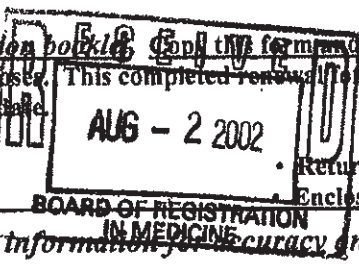




Physician Registration Renewal Application

COMPLETED
 AUG 11 2002

Before proceeding, please read the instruction booklet and fill in the form and all attachments for your own records; you will need copies for credentialing and other purposes. This completed renewal form with attachments must be returned in the green envelope 4 weeks before your renewal date.



REDACTED COPY

- Remit \$400.00 for renewal fee.
- Add late fee of \$25.00, if necessary.
- Return renewal application in GREEN envelope.
- Enclose check with coupon in BLUE envelope.

Please review carefully the following information for accuracy and completeness. Make any corrections or alterations as required.

1. Current Status: Active Registration No. 82013 Renewal Date: 08/11/2002

If you want to change your current status, please check one of the following boxes to indicate your new status: (Check only one)

- Active
 Retiring (see instructions)
 Inactive (see instructions)
 Do not wish to renew

2. Other Name(s), if any, under which you were licensed:

Please make corrections (type or print)

A) Mailing/Business Address:

3. MARCUS T GORDON
 NORTH SHORE WOMEN'S CTR.
 480 Lynnfield St. 2nd Floor
 LYNN, MA 01904

Other Name(s): _____
Mailing Address: _____ City/Town: _____ State: _____ Zip: _____ Country: _____
Business Address: _____ City/Town: _____ State: _____ Zip: _____ Country: _____ Business Telephone: (____) _____
Home Address: _____ City/Town: _____ State: _____ Zip: _____ Country: _____ Home Telephone: _____

PLEASE NOTE: No P.O. Box addresses for home or business addresses.

B) Home Address:

Home Phone:

Business Phone:

781 595 4800

4. a) Date of Birth: _____ b) Sex: M

c) SS#: _____

5.a) Name of Medical School:

Albert Einstein College of Medicine Yeshiva Univ

b) Year Graduated: 1985 c) Degree: M.D.

6. Specialty Code(s) (See Table 1)

Code(s) Hours per Week in Mass.

OBG 0 Obstetrics and Gynecology

7. Current American Board of Medical Specialties Certification (See Table 2)

Code: _____ Code: _____

8. Drug License Numbers, if any:

a) Federal (DEA): _____

b) Massachusetts: _____

9. a) Other states where you are now licensed to practice (Abbr.)

_____ NY IL _____
 b) States where you were previously licensed (Abbr.)

10. Current health care facilities at which you have completed the credentialing process for the provision of patient care. (Supply the codes from Table 3 and place a check mark next to those health care facilities where you have admitting privileges (AP). Next to each facility, write the approximate percentage of patient care hours that you provide in each facility).

Facility Code: 538 / (AP) 98 % Facility Code: _____ / (AP) _____ % Facility Code: _____ / (AP) _____ %
 Facility Code: 537 / (AP) 2 % Facility Code: _____ / (AP) _____ % Facility Code: _____ / (AP) _____ %
 If 999, print name(s): _____

PRINT YOUR LAST NAME: GORDON LICENSE NUMBER: 8253

11. My medical malpractice insurance is covered by a) Insurance Carrier b) Letter of Credit
Name of Insurer: Promtva Alternatively, indicate as follows:

I am registering with Active status but I am not covered by medical malpractice insurance because I am (check one)

a) Not involved in direct/indirect patient care in Massachusetts b) Otherwise exempt

Please explain exemption:

12. Are you currently in a post-graduate training program in Massachusetts as a resident or clinical fellow? (check one) Yes No

13. A. What is your principal work setting? (See Table 4) LS

B. Care of patients in Massachusetts (see instruction booklet).

1) Average weekly hours involved in: a) outpatient care 30 hrs/wk b) inpatient care 10 hrs/wk

2) What is the approximate percentage of your patient care hours in primary care? 20 %

PART A - QUESTIONS REFER ONLY TO THE PAST TWO (2) YEARS

Questions 14 through 22 refer to the past two (2) years only. Check either YES or NO (NOT N/A) to each question. Provide details on Form B for all YES answers except for question 22. Refer to the instruction booklet for additional information and definitions. You must answer ALL questions or this form will be returned to you and your license renewal may be delayed.

- 14. **CLAIMS MADE:** Has any medical malpractice claim been made against you that has not yet been finally settled or adjudicated, whether or not a lawsuit was filed in relation to the claim?
- 15. **CLAIMS RESOLVED:** Has any medical malpractice claim that has been made against you been settled, adjudicated, or otherwise resolved, whether or not a lawsuit was filed in relation to the claim?
- 16. Has any lawsuit, other than a medical malpractice suit, which is related to your competency to practice medicine, or your professional conduct in the practice of medicine, been filed against you or been settled, adjudicated or otherwise resolved?
- 17. Have you been charged with any criminal offense, other than a minor traffic violation?
- 18. Have you been charged with or disciplined for any violation of laws, rules, by-laws or standards of practice of any governmental authority, health care facility, group practice or professional society or association?
- 19. Has your privilege to possess, dispense or prescribe controlled substances been suspended, revoked, denied, restricted by, or surrendered to any state or federal agency?
- 20. Have you withdrawn an application for a medical license or been denied a medical license for any reason?
- 21. Has any professional liability insurance provider restricted, limited, terminated, imposed a surcharge or co-payment, or placed any condition related to professional competency or conduct on your coverage or have you voluntarily restricted, limited or terminated your insurance coverage in response to an inquiry by a professional liability insurance provider?

	YES	NO
14.		
15.		
16.		
17.		
18.		
19.		
20.		
21.		

22. **CME CERTIFICATION:** Have you completed your CME requirements preceding your renewal date? Yes No
 CME Waiver requested (CME waiver form due 30 days prior to date of license expiration) CME exemption

See Instructions for CME requirements. Do not submit documentation of your CMEs with your renewal application
Pursuant to G.L. c. 112, § 2, I will not charge to or collect from a Medicare beneficiary more than the Medicare fee schedule amount.

Pursuant to G.L. c. 63C, § 49A, to the best of my knowledge and belief, I have filed all Massachusetts state tax returns and paid all Massachusetts state taxes that are required under law. **NOTE:** This applies even if you reside out-of-state or out of the United States.

- Pursuant to G.L. c. 62C, § 47A, to the best of my knowledge and belief, I am in compliance with M.G.H.C. 119A relating to withholding and remitting Child Support.
- Pursuant to G.L. c. 119, § 1A, I will fulfill my obligation to report abuse or neglect of children as required by G.L. c. 119, § 51A.
- I hereby certify under the penalties of perjury that all the information on the Renewal Application and Form R is true.

Signature: [Signature]

Date: 7/31/02

YOU MUST SIGN AND INCLUDE PART B WITH YOUR RENEWAL APPLICATION

Board Regulations require that you notify the Board, in writing, of any change of address

MAKE A COPY OF YOUR APPLICATION...



Physician Registration Renewal Application

Before proceeding, please read the instruction booklet. Copy this form and all attachments for your own records; you will need copies for credentialing and other purposes. This completed renewal form with attachments must be returned in the green envelope at least 4 weeks before your renewal date.

- Remit \$400.00 for renewal fee (non-refundable).
- Add late fee of \$25.00, if necessary.

- Return renewal application in GREEN envelope.
- Enclose check with coupon in BLUE envelope.

Please review carefully the following information for accuracy and completeness. Make any corrections or alterations as required. All questions must be answered or your renewal will be delayed.

1. Current Status: Active Registration No.: 82013 Renewal Date: 08/11/2004

If you want to change your current status, please check one of the following boxes to indicate your new status: (Check only one)

- Active Retiring (see instructions) Inactive (see instructions) Do not wish to renew

2. Other Name(s), if any, under which you were licensed:

Please make corrections (print)

A) Mailing/Business Address:
3. Marcus T Gordon
North Shore Women's Center
480 Lynnfield St. 2nd Floor
Lynn, MA 01904

<input type="checkbox"/> Other Name(s)	<input type="checkbox"/> Name Change (enter name below)
Mailing Address: _____	
City/Town: _____ State: _____	
Zip: _____ Country: _____	
Business Address: _____	
City/Town: _____ State: _____	
Zip: _____ Country: _____	
Business Telephone: (____) _____	
Home Address: _____	
City/Town: _____ State: _____	
Zip: _____ Country: _____	
Home Telephone: (____) _____	
PLEASE NOTE: Only one address can be a P.O. box. The mailing address cannot be a P.O. Box.	

B) Home Address:

Home Phone:

Business Phone: (781)595-4800

JUN 16 2004

4. a) Date of Birth: b) Sex: M

c) SS#:

7. Current American Board of Medical Specialties Certification (See Table 2)

Code: OG Code:

5. a) Name of Medical School:
Albert Einstein College of Medicine Yeshiva Univ

b) Year Graduated: 1985 c) Degree: M.D.

8. Drug License Numbers, if any:

- a) Federal (DEA):
b) Massachusetts:

6. Specialty Code(s) (See Table 1)

Code(s)	Hours per Week in Mass.
OBG	20
	Obstetrics and Gynecology

9. a) Other states where you are now licensed to practice (Abbr.)
NY IL
b) States where you were previously licensed (Abbr.)

10. List all current health care facilities at which you are affiliated or have completed the credentialing process for the provision of patient care. (Supply the codes from Table 3 and place a check mark next to those health care facilities where you have admitting privileges (AP). Next to each facility, write the approximate percentage of patient care hours that you provide in each facility). ___ No affiliations.

