

STATE OF VERMONT
DEPARTMENT OF HEALTH
BOARD OF MEDICAL PRACTICE
CERTIFICATION OF MEDICAL PRACTICE LIMITATION

NOV 25 2014

In accordance with Section 1395(c) of Title 26, Vermont Statutes Annotated, I hereby certify that I have applied for a license (without examination) from the Vermont Board of Medical Practice to practice medicine in the State of Vermont.

I further certify as follows:

- 1. I will limit my medical practice in Vermont to providing *pro bono* (free of charge) services at a free or reduced fee health care clinic in Vermont:

Good Neighbor Health Clinic
(Name of Clinic)

70 Main St.
(Address of Clinic)

White River Junction, Vt. 05001
(Please Use Separate Form for Each Clinic)

- 2. I hold an unrestricted license to practice medicine in all jurisdictions where I am currently licensed to practice medicine:

New Hampshire
(Vermont)

(Jurisdiction[s])

- 3. I have filed with the Board, on forms provided by the Board, information on my medical qualifications, professional discipline, criminal record, malpractice claims, and any other such information as the Board may require. I understand that this Certification shall not be deemed complete until the Board determines that all required information has been filed and that I have met all the Board's criteria for licensure.

- 4. I understand and agree that a license granted in accordance with this Certification authorizes me to practice medicine only on a voluntary basis in Vermont.

Patricia T. Glowa MD
(Signature)
Patricia T. Glowa MD
(Name Printed)

STATE OF NH)

COUNTY OF Grafton)

SS

Subscribed and sworn to before me this 19 day of November 2014

[Signature]

(Notary Public or Other Officer Authorized to Administer Oaths)

