

Profile - 042.0006920

This profile contains information that may be used as a starting point in evaluating a health care provider. This profile should not, however, be the sole basis for selecting a health care provider.

Name Patricia T. Glowa
 Credential 042.0006920

Profile - General Information

Year began practice anywhere
 1980

Last Name:
 Glowa

First Name:
 Patricia

Middle Name:
 T.

Name Suffix:

Staff Privilege(s):

Facility Name	State	Start Date	End Date
Mary Hitchcock Hospital	New Hampshire	01/01/1995	

Practice Location(s):

Practice Name	City	State	Primary Practice	Languages	Accepts Medicaid?	Accepts New Medicaid Patients?
None reported	LEBANON	New Hampshire	Yes		Yes	Yes
Dartmouth-Hitchcock Family Medicine	Lebanon	New Hampshire	Yes		Yes	Yes

Profile - Medical Education Information

Medical Schools:

School	Graduation Date
School Name: Harvard Medical School State: Massachusetts Country: United States School Type: Medical School Degree: MD	06/01/1977

Postgraduate Training:

Site Name	End Date	Specialty
HARVARD MEDICAL SCHOOL	01/01/1977	
Highland Hospital of Rochester	01/01/1980	Family Practice

Specialty Board Certification(s):

Specialty	Certification Board	Certification Date	Specialty Expiration Date
Family Practice	American Board of Family Practice	01/01/1980	01/01/1998
Family Practice	American Board of Family Practice	01/01/1998	01/01/2004
Family Practice	American Board of Family Practice	01/01/2004	
Family Practice	American Board of Family Medicine	01/01/2014	01/01/2024

Profile - Teaching Information

Non-Teaching Appointments:

School	City	State	Nature of Position	Date Started	Date Ended
Dartmouth Medical School	Hanover	New Hampshire	Assistant Professor, Dept. of Community, Family Medicine, and Dept. of Pediatrics	01/01/1995	

Teaching Appointments:

School / Institution	City	State	Nature of Teaching	Date Started	Date Ended
Dartmouth Medical School	Hanover	New Hampshire	Residents, medical students, others	01/01/1995	

Profile - Publication / Activity Information

Publication(s):

Title	Publication	Publication Date

Activities:

Activity or Award

Profile - Restrictions / Disciplinary Information

Criminal Conviction(s):

Date of Conviction	Court of Conviction	City	State	Description

Nolo Contendere:

Date of Charges	Court	City	State	Description of Charges

Vermont Board of Medical Practice Matters:

Date	Final Disposition Summary

Licensing Authority Matters in Other States:

Date of Disposition	Licensing Authority	City	State	Description of Disposition

Revocation / Involuntary Restriction of Hospital Privileges:

Date of Restriction	Hospital Name	State	Nature of Restriction	Reason for Restriction

Other Hospital Restrictitons:

Date	Hospital Name	State	Action	Nature of Action	In Lieu or In Settlement

Profile - Malpractice Information**A. Judgments**

Provide the information requested in the following table for each case in which there was a court judgment or arbitration award against you.

Date of Judgment	Number of Judgments

B. Settlements

Provide the information requested in the following table for each case in which you were named as a defendant and in which a settlement was paid by you or on your behalf.

Date Of Settlement