Facility Code: 5371 ✓ (AP) 100 % Facility Code: _____ / _____ (AP) _____ % Facility Code: _____ / _____ (AP) _____ %
Facility Code: _____ / _____ (AP) _____ % Facility Code: _____ / _____ (AP) _____ % Facility Code: _____ / _____ (AP) _____ %
If 999, print name(s): _____

Massachusetts Physician Renewal Application

Physician Name: **Marcus T Gordon**

License No.: **82013**

097239066591
157

PART A

1) Current Status: Active

Renewal Due Date: 07/14/2006

Birth Date:

If you want to change your current status, please check one of the following boxes to indicate your new status:
(Check only one). (See Renewal Instructions, page 3.)

- Active
 Retiring
 Inactive
 Do not wish to renew

2) Addresses & Contact Information. Please confirm your addresses and make changes, if necessary. You are required to notify the Board of Registration in Medicine within 30 days of any change of address. Home and Business addresses **CANNOT** be a Post Office Box.

Please make corrections (print)

2a) MAILING ADDRESS

North Shore Women's Center
480 Lynnfield St. 2nd Floor
Lynn, MA 01904

Check here to change this address

2b) HOME ADDRESS

Phone:

Check here to change this address

2c) BUSINESS ADDRESS

North Shore Women's Center
480 Lynnfield St. 2nd Floor
Lynn, MA 01904

Phone: (781)595-4800

Check here to change this address

RECEIVED
JUL 14 2006
Board of Registration
in Medicine

RECEIVED

JUL 27 2006

Board of Registration
in Medicine

Mailing Address: _____
City/Town: _____ State: _____
Zip: _____ Country: _____

Home Address: _____
City/Town: _____ State: _____
Zip: _____ Country: _____
Home Telephone: (____) _____

Home address cannot be a Post Office Box

Business Address: _____
City/Town: _____ State: _____
Zip: _____ Country: _____
Business Telephone: (____) _____

Business address cannot be a Post Office Box

3) E-mail Address: _____

4) Fax Number: (781) 595-3843

5) Specialties (See Renewal Instructions, page 4.)	Delete?	Additional specialties:
Obstetrics and Gynecology	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	

6) Current American Board of Medical Specialties (ABMS) or American Osteopathic Association (AOA) Information.
(See enclosed instructions and Renewal Instructions, page 4.)

List Certifying Board(s) below:	Update General Certificates and Subspecialty Certificates below. Please add additional Certifications as required.			
Board Name	ABMS or AOA	Certificate/Subspecialty	Correct?	Delete?
Obstetrics & Gynecology	ABMS	Obstetrics and Gynecology	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Massachusetts Physician Renewal Application

Physician Name: **Marcus T Gordon**

License No.: **82013**

<p><i>(See Renewal Instructions; page 4.)</i></p> <p>7) Drug License Numbers, if any:</p> <p>a) Massachusetts:</p> <p>b) Federal (DEA):</p> <p>c) Federal (DEA) XS:</p>	<p style="text-align: center;"><i>Please make corrections as necessary</i></p> <p>8a) Other states where you are <u>now</u> licensed to practice (Abbr.)</p> <p style="text-align: center;"><u>NY</u> <u>IL</u> _____</p> <p>8b) States where you were <u>previously</u> licensed (Abbr.)</p> <p style="text-align: center;"><u>NY</u> <u>IL</u> _____</p>
--	--

9) What is your principal work setting? *(See Renewal Instructions, page 4.)*

Principal Work Setting: Private Office Change to: _____

Please enter the approximate number of work hours at your principal work setting: 30

10) List all current health care facilities where you are affiliated or have completed the credentialing process for the provision of patient care. (Supply the name of the health care facility from Reference Table 5 on Page 16 of the Instruction booklet). Next to each facility, write your staff category at that facility (Admitting, Active, Courtesy, Associate or Consulting), and the approximate number of hours of patient care that you provide at that facility. Include any affiliations with on-line prescribing services or companies. Please provide all information for additional facilities on a separate sheet, if necessary.

No Affiliations Please enter the approximate number of work hours for each Health Care Facility below:

Health Care Facility <i>(See Renewal Instructions, page 4.)</i>	Delete?	Staff Category		Approximate # Hours per Week
		Current	Change	
North Shore Medical Center - Salem Hospital	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<u>0</u>
Salem Hospital	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<u>0</u>
Union Hospital	<input type="checkbox"/>	<input checked="" type="checkbox"/>	AD	<u>10</u>
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			

11) Care of patients in Massachusetts *(See Renewal Instructions, page 4.)*

Average weekly hours involved in: a) inpatient care 10 hrs/wk Change to: _____ hrs/wk

b) outpatient care 35 hrs/wk Change to: _____ hrs/wk

12) Medical Liability Insurance Information *(See Renewal Instructions, page 5.)*

My medical liability insurance is provided through: (check one)

Insurance Carrier (complete below)

Current Insurance Carrier: ProMutual Group Change to: _____

Policy dates: From 1/22/06 To 1/22/07
(required)

Letter of Credit subject to Board approval *(attach a copy)*

I am registering with Active status but I am not required to have medical liability insurance because I am:

Check one:

Not involved with direct or indirect patient care in Massachusetts

Government Employee Federal Tort Claims Act (FTCA)

Otherwise exempt *(Please explain):* _____

05/23/06 391 143

Massachusetts Physician Renewal Application

Physician Name: **Marcus T Gordon**

License No.: **82013**

13) Do you perform any surgery in your office? <i>(See Renewal Instructions, page 5.)</i> If <u>Yes</u> , please complete Form PCA-O "Office Based Surgery"	Yes	No
---	-----	----

In questions 14-21, the phrase "time period" refers to the following: all time from the day you signed your last license renewal/application, to the day you sign this renewal application, inclusive. *(See Renewal Instructions, page 5.)*

You must check either YES or NO to each question. Provide details on Form R if you answer "YES" to any questions. Refer to Renewal Instructions for additional information and definitions. ALL questions in this section must be answered.

YES NO

14) CLAIMS MADE a) New: Has any medical malpractice claim been made against you during this time period, whether or not a lawsuit was filed on that claim? b) Pending: Are there any unresolved malpractice claims against you today, any claims that have not been finally settled or finally adjudicated?	
15) CLAIMS PAID Has any medical malpractice claim against you (whether or not a lawsuit was filed on that claim) been resolved, settled, or adjudicated during this time period?	
16) OTHER CIVIL LAWSUITS Question 16 refers to claims or actions related to your competency to practice medicine or your professional conduct in the practice of medicine. a) New: Have there been any lawsuits, other than medical malpractice claims, been filed against you during this time period? b) Resolved: Have you resolved, settled or adjudicated any lawsuits, other than medical malpractice claims, during this time period?	
17) CRIMINAL CHARGES a) Have you been charged with any criminal offense during this time period? b) Are there any criminal charges pending against you today? c) Have any criminal offenses/charges against you been resolved during this time period?	
18) Have you been charged with or disciplined for any violation of laws, rules, by-laws or standards of practice of any governmental authority, health care facility, group practice or professional society or association?	
19) Has your privilege to possess, dispense or prescribe controlled substances been suspended, revoked, denied, restricted by, or surrendered to any state or federal agency?	
20) Have you withdrawn an application for a medical license, allowed a license application to become obsolete or have you been denied a medical license for any reason?	
21) Has any medical liability insurance carrier restricted, limited, terminated, imposed a surcharge or co-payment, or placed any condition related to professional competency or conduct on your coverage, or have you voluntarily restricted, limited or terminated your insurance coverage in response to an inquiry by a medical liability insurance carrier?	

22) CME CERTIFICATION: a) Have you completed your CME requirements preceding your renewal date? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No b) If no, are you requesting a CME waiver? <input type="checkbox"/> Check to request CME Waiver. A CME waiver request form must be submitted at least 30 days prior to your license expiration date. <i>(See Renewal Instructions, page 8.)</i> c) If you are exempt from CME requirements, check reason for exemption. <i>(See Renewal Instructions, page 8.)</i> CME EXEMPTION: (check one) <input type="checkbox"/> Inactive Status <input type="checkbox"/> Residency/Fellowship training
--

07/28/08 01

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Massachusetts Physician Renewal Application

Physician Name: Marcus T Gordon

License No.: 82013

PHYSICIAN PROFILE

- I have reviewed my Physician Profile at profiles.massmedboard.org and confirm that the information is accurate.
- I have reviewed my Physician Profile and attached a copy of the Profile with corrections.
- My status is Inactive and I do not have a Physician Profile. (See *Renewal Instructions*, page 10.)

