maine without active medical staff privileges at a Maine hospital?

"I work in an out-patient position."
=====