CERTIFICATIONS

- 1) I certify that I have complied with my obligations to report abuse or neglect of children pursuant to G.L. c. 119, sec. 51A, and I understand the punishment for failure to comply.
- 2) I certify that I have complied with my obligations to report abuse or neglect of disabled persons pursuant to G.L. c. 19C, sec. 10, and I understand the punishment for failure to comply.
- 3) I certify that I have complied with my obligations to report abuse, neglect or financial exploitation of elderly persons pursuant to G.L. c. 19A, sec. 15, and I understand the punishment for failure to comply.
- 4) I certify that I have complied with my obligations to report the treatment of wounds, burns and other injuries pursuant to G.L. c. 112, sec. 12A.
- 5) I certify that I have complied with my obligations to report the treatment of victims of rape or sexual assault pursuant to G.L.c. 112, sec. 12A 1/2.
- 6) I certify that I have complied with my obligations to report a physician to the Board of Medicine, pursuant to G.L. c. 112, sec. 5F, when I have a reasonable basis to believe that person violated any provisions of G.L. c. 112, sec. 5 or any Board regulation.
- 7) I certify that I have complied my obligations related to charging and collecting fees from Medicare beneficiaries in accordance with the Medicare fee schedule, and I understand my obligations under G.L. c.112, sec. 2.
- 8) I certify that I have complied with my obligations to file Massachusetts tax returns and to pay Massachusetts taxes, and I understand that, pursuant to G.L. c. 62C, sec. 49A, my license shall not be issued or renewed unless I make these certifications under penalties of perjury.
- 9) I certify that I have complied with my obligations related to the reporting of employees and contractors pursuant to G.L. c.62E.
- 10) I certify that I have complied with my obligations related to the withholding and remitting of child support pursuant to G.L. c. 119A.
- 11) I certify that I have complied with my obligations to file an Incident Report with the Board when certain adverse events occur in my private office, pursuant to G.L. c. 112 sec. 5 and 243 C.M.R. 3.00 et seq., and I understand that the Patient Care Assessment (PCA) programs at the health care facilities where I practice report certain Major Incidents to the Board.

Under penalties of perjury, I declare that I have examined this renewal application and all its accompanying instructions, forms and statements, and to the best of my knowledge and belief, the information contained herein is true, correct, and complete. I authorize the Board of Registration in Medicine to access any and all criminal case information on me held by the Massachusetts Criminal History Systems Board.

Signature: _____

Date: _____

MAKE A COPY OF YOUR APPLICATION AND ALL ATTACHMENTS BEFORE MAILING, FOR YOUR RECORDS, FOR CREDENTIALING AND OTHER PURPOSES.

07/28/08 91
F3

Massachusetts Physician Renewal Application

Physician Name: Marcus T Gordon

License No.: 82013

NATIONAL PROVIDER IDENTIFIER (NPI)

The primary purpose of the NPI is to uniquely identify health care providers as "health care providers" in HIPAA standard transactions. The NPI will replace all other identifiers assigned to health care providers, such as those assigned by health plans, government programs and health care purchasers for purposes of conducting these business transactions. Under the final HIPAA NPI Rule, all individual and organization covered providers will be required to obtain an NPI by May 23, 2007.

In order for your license to be renewed you must take one of the following actions:

- Option 1:** Supply the Board of Registration in Medicine with your valid NPI. You can apply for an NPI directly by using the NPPES web site at www.NPPES.cms.hhs.gov.
- Option 2:** Certify you have personally applied for your NPI and you have not received it yet. Once you have received your NPI Number, you must notify the Board. Please complete the NPI form at the Board's web site at www.massmedboard.org.
- Option 3:** Certify another authorized institution has applied for an NPI on your behalf and you have not received it yet (supply institution's name). Once you have received your NPI Number, you must notify the Board by completing the NPI form at the Board's website (see Option 2).
- Option 4:** Authorize the Board of Registration in Medicine to apply for an NPI on your behalf.
- Option 5:** If your license status is INACTIVE, you may elect not to obtain an NPI number.

Check the appropriate box below, supply appropriate information, and sign the bottom of the page.

- My current NPI is:
- I have personally applied for an NPI.
- I have applied for an NPI using a third party (enter name): _____ (follow instructions for Option 3)
- By checking this option and signing the bottom of this page, I hereby authorize the Board to apply for an NPI on my behalf.
- As an *inactive* physician, I do not wish to obtain an NPI.

HIPAA TAXONOMY CODES

Please provide the HIPAA taxonomy (specialty) codes (refer to Renewal Instructions, page 13 for more information). In addition to providing the taxonomy code, please indicate your specialty in the space provided (Taxonomy Description). The primary provider taxonomy code is required if you authorize BORIM to apply for an NPI on your behalf.

	Taxonomy (Specialty) Code	Taxonomy Description (Print)
Primary Provider Taxonomy:	<input type="text"/> 2 <input type="text"/> 0 <input type="text"/> 7 <input type="text"/> V <input type="text"/> G <input type="text"/> 0 <input type="text"/> 4 <input type="text"/> 0 <input type="text"/> 0 <input type="text"/> X	Ob + Gyn - Gynecology
Provider Taxonomy:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____
Provider Taxonomy:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____

NPI REQUIRED INFORMATION

In an ongoing effort to improve the quality of the information we collect, please review the following information and make corrections as necessary. Please note: This information is required if you authorize BORIM to apply for an NPI on your behalf.

Social Security Number:

State of Birth (if US): NY Country of Birth (if outside the US): _____

Gender: Male Female

Penalties for Falsifying Information on the National Provider Identifier Application

18 U.S.C. 1001 authorizes criminal penalties against an individual who in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry. Individual offenders are subject to fines of up to \$250,000 and imprisonment for up to five years. Offenders that are organizations are subject to fines of up to \$500,000. 18 U.S.C. 3571(d) also authorizes fines of up to twice the gross gain derived by the offender if it is greater than the amount specifically authorized by the sentencing statute.

I authorize the Board of Registration in Medicine to provide my NPI to any authorized hospital, health plan, or health organization.

Signature: _____

Date: 7/12/06

PLEASE MAKE A COPY OF ALL PAGES OF YOUR RENEWAL APPLICATION AND ALL ATTACHMENTS BEFORE MAILING YOUR RECORDS, FOR CREDENTIALING AND OTHER PURPOSES.

Massachusetts Physician Renewal Application

Physician Name: Marcus T Gordon, M.D.

License No.: 82013

S1 217 11/03/11
B 28/08 83 81

PART A

1) Current Status: Active Renewal Due Date: 07/14/2008 Birth Date: _____

If you want to change your current status, please check one of the following boxes to indicate your new status:
 Check only one: (See Renewal Instructions, page 3.)

Active Retiring Inactive Do not wish to renew

2) Addresses & Contact Information. Please confirm your addresses and make changes, if necessary. You are required to notify the Board of Registration in Medicine within 30 days of any change of address. Home and Business addresses **CANNOT** be a Post Office Box.

2a) MAILING ADDRESS

North Shore Women's Center
 480 Lynnfield St. 2nd Floor
 Lynn, MA 01904

RECEIVED
 JUL 25 2008

Check here to change this address

Board of Registration
 in Medicine

2b) HOME ADDRESS

Phone: _____

Check here to change this address

2c) BUSINESS ADDRESS

North Shore Women's Center
 480 Lynnfield St. 2nd Floor
 Lynn, MA 01904

Phone: (781)595-4800

Check here to change this address

Please make corrections (print)

Mailing Address: _____
 City/Town: _____ State: _____
 Zip: _____ Country: _____

Home Address: _____
 City/Town: _____ State: _____
 Zip: _____ Country: _____
 Home Telephone: () _____

Home address cannot be a Post Office Box

Business Address: _____
 City/Town: _____ State: _____
 Zip: _____ Country: _____
 Business Telephone: () _____

Business address cannot be a Post Office Box

Correct your E-mail and Fax Number below:

3) E-mail Address: _____

4) Fax Number: 781-595-3843

5) Specialties (See Renewal Instructions, page 4.)	Delete?	List Additional Specialties:
Obstetrics and Gynecology	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	

6) Current American Board of Medical Specialties (ABMS) or American Osteopathic Association (AOA) Information. (See enclosed instructions and Renewal Instructions, page 4.)

List Certifying Board(s) below:	Update General Certificates and Subspecialty Certificates below. Please add additional Certifications as required.	
Board Name	ABMS or AOA	Certificate/Subspecialty
Obstetrics & Gynecology	ABMS	Obstetrics and Gynecology

Massachusetts Physician Renewal Application

Physician Name: **Marcus T Gordon, M.D.**

License No.: **82013**

S1 218 11/03/11
 07/28/09 93 82

<p><i>(See Renewal Instructions, page 4.)</i></p> <p>7) Drug License Numbers Corrections:</p> <p>a) Massachusetts: _____</p> <p>b) Federal (DEA): _____</p> <p>c) Federal (DEA) XS: _____</p>	<p style="text-align: center;"><i>Please make corrections as necessary</i></p> <p>8) Other states where you are <u>now</u> licensed to practice</p> <p style="text-align: center;">_____</p> <p>9) States where you were <u>previously</u> licensed</p> <p style="text-align: center;">NY IL _____</p>
--	--

10) List all work sites in Massachusetts, including health care facilities (where you are credentialed), private offices, clinics, nursing homes, etc. For the names of the health care facilities, refer to Reference Table 4 on page 18 of the Renewal Instruction booklet. Include any affiliations with Internet-based prescribing services or companies. Please provide all information on all work sites, attaching a separate sheet, if necessary.

List the names of all work sites in Massachusetts <i>(See above and description on page 4.)</i>	Location (City or Town)	State	Delete?
North Shore Medical Center - Salem Hospital			<input type="checkbox"/>
Union Hospital	Lynn, MA	MA	<input type="checkbox"/>
Merrimack Valley Women's Health Services	Methuen,	MA	<input type="checkbox"/>
Four Women Health Services	Andover	MA	<input type="checkbox"/>
			<input type="checkbox"/>

11) Care of patients in Massachusetts *(See Renewal Instructions, page 4.)*

Average weekly hours involved in: a) inpatient care 10 hrs/wk Change to: _____ hrs/wk

b) outpatient care 35 hrs/wk Change to: _____ hrs/wk

12) Medical Liability Insurance Information *(See Renewal Instructions, page 5.)*

Check one. Locum tenens must list policy dates. My medical liability insurance is provided through:

Insurance Carrier *(complete below)*

Current Insurance Carrier: ProMutual Group Change to: _____

Policy dates: From 1/22/08 To 1/22/09

Type of Policy: Claims made with tail coverage Occurrence Policy

(Enclose a copy of the certificate of insurance or the face sheet)

Letter of Credit subject to Board approval *(Attach a copy.)*

I am registering with Active status but I am not required to have medical liability insurance because I am:

Check one: Not involved with direct or indirect patient care in Massachusetts

A Government Employee under Federal Tort Claims Act (FTCA)

Otherwise exempt *(Please explain):* _____

13) Do you perform any surgery in your Massachusetts office? *(See Renewal Instructions, page 5.)* Yes No

If Yes, please complete Form PCA-O "Office Based Surgery" Form on page 8.

Massachusetts Physician Renewal Application

Physician Name: Marcus T Gordon, M.D.

License No.: 82013

S1
 220 11/03/11
 07/28/08 S3
 S4

In questions 14-21, the phrase "time period" refers to the following – all time from the day you signed your last license Renewal Application to the day you sign this Renewal Application. (See Renewal Instructions, page 5.)

You must check either YES or NO to each question. Provide details on Form R if you answer "YES" to any questions. Refer to Renewal Instructions for additional information and definitions.

	YES	NO
14) CLAIMS MADE a) NEW: Have you received notification of a claim, whether or not a lawsuit was filed on that claim, or has any medical malpractice claim been made against you during this time period? (see above). b) PENDING: Are there any unresolved malpractice claims against you today, i.e., any claims that have not been finally settled or finally adjudicated?		
15) CLAIMS CLOSED Has any medical malpractice claim against you (whether or not a lawsuit was filed on that claim) been resolved, settled, or adjudicated during this time period?		
16) OTHER CIVIL LAWSUITS Question 16 refers to claims or actions related to your competency to practice medicine or your professional conduct in the practice of medicine. a) New: Have there been any claims, other than medical malpractice claims, filed against you during this time period? b) Resolved: Have you resolved, settled or adjudicated any lawsuits, other than medical malpractice claims, during this time period?		
17) CRIMINAL CHARGES a) Have you been charged with any criminal offense during this time period? b) Have any criminal offenses/charges against you been resolved during this time period? c) Are there any criminal charges pending against you today? d) Are any Applications for Issuance of Process pending against you?		
18) INVESTIGATIONS AND DISCIPLINARY ACTIONS a) Have you withdrawn an application to any governmental authority, health care facility, group practice, employer or professional association? b) Have you ever taken a leave of absence from any health care facility, group practice or employer? c) Have you been the subject of an investigation by any governmental authority, health care facility, group practice, employer or professional association? d) Have you been the subject of a disciplinary action taken by any governmental authority, health care facility, group practice, employer or professional association?		
19) Have your privileges to possess, dispense or prescribe controlled substances been suspended, revoked, denied, restricted by, or surrendered to any state or federal agency?		
20) Have you withdrawn an application for a medical license, allowed a license application to become obsolete or have you been denied a medical license for any reason?		
21) Has any medical liability insurance carrier restricted, limited, terminated, imposed a surcharge or co-payment, or placed any condition related to professional competency or conduct on your coverage, or have you voluntarily restricted, limited or terminated your insurance coverage in response to an inquiry by a medical liability insurance carrier?		

22) CME CERTIFICATION: a) Have you completed your CME requirements preceding your renewal date? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No b) If no, are you requesting a CME waiver? <input type="checkbox"/> Yes <input type="checkbox"/> No A CME waiver request form must be submitted at least 30 days prior to your license expiration date. c) If you are exempt from CME requirements, check reason for exemption. (See Renewal Instructions, page 8.) CME EXEMPTION: (check one) <input type="checkbox"/> Inactive Status <input type="checkbox"/> Residency/Fellowship training
--

Massachusetts Physician Renewal Application

Physician Name: Marcus T Gordon, M.D.

License No.: 82013

PART C

Check One:

PHYSICIAN PROFILE

- I have reviewed my Physician Profile at <http://profiles.massmedboard.org> and confirm that the information is accurate. (Please note that if you changed or corrected your business address, business phone number, practice specialty, board certification and/or hospital affiliations on your renewal application, your Physician Profile will also be updated.)
- I have reviewed my Physician Profile and attached a copy of the Profile with corrections.
- My status is Inactive and I do not have a Physician Profile. (*See Renewal Instructions, page 11.*)

CERTIFICATIONS

- 1) I certify that I have complied with my obligations to report abuse or neglect of children pursuant to G.L. c. 119, sec. 51A, and I understand the punishment for failure to comply.
- 2) I certify that I have complied with my obligations to report abuse or neglect of disabled persons pursuant to G.L. c. 19C, sec. 10, and I understand the punishment for failure to comply.
- 3) I certify that I have complied with my obligations to report abuse, neglect or financial exploitation of elderly persons pursuant to G.L. c.19A, sec. 15, and I understand the punishment for failure to comply.
- 4) I certify that I have complied with my obligations to report the treatment of wounds, burns and other injuries pursuant to G.L. c. 112, sec. 12A.
- 5) I certify that I have complied with my obligations to report the treatment of victims of rape or sexual assault pursuant to G.L. c. 112, sec. 12A 1/2.
- 6) I certify that I have complied with my obligations to report a physician to the Board of Medicine, pursuant to G.L. c. 112, sec. 5F, when I have a reasonable basis to believe that person violated any provisions of G.L. c. 112, sec. 5 or any Board regulation.
- 7) I certify that I have complied with my obligations related to charging and collecting fees from Medicare beneficiaries in accordance with the Medicare fee schedule, and I understand my obligations under G.L. c. 112, sec. 2.
- 8) I certify that I have complied with my obligations to file Massachusetts tax returns and to pay Massachusetts taxes, and I understand that, pursuant to G.L. c. 62C, sec. 49A, my license shall not be issued or renewed unless I make these certifications under penalties of perjury.
- 9) I certify that I have complied with my obligations related to the reporting of employees and contractors pursuant to G.L. 62E.
- 10) I certify that I have complied with my obligations related to the withholding and remitting of child support pursuant to G.L. c.119A.
- 11) I certify that I have complied with my obligations to file an Incident Report with the Board when certain adverse events occur in my private office, pursuant to G.L. c. 112 sec. 5 and the Patient Care Assessment Regulations, 243 C.M.R. 3.00 *et seq.* I understand that the Patient Care Assessment (PCA) programs at the health care facilities where I practice report certain Major Incidents to the Board.
- 12) I certify that I have complied with my obligations to disclose my ownership interest in any partnership, corporation, firm or other legal entity to which I have referred a patient for physical therapy services pursuant to G.L. c. 112, sec. 12AA.

Under penalties of perjury, I declare that I have examined this renewal application and all its accompanying instructions, forms and statements, and to the best of my knowledge and belief, the information contained herein is true, correct, and complete. As an applicant for renewal of a license to practice medicine, I understand that a criminal record check may be conducted for conviction and pending criminal case information from the Criminal History Systems Board only and that it will not necessarily disqualify me from licensure.

Signature: _____

Date: 7/21/08

MAKE A COPY OF YOUR APPLICATION AND ALL ATTACHMENTS BEFORE MAILING. YOU MUST RETAIN A COPY OF YOUR APPLICATION FOR YOUR RECORDS, FOR CREDENTIALING AND FOR OTHER PURPOSES.



**Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application**

Physician Name: Marcus T Gordon, M.D.

License No.: 82013

Current Status: Active

License Expiration Date: 8/11/2010

1) Activity Status: Active

2) Address & Contact Information

Mailing Address: North Shore Women's Center
480 Lynnfield St. 2nd Floor
Lynn
Massachusetts - 01904
United States of America

Home Address:

Business Address: North Shore Women's Center
480 Lynnfield St. 2nd Floor
Lynn
Massachusetts - 01904
United States of America
(781) 595-4800

3) Email Address:

4) Fax Number: (781) 595-3843

5) Specialties
Obstetrics and Gynecology

6) Current American Board of Medical Specialties (ABMS) or American Osteopathic Association (AOA) Information

ABMS/AOA	Board Name	Certification	Subspecialty
ABMS	Obstetrics & Gynecology	Obstetrics and Gynecology	

7) Drug License Numbers

Massachusetts	Federal (DEA)	Federal (DEA) XS

8) Other states where you are now licensed to practice
None Reported

9) States where you were previously licensed
Illinois
New York

10) Work Sites

List of all work sites in Massachusetts, including health care facilities (where you are credentialed), private office, clinics, nursing homes, etc

WorkSite	Location
Four Women Health Services	Attleboro



**Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application**

Physician Name: Marcus T Gordon, M.D.

License No.: 82013

Merrimack Valley Health Services, Inc. Methuen
North Shore Medical Center - Salem Hospital

Union Hospital Lynn

11) Care of patients in Massachusetts

Average weekly hours involved in: a) inpatient care 10 hrs/wk
b) outpatient care 35 hrs/wk

12) Medical Liability Insurance Information

Insurance Carrier	Policy Start Date	Policy End Date	Policy Type
Medical Professional Mutual Ins Co	01/22/2010	01/22/2011	Occurrence Policy

13) Do you perform any surgery in your Massachusetts office?

14) Claims Made

- a) New: Have you received notification of a claim, whether or not a lawsuit was filed on that claim, or has any medical malpractice claim been made against you during this time period?
- b) Pending: Are there any unresolved malpractice claims against you today, i.e., any claims that have not been resolved, settled or adjudicated during this time period?

15) Claims Closed

Has any medical malpractice claim against you (whether or not a lawsuit was filed on that claim) been resolved, settled, or adjudicated during this time period?

16) Other Civil Lawsuits

Question 16 refers to claims or actions related to your competency to practice medicine or your professional conduct in the practice of medicine.

- a) New: Have there been any claims, other than medical malpractice claims, filed against you during this time period?
- b) Resolved: Have you resolved, settled or adjudicated any lawsuits, other than medical malpractice claims, during this period?

17) Criminal Charges

- a) Have you been charged with any criminal offense during this period?
- b) Have any criminal offenses/charges against you been resolved during this time period?
- c) Are there any criminal charges pending against you today?
- d) Are any Application of Issuance of Process pending against you?

18) Other Issues

- a) Have you withdrawn an application to any governmental authority, health care facility, group practice employer or professional association?
- b) Have you ever taken a leave of absence from any health care facility, group practice or employer?
- c) Have you been the subject of an investigation by any governmental authority, health care facility, group practice, employer or professional association?
- d) Have you been the subject of a disciplinary action taken by any governmental authority, health care facility, group practice, employer or professional association?

19) Have your privileges to possess, dispense or prescribe controlled substances been suspended, revoked, denied, restricted by or surrendered to any state or federal agency?

20) Have you withdrawn an application for a medical license, allowed a license application to become obsolete or have you been denied a medical license for any reason?



Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application

Physician Name: Marcus T Gordon, M.D.

License No.: 82013

- 21) Has any medical liability insurance carrier restricted, limited, terminated, imposed a surcharge or co-payment, or placed any condition related to professional competency or conduct on your coverage, or have you voluntarily restricted, limited or terminated your insurance coverage in response to an inquiry by a medical liability insurance carrier?
- 22) Have you completed all CME requirements (100 hours of CME of which 10 hours must be in risk management. Requirement: 40 hours credit in Category 1 and 60 hours in Category 2) for this renewal period? (If you are in an approved Residency/ Fellowship program, or if your are renewing your license for the first time, please answer Yes) Yes
- 23) Do you have a medical condition that interferes in any way or limits your ability to practice medicine?
- 24) Have you used any chemical substance(s) which in any way interferes with your ability to practice medicine?



**Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application**

Physician Name: Marcus T Gordon, M.D.

License No.: 82013

Current Status: Active

License Expiration Date: 8/11/2012

1) Activity Status: Active

2) Address & Contact Information

Mailing Address: North Shore Women's Center
480 Lynnfield St. 2nd Floor
Lynn
Massachusetts - 01904
United States of America

Home Address:

Business Address: North Shore Women's Center
480 Lynnfield St. 2nd Floor
Lynn
Massachusetts - 01904
United States of America
(781) 595-4800

3) Email Address:

4) Fax Number: (781) 595-3843

5) Specialties
Obstetrics and Gynecology

6) Current American Board of Medical Specialties (ABMS) or American Osteopathic Association (AOA) Information

ABMS/AOA	Board Name	Certification	Subspecialty
ABMS	Obstetrics & Gynecology	Obstetrics and Gynecology	

7) Drug License Numbers

Massachusetts	Federal (DEA)	Federal (DEA) XS

8) Other states where you are now licensed to practice
None Reported

9) States where you were previously licensed
Illinois
New York

10) Work Sites

List of all work sites in Massachusetts, including health care facilities (where you are credentialed), private office, clinics, nursing homes, etc

WorkSite	Location
Four Women Health Services	Attleboro



Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application

Physician Name: Marcus T Gordon, M.D.

License No.: 82013

Merrimack Valley Health Services, Inc
Metrowest Medical Center- Natick
North Shore Medical Center - Salem Hospital
Methuen

Union Hospital
Lynn

11) Care of patients in Massachusetts

Average weekly hours involved in: a) inpatient care 10 hrs/wk
b) outpatient care 35 hrs/wk

12) Medical Liability Insurance Information

Insurance Carrier	Policy Start Date	Policy End Date	Policy Type
Covery's	01/22/2012	01/22/2013	Occurrence Policy

13) Do you perform any surgery in your Massachusetts office?

14) Claims Made

- a) New: Have you received notification of a claim, whether or not a lawsuit was filed on that claim, or has any medical malpractice claim been made against you during this time period?
- b) Pending: Are there any unresolved malpractice claims against you today, i.e., any claims that have not been resolved, settled or adjudicated during this time period?

15) Claims Closed

Has any medical malpractice claim against you (whether or not a lawsuit was filed on that claim) been resolved, settled, or adjudicated during this time period?

16) Other Civil Lawsuits

Question 16 refers to claims or actions related to your competency to practice medicine or your professional conduct in the practice of medicine.

- a) New: Have there been any claims, other than medical malpractice claims, filed against you during this time period?
- b) Resolved: Have you resolved, settled or adjudicated any lawsuits, other than medical malpractice claims, during this period?

17) Criminal Charges

- a) Have you been charged with any criminal offense during this period?
- b) Have any criminal offenses/charges against you been resolved during this time period?
- c) Are there any criminal charges pending against you today?
- d) Are any Application of Issuance of Process pending against you?

18) Other Issues

- a) Have you withdrawn an application to any governmental authority, health care facility, group practice employer or professional association?
- b) Have you ever taken a leave of absence from any health care facility, group practice or employer?
- c) Have you been the subject of an investigation by any governmental authority, including the Massachusetts Board of Registration in Medicine or any other state medical board, health care facility, group practice, employer or professional association?
- d) Have you been the subject of a disciplinary action taken by any governmental authority, health care facility, group practice, employer or professional association?

19) Have your privileges to possess, dispense or prescribe controlled substances been suspended, revoked, denied, restricted by or surrendered to any state or federal agency?

20) Have you withdrawn an application for a medical license, allowed a license application to become obsolete or have you been denied a medical license for any reason?



Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application

Physician Name: Marcus T Gordon, M.D.

License No.: 82013

21) Has any medical liability insurance carrier restricted, limited, terminated, imposed a surcharge or co-payment, or placed any condition related to professional competency or conduct on your coverage, or have you voluntarily restricted, limited or terminated your insurance coverage in response to an inquiry by a medical liability insurance carrier?

22) Have you completed all CME requirements (100 hours of CME of which 10 hours must be in risk management. Requirement: 40 hours credit in Category 1 and 60 hours in Category 2) for this renewal period? (If you are in an approved Residency/ Fellowship program, or if you are renewing your license for the first time, please answer Yes)

Yes



**Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application**

Physician Name: Marcus T Gordon, M.D.

License No.: 82013

23) Do you have a medical condition that interferes in any way or limits your ability to practice medicine?

24) Have you used any chemical substance(s) which in any way interferes with your ability to practice medicine?



**Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application**

Physician Name: Marcus T Gordon, M.D.

License No.: 82013

Current Status: Active

License Expiration Date: 8/11/2014

1) Activity Status: Active

2) Address & Contact Information

Mailing Address: North Shore Women's Center
480 Lynnfield St. 2nd Floor
Lynn
Massachusetts - 01904
United States of America

Home Address:

Business Address: North Shore Women's Center
480 Lynnfield St. 2nd Floor
Lynn
Massachusetts - 01904
United States of America
(617) 232-9077

3) Email Address:

4) Fax Number: (781) 595-3843

5) Specialties
Obstetrics and Gynecology

6) Current American Board of Medical Specialties (ABMS) or American Osteopathic Association (AOA) Information

ABMS/AOA	Board Name	Certification	Subspecialty
ABMS	Obstetrics & Gynecology	Obstetrics and Gynecology	

7) Drug License Numbers

Massachusetts	Federal (DEA)	Federal (DEA) XS
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8) Other states where you are now licensed to practice
None Reported

9) States where you were previously licensed
Illinois
New York

10) Work Sites

List of all work sites in Massachusetts, including health care facilities (where you are credentialed), private office, clinics, nursing homes, etc

WorkSite	Location
Four Women Health Services	Attleboro



Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application

Physician Name: Marcus T Gordon, M.D.

License No.: 82013

Merrimack Valley Health Services, Inc
Metrowest Medical Center- Natick
North Shore Medical Center - Salem Hospital

Methuen

Union Hospital

Lynn

11) Care of patients in Massachusetts

Average weekly hours involved in:

- a) inpatient care 5 hrs/wk
b) outpatient care 35 hrs/wk

12) Medical Liability Insurance Information

Insurance Carrier
Coverys

Policy Start Date
01/22/2014

Policy End Date
01/22/2015

Policy Type
Occurrence Policy

13) Do you perform any surgery in your Massachusetts office?

14) Claims Made

- a) New: Have you received notification of a claim, whether or not a lawsuit was filed on that claim, or has any medical malpractice claim been made against you during this time period?
b) Pending: Are there any unresolved malpractice claims against you today, i.e., any claims that have not been resolved, settled or adjudicated during this time period?

15) Claims Closed

Has any medical malpractice claim against you (whether or not a lawsuit was filed on that claim) been resolved, settled, or adjudicated during this time period?

16) Other Civil Lawsuits

Question 16 refers to claims or actions related to your competency to practice medicine or your professional conduct in the practice of medicine.

- a) New: Have there been any claims, other than medical malpractice claims, filed against you during this time period?
b) Resolved: Have you resolved, settled or adjudicated any lawsuits, other than medical malpractice claims, during this period?

17) Criminal Charges

- a) Have you been charged with any criminal offense during this period?
b) Have any criminal offenses/charges against you been resolved during this time period?
c) Are there any criminal charges pending against you today?
d) Are any Application of Issuance of Process pending against you?

18) Other Issues

- a) Have you withdrawn an application to any governmental authority, health care facility, group practice employer or professional association?
b) Have you ever taken a leave of absence from any health care facility, group practice or employer?
c) Have you been the subject of an investigation by any governmental authority, including the Massachusetts Board of Registration in Medicine or any other state medical board, health care facility, group practice, employer or professional association?
d) Have you been the subject of a disciplinary action taken by any governmental authority, health care facility, group practice, employer or professional association?

19) Have your privileges to possess, dispense or prescribe controlled substances been suspended, revoked, denied, restricted by or surrendered to any state or federal agency?

20) Have you withdrawn an application for a medical license, allowed a license application to become obsolete or have you been denied a medical license for any reason?



**Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application**

Physician Name: Marcus T Gordon, M.D.

License No.: 82013

- 21) Has any medical liability insurance carrier restricted, limited, terminated, imposed a surcharge or co-payment, or placed any condition related to professional competency or conduct on your coverage, or have you voluntarily restricted, limited or terminated your insurance coverage in response to an inquiry by a medical liability insurance carrier?
- 22) Have you completed all CPD requirements (100 hours of CPD of which 10 hours must be in risk management. Requirement: 40 hours credit in Category 1 and 60 hours in Category 2) for this renewal period? (If you are in an approved Residency/ Fellowship program, or if you are renewing your license for the first time, please answer Yes) Yes



**Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application**

Physician Name: Marcus T Gordon, M.D.

License No.: 82013

23) Do you have a medical condition that interferes in any way or limits your ability to practice medicine?

24) Have you used any chemical substance(s) which in any way interferes with your ability to practice medicine?



Commonwealth of Massachusetts
Board of Registration in Medicine

560 Harrison Avenue, G-4
Boston, Massachusetts 02118
(617) 654-9800

MITT ROMNEY
GOVERNOR

KERRY HEALEY
LIEUTENANT GOVERNOR

Enforcement Division Fax: (617) 451-9568
Legal Division Fax: (617) 357-8453
Licensing Division Fax: (617) 426-9358

MARTIN CRANE, MD
BOARD CHAIR

NANCY ACHIN AUDESSE
EXECUTIVE DIRECTOR

07/03/09 S2 224
02/05/05 S2
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January 9, 2006

REDACTED COPY

Marcus T. Gordon, M.D.
North Shore Women'S Center
480 Lynnfield St. 2nd Floor
Lynn, Massachusetts 01904

Re:
Docket Number: 05-620

Dear Dr. Gordon:

The Complaint Committee of the Board of Registration in Medicine met on January 4, 2006, and carefully considered the information both you and the complainant furnished in the above-referenced matter. They determined that no further action is warranted and the matter has been closed. Despite the decision to close the above complaint, the Board reserves the right to reopen the complaint should you commit any violations of Board statutes or regulations in the future.

If you have any questions regarding this matter, I can be reached at the number or address listed above.

Very truly yours,

Diane C. Reilly
Consumer Protection Manager

DCR/jab



MITT ROMNEY
GOVERNOR

KERRY HEALEY
LIEUTENANT GOVERNOR

Commonwealth of Massachusetts Board of Registration in Medicine

560 Harrison Avenue, G-4
Boston, Massachusetts 02118
(617) 654-9800

Enforcement Division Fax: (617) 451-9568
Legal Division Fax: (617) 357-8453
Licensing Division Fax: (617) 426-9358

MARTIN CRANE, MD
BOARD CHAIR

NANCY ACHIN AUDESSE
EXECUTIVE DIRECTOR

January 9, 2006

Re: Marcus T. Gordon, M.D.
Docket Number: 05-620

Dear

The Complaint Committee of the Board carefully considered the information you furnished it regarding your complaint against the physician referenced above. A copy of your complaint was sent to the physician, who was required to respond in writing to the Board regarding the issues that were raised.

After a thorough review of this evidence, the Committee determined that the complaint and the physician's response should be placed in the permanent record of the physician. While the Committee declined to recommend the initiation of formal disciplinary action in this case, it is appreciative of your actions in bringing this matter to its attention.

Should you have any questions regarding this matter, I can be reached at the address or number listed above.

Thank you again for your concern.

Very truly yours,

Diane C. Reilly
Consumer Protection Manager

DCR/jab

07/03/09 32 225
02/05/06 52
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Commonwealth of Massachusetts Board of Registration in Medicine

560 Harrison Avenue, G-4
Boston, Massachusetts 02118
(617) 654-9800

MITT ROMNEY
GOVERNOR
KERRY HEALEY
LIEUTENANT GOVERNOR

Enforcement Division Fax: (617) 451-9568
Legal Division Fax: (617) 357-8453
Licensing Division Fax: (617) 426-9358

MARTIN CRANE, MD
BOARD CHAIR
NANCY ACHIN AUDESSE
EXECUTIVE DIRECTOR

November 30, 2005

Marcus T. Gordon, M.D.
North Shore Women'S Center
480 Lynnfield St. 2nd Floor
Lynn, Massachusetts 01904

Re: Docket Number: 05-620

Dear Dr. Gordon:

The Board of Registration in Medicine has received a complaint regarding your conduct in the practice of medicine, a copy of which is enclosed. The Board is obligated by law to investigate such matters relating to the proper practice of medicine. In compliance with this mandate, the Board's Complaint Committee has directed the staff of the Board to gather information on all such complaints.

Please provide a written response to the issues raised in the enclosed material. Your response may be as brief or as lengthy as you choose. Under the law, the person filing the enclosed complaint may have access to your response.

Your response should be sent to me, at the address above, within thirty days of your receipt of this letter. After your response is received, the case may be assigned to an investigator employed by the Board, who may contact you if further information is needed. You will in any event be informed in writing as to the disposition of this complaint. Thank you for your attention to this request.

Very truly yours,

Diane C. Reilly
Consumer Protection Manager

DCR/jab
Enclosure

07/03/09 S2 226
02/03/08 S2
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Commonwealth of Massachusetts
Board of Registration in Medicine

560 Harrison Avenue, G-4
Boston, Massachusetts 02118
(617) 654-9800

MITT ROMNEY
GOVERNOR
KERRY HEALEY
LIEUTENANT GOVERNOR

Enforcement Division Fax: (617) 451-9568
Legal Division Fax: (617) 357-8459
Licensing Division Fax: (617) 426-9358

MARTIN CRANE, MD
BOARD CHAIR
NANCY ACHIN AUDESSE
EXECUTIVE DIRECTOR

07/03/09 52 227
02/06/06 52
15

November 30, 2005

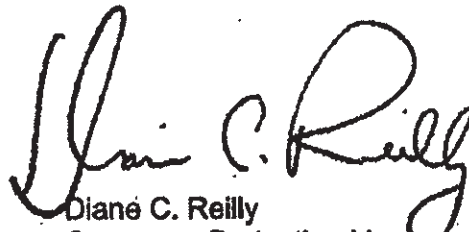
Re: Marcus T. Gordon, M.D.
Docket Number: 05-620

Dear

Your complaint regarding the physician named above has been received. The physician involved has been asked to respond in writing to your complaint. Any future correspondence regarding your complaint should include the name of the physician and the docket number as it appears in this letter.

If you wish to bring additional information bearing on your complaint to the attention of the Board, please furnish it in writing to me at the address above.

Very truly yours,


Diane C. Reilly
Consumer Protection Manager

DCR/jab



MITT ROMNEY
GOVERNOR

KERRY HEALEY
LIEUTENANT GOVERNOR

Commonwealth of Massachusetts
Board of Registration in Medicine

560 Harrison Avenue, G-4
Boston, Massachusetts 02118
(617) 654-9800

Enforcement Division Fax: (617) 451-9568
Legal Division Fax: (617) 357-8453
Licensing Division Fax: (617) 426-9358

MARTIN CRANE, MD
BOARD CHAIR

NANCY ACHIN AUDESSE
EXECUTIVE DIRECTOR

January 3, 2006

Re: Marcus T. Gordon, M.D.
Docket Number: 05-620

Dear :

Enclosed please find a copy of Dr. Gordon's response. You will be notified when there is a disposition in this matter.

In the meantime if you have any questions, I can be reached at (617) 654-9800 ext. 4033.

Very truly yours,

Diane C. Reilly
Consumer Protection Manager

DCR/jab
Enclosure

07/03/09 92 228
02/06/06 52
17

BADGER, DOLAN, PARKER & COHEN
ATTORNEYS AT LAW
ONE STATE STREET - SUITE 600
BOSTON, MASSACHUSETTS 02109

George F. Parker, III
James B. Dolan
Lawrence J. Cohen

TELEPHONE (617) 482-3030
FACSIMILE (617) 482-6919
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*also admitted in New Hampshire

RECEIVED

DEC 21 2005

Board of Registration
In Medicine
Of Counsel

December 20, 2005

Diane C. Reilly
Consumer Protection Manager
Board of Registration in Medicine
560 Harrison Avenue, G-4
Boston, MA 02118

Re: Complaint by _____, Docket No. 05-620

Dear Ms. Reilly:

This firm, jointly with the American Civil Liberties Union ("ACLU"), represents Marcus Gordon, M.D. ("Dr. Gordon"). I am writing in response to your letter to Dr. Gordon dated November 30, 2005 regarding the complaint recently filed by _____.

For the reasons explained below, Dr. Gordon is not in violation of any DPH regulation. Nor is he disposing of medical waste improperly. _____ complaint is nothing more than an attempt to harass Dr. Gordon because, as a part of his gynecological surgery practice, he provides abortion-related services. It is important for the Board to understand that _____ is not a patient of Dr. Gordon's. Instead, she is a well-known anti-abortion demonstrator who has engaged in a variety of methods to prevent or discourage access to abortion-related services.

The nature of Dr. Gordon's practice is as follows. Dr. Gordon is a gynecological surgeon. He has been providing a full range of outpatient gynecological surgery services, including abortion-related services, at his office in Lynn, Massachusetts for eight years, under the d/b/a "North Shore Women's Center." In October 1994, he opened a second office at 9 Branch Street, in Methuen. He does business there under the d/b/a "Merrimack Valley Women's Health Services." Dr. Gordon has privileges at North Shore Medical Center and also provides medical services at Planned Parenthood in Worcester.

In April or May 2005, anti-abortion protestors began demonstrating at Dr. Gordon's Methuen office. Shortly thereafter, I _____ Sr., Esquire of Wiggin & Nourie, as counsel for Dr. Gordon's landlord, 9 Branch Street LLC, wrote to Dr. Gordon, stating that he was violating his lease by providing abortion-related services and demanding that he cease doing so. Because it appeared to Dr. Gordon that _____'s letter was the first step in an effort to terminate his lease, he contacted the ACLU. Represented by the ACLU, with this firm as co-counsel, Dr.

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Diane C. Reilly, Consumer Protection Manager
December 20, 2005
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Gordon filed suit against 9 Branch Street LLC and other related parties, seeking a declaration of his rights and requesting injunctive relief to restrain 9 Branch Street LLC from wrongfully terminating his lease. That action is pending in the U.S. District Court, District of Massachusetts, as "Marcus Gordon, M.D. v. 9 Branch Street LLC, et al.," Civil Action No. 05-11372-MEL.

In its effort to evict Dr. Gordon because he provides abortion services, the landlord has raised questions, as has [redacted], about Dr. Gordon's waste disposal methods. An employee of the landlord even called the Methuen Board of Health and asked that the board investigate. The Methuen health inspector did inspect Dr. Gordon's offices in Methuen and found nothing objectionable. Moreover, Dr. Gordon has been very careful to comply with all legal requirements for the disposal of medical waste. Thus, [redacted] complaint about Dr. Gordon's disposal practices is demonstrably without merit.

Similarly, her complaint about Dr. Gordon's failure to obtain a license from DPH to operate as a clinic is groundless. Dr. Gordon does not operate a "clinic" as that term is defined in Mass. Gen. Laws, c. 111, § 52. The statutory definition states:

"Clinic", any entity, however organized, whether conducted for profit or not for profit, which is advertised, announced, established, or maintained for the purpose of providing ambulatory medical, surgical, dental, physical rehabilitation, or mental health services. In addition, ""clinic" shall include any entity, however organized, whether conducted for profit or not for profit, which is advertised, announced, established, or maintained under a name which includes the word ""clinic", ""dispensary", or ""institute", and which suggests that ambulatory medical, surgical, dental, physical rehabilitation, or mental health services are rendered therein. With respect to any entity which is not advertised, announced, established, or maintained under one of the names in the preceding sentence, ""clinic" shall not include a medical office building, or one or more practitioners engaged in a solo or group practice, whether conducted for profit or not for profit, and however organized, so long as such practice is wholly owned and controlled by one or more of the practitioners so associated, or, in the case of a not for profit organization, its only members are one or more of the practitioners so associated or a clinic established solely to provide service to employees or students of such corporation or institution. For purposes of this section, clinic shall not include a clinic conducted by a hospital licensed under section fifty-one or by the federal government or the commonwealth.

It is our understanding that the DPH interprets the statute so as not to require a medical office such as Dr. Gordon's to obtain a DPH clinic license unless the office includes in the name of the business one of the words "clinic," "dispensary" or "institute." This interpretation has been upheld by the Office of the Attorney General. 1981-82 Mass. Op. Atty. Gen. No. 10, 1982 WL 188379 (March 11, 1982) (the "AG Opinion"). The AG Opinion was issued in response to a inquiry by the Commissioner of the DPH. The Commissioner asked "whether a professional corporation which does not use the terms "clinic," "dispensary," or "institute" in its name and

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Diane C. Reilly, Consumer Protection Manager
December 20, 2005
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which has submitted documents showing that one physician is its sole shareholder, director and officer, is exempted from the clinic licensure requirement of G.L. c. 111, § 51." That was the interpretation that the DPH had consistently given to the statute. In the AG Opinion, the Attorney General stated that the Commissioner's interpretation of the statute was "based upon appropriate criteria and reaches a result which does not appear to be inconsistent with the statutory language and intent."

Dr. Gordon does not use any of the words "clinic," "dispensary," or "institute" in the title for his Methuen office ("Merrimack Valley Women's Health Services") or his Lynn office ("North Shore Women's Center"). Furthermore, both offices are operated and owned solely by Dr. Gordon. Thus, they fall squarely within the DPH's interpretation of those medical practices that are not covered by the statute on licensing of clinics.

Furthermore, the listings for Dr. Gordon's practice in the print version of the Verizon Yellow Pages appear only under the heading "Abortion Providers." To the best of Dr. Gordon's knowledge, there is no listing in the print edition of the Verizon Yellow Pages for Dr. Gordon's practice under any heading that uses the word "clinic." For reasons that are not clear to Dr. Gordon, Verizon has placed the listing for Dr. Gordon's practice on its website under the heading "Abortion Clinics." However, Dr. Gordon did not request a listing under that category. Nor, as we understand it, does DPH construe such a listing as sufficient to trigger the requirement that Dr. Gordon's practice be licensed as a clinic.

Based upon the foregoing, there is simply no merit to the complaint filed by I trust that this response is sufficient to permit the Board to dispose of complaint. If not, or if the Board would like any documentation to confirm any of the representations made herein, please let me know.

Finally, I note that, in the email from to that accompanied the complaint, she referred to "the ATTACHED June 1st letter" from the landlord's attorney, A copy of that letter was not included with the copy of the complaint that you sent to Dr. Gordon. I would appreciate it if you would provide me with a copy of that letter.

Thank you.

Very truly yours,



R. Alan Fryer

cc: Donna Levin, General Counsel, Dept. of Public Health
Marcus Gordon, M.D.
Sarah Wunsch, Esquire



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COMPLAINT FORM

Please type or print clearly, and provide all of the information requested.

<input type="checkbox"/> Mrs.	Your <u>First Name</u>	Your <u>Last Name</u>	Patient Name (if different)
<input type="checkbox"/> Ms.			
<input type="checkbox"/> Mr.			
Street Address		Mailing Address (if different)	
City	State	Zip Code	
Business/Daytime Phone		Home Phone	

Complaint against M.D. D.O. Acupuncturist
(For complaints against Chiropractors, Dentists, Nurses, Optometrists, Podiatrists or Psychologists, please contact the Division of Registration at (617)727-7406, or 239 Causeway St., Boston, MA 02114.)
This complaint cannot be processed without the full name of the physician or acupuncturist. Please verify spelling.

Full Name (<u>First & Last</u>) of Physician or Acupuncturist (one name per form) Photocopies are acceptable.		
Marcus Gordon		
Address		
1101 Boylston St.		
City	State	Zip Code
Brookline, MA		02446
Business Phone		
Name and Location of Health Care Facility (if known)		

Nature of Complaint

- | | |
|--|--|
| <input type="checkbox"/> Substandard Medical Care | <input type="checkbox"/> Drug Dealing |
| <input type="checkbox"/> Professional Misconduct | <input type="checkbox"/> Criminal Conviction |
| <input type="checkbox"/> Sexual Misconduct | <input type="checkbox"/> Patient Neglect/Abandonment |
| <input type="checkbox"/> Rude or Discourteous Behavior | <input type="checkbox"/> Unlawful Discrimination |
| <input type="checkbox"/> Impaired by Alcohol or Drugs | <input type="checkbox"/> Billing for Services Not Rendered |
| <input type="checkbox"/> Impaired by Mental or Emotional Illness | <input type="checkbox"/> Failure to Supervise Staff |
| <input type="checkbox"/> Failure to Provide Medical Records | <input type="checkbox"/> False Advertising |
| <input type="checkbox"/> Overcharge for Medical Records | <input type="checkbox"/> Fraud |
| <input checked="" type="checkbox"/> OTHER | |

Failure to complete and sign this release may prevent investigation of your complaint.

Release of Medical Records and Information

Patient Name: _____ Date of Birth: _____

Address: _____

I HEREBY AUTHORIZE ANY AND ALL HEALTHCARE PROVIDERS OR INSTITUTIONS TO RELEASE ANY AND ALL OF MY MEDICAL RECORDS TO, AND TO DISCUSS MY MEDICAL CARE WITH, THE MASSACHUSETTS BOARD OF REGISTRATION IN MEDICINE.

N/A

Signature of Patient: _____ Date: _____
(Or Legal Representative)

I FURTHER AUTHORIZE MY MENTAL HEALTH PROVIDER(S) TO DISCUSS EVALUATIONS, DIAGNOSES OR TREATMENT AND/OR RELEASE ANY AND ALL OF MY MEDICAL RECORDS TO THE MASSACHUSETTS BOARD OF REGISTRATION IN MEDICINE. THIS AUTHORIZATION REPRESENTS A WAIVER OF THE PSYCHOTHERAPIST-PATIENT PRIVILEGE, AS DESCRIBED IN G.L. c. 233, § 20B.

Signature of Patient: _____ Date: _____
(Or Legal Representative)

Please list the names and addresses of all healthcare providers and institutions that provided treatment which may relate to this complaint.

If you are not the patient, what is your relationship to the patient?
 Spouse, Parent, Child, Other Relative _____, Friend, Attorney, Other _____

Has this physician provided treatment in the past? (Do not count the treatment in this complaint.)
 Yes, No

Is this physician the person you (or patient) usually see when you (or patient) are ill?
 Yes, No

N/A

How long have you (or patient) been under this physician's care?
 1 to 30 days, 1 to 12 months, 1 to 2 years, 2 to 4 years, 4 to 8 years, 8 years or more

What form of payment was made? Check as many as apply.
 Commercial Insurance, Health Maintenance Organization, Medicaid, Medicare, Champus
 Workers' Compensation, Self, Other _____

Are you (or patient) expected to pay a portion of this bill out of pocket?
 Yes, No

Has the physician adjusted the bill in any way, for example, was the fee or copayment reduced or waived?
 Yes, No

Is the fee or copayment in dispute?
 Yes, No

C

Has the physician been contacted about this complaint?
 Yes, No

Dates of Treatment: _____



The Commonwealth of Massachusetts
 Executive Office of Health and Human Services
 Department of Public Health
 Division of Health Care Quality
 10 West Street, Boston, MA 02111
 617-753-8000

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 02/05/05 52

MITT ROMNEY
 GOVERNOR
 KERRY HEALEY
 LIEUTENANT GOVERNOR
 TIMOTHY R. MURPHY
 SECRETARY
 PAUL J. COTE, JR.
 COMMISSIONER

September 8, 2005

RE: Women's Health Services/Eastern Health Center – Methuen, MA.

Dear

Thank you for reporting your concerns to the Massachusetts Department of Public Health, Division of Health Care Quality's Complaint Unit.

After careful review of your concerns, I have decided to forward and refer your concerns over to the following Agencies for their attention and review.

- o Jennifer A. Brown, Consumer Protection Coordinator, Massachusetts Board of Registration in Medicine, 560 Harrison Avenue, G4, Boston, MA. 02118. This Board can be reached @ (617) 654-9800.
- o Steven Hughes, Massachusetts Department of Public Health, Division of Community Sanitation, 250 Washington Street, 7th Floor, Boston, MA. 02108-4619. Mr. Hughes can be reached @ (617) 624-5757.

Again, thank you for reporting your concerns to the Massachusetts Department of Public Health.

Sincerely,

LeNay Harper, MS.
 Intake Manager/Complaint Unit

Enclosures:

- o Jennifer A. Brown, Mass. Board of Registration in Medicine – Boston, MA.
- o Steven Hughes, Division of Community Sanitation – DPH.

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-----Original Message-----

From:
To:
Sent: Fri Sep 02 08:14:40 2005
Subject: 2 Complaints in Letter

Sept. 2, 2005

Complaint Department
Division Of Health Care Quality
10 West Street, 5th Floor
Boston, Massachusetts 02111

Sent via Email:

I'd corresponding to make a complaint against Marcus Gordon, the owner of Merrimack Valley Women's Health Services at 9 Branch St. in Methuen. Merrimack Valley Women's Health Services does not have a clinic license. Yet on the internet Verizon Superpages it is listed under "Abortion Clinics" and "Clinics & Medical Centers".

I do not believe they have a clinic license and my complaint is that if they are listed in the advertised section as a clinic they should have one or be reprimanded.

This seems to be very deceptive and misleading for the general public.

Evidently there must be more than one physician working there that was not allegedly told to the Dept. Health Care Quality.

In the "License and Certification" section of your webpage it says: "Clinics... must be licensed before they can become operational, i.e., provide services."

Also the second part of my complaint is that Marcus Gordon is allegedly "disposing of human tissue and medical waste in a common trash receptacle". This is according to the Gordon's landlord's attorney regarding the 9 Branch St, Methuen address. (See the ATTACHED June 1st letter.)

This is an alleged violation of the law entitled "Hazardous Materials Transportation Act."

~~Please investigate my complaints and pull his license and close his business.~~

Please respond.

Thank you very much.

Sincerely,



Commonwealth of Massachusetts
Board of Registration in Medicine

10 West Street
Boston, Massachusetts 02111

(617)727-3086
Fax (617) 451 9568

An Agency within the Office of Consumer Affairs and Business Regulation

ALEXANDER F FLEMING, J D
EXECUTIVE DIRECTOR
PENELOPE WELLS, J D
GENERAL COUNSEL

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BOARD MEMBER
MARY ANNA SULLIVAN M D
BOARD MEMBER

REDACTED COPY

December 13, 1996

Marcus T. Gordon, M.D.

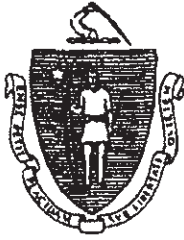
Re: Complaint no. 96-088

Dear Dr. Gordon

This is to inform you that on December 4, 1996, the Complaint Committee of the Board of Registration in Medicine voted to dismiss the above numbered complaint.

Yours very truly,

James J Barrett, Esquire
Complaint Counsel



Commonwealth of Massachusetts Board of Registration in Medicine

10 West Street
Boston, Massachusetts 02111

(617) 727-3086
Fax (617) 451-9568

An Agency within the Executive Office of Consumer Affairs and Business Regulation

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BOARD MEMBER

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March 27, 1996

BY CERTIFIED MAIL

Marcus T. Gordon, M.D.

Re: Complaint No. 96-088

Dear Dr. Gordon,

It has come to the Board's attention that on April 14, 1988, you entered into a Consent Order with the Illinois Department of Professional Regulation for committing "acts which could constitute the unlicensed practice of medicine "

On June 20, 1988, you submitted a Massachusetts limited medical license application. On this document, you were required to indicate whether you had been disciplined by any governmental authority in the past ten years (Question 8). Records show that you checked "No" to this question.

On March 3, 1989, you submitted a Massachusetts limited medical license application. On this document, you were required to indicate whether you had been disciplined by any governmental authority (Question 17). Records show that you checked "No" to this question.

On June 12, 1990, you submitted a Massachusetts limited medical license application. On this document, you were required to indicate whether you had been disciplined by any governmental authority (Question 17). Records show that you checked "No" to this question.

On February 6, 1995, you submitted a Massachusetts full medical license application. On this form, you were required to indicate whether you had been disciplined by any

Marcus T. Gordon, M D
March 27, 1996
Page Two

governmental authority in the past ten years (Question 9) Records show that you checked "No" to this question Only after subsequent inquiry by the Board, did you submit a corrected license application, dated June 23, 1995

Pursuant to Board regulation 243 CMR 2 07 (12), you are required to provide a **detailed**, written response to the above-referenced information within thirty days of your receipt of this letter. After your response is received, you may again be contacted if additional information is required In any event, you will be notified in writing as to the disposition of this complaint

In your response, please indicate at a minimum

- 1) the circumstances under which you came to be disciplined by the Illinois Department of Professional Regulation in April 1988,
- 2) the reason(s) for failing to indicate said disciplinary action by the Illinois DPR on any previous Massachusetts license application forms,
- 3) any subsequent complaints or disciplinary action taken against you since the aforementioned action, by any governmental agency or healthcare facility

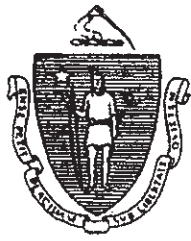
If you have any questions regarding the forgoing, please feel free to contact me at (617) 727-1788, Ext 367 Thank you for your attention to this matter

Sincerely,


Shawn Polonet
Special Investigator

Enclosures

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Commonwealth of Massachusetts Board of Registration in Medicine

10 West Street
Boston, Massachusetts 02111

(617) 727-3086
Fax (617) 451-9568

An Agency within the Executive Office of Consumer Affairs and Business Regulation

ALEXANDER F. FLEMING, J.D.
EXECUTIVE DIRECTOR
PENELOPE WELLS, J.D.
GENERAL COUNSEL

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ARNOLD S. RELMAN, M.D.
BOARD MEMBER
CARL M. SAPPERS, J.D.
BOARD MEMBER

May 1, 1996

BY CERTIFIED MAIL

Marcus T. Gordon, M.D.

Re Complaint No 96-088

Dear Dr. Gordon

It has come to the Board's attention that on April 14, 1988, you entered into a Consent Order with the Illinois Department of Professional Regulation for committing "acts which could constitute the unlicensed practice of medicine."

On June 20, 1988, you submitted a Massachusetts limited medical license application. On this document, you were required to indicate whether you had been disciplined by any governmental authority in the past ten years (Question 8). Records show that you checked "No" to this question.

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On February 6, 1995, you submitted a Massachusetts full medical license application. On this form, you were required to indicate whether you had been disciplined by any

Marcus T Gordon, M D
May 1, 1996
Page Two

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governmental authority in the past ten years (Question 9) Records show that you checked "No" to this question Only after subsequent inquiry by the Board, did you submit a corrected license application, dated June 23, 1995

Pursuant to Board regulation 243 CMR 2 07 (12), you are required to provide a detailed, written response to the above-referenced information within thirty days of your receipt of this letter After your response is received, you may again be contacted if additional information is required In any event, you will be notified in writing as to the disposition of this complaint.

In your response, please indicate at a minimum

- 1) the circumstances under which you came to be disciplined by the Illinois Department of Professional Regulation in April 1988,
- 2) the reason(s) for failing to indicate said disciplinary action by the Illinois DPR on any previous Massachusetts license application forms,
- 3) any subsequent complaints or disciplinary action taken against you since the aforementioned action, by any governmental agency or healthcare facility

Additionally, it has come to the Board's attention that your mailing address has changed from 32 Garison Street, Boston, MA 02116 Please note that you are required to notify the Board of any change of home or work address within 30 days of such change Failure to do so is a violation of Board regulations, and at a minimum, serves to delay the resolution of any complaints or other Board matters involving your medical license Therefore, in your response letter, please provide current information regarding your mailing and work addresses

If you have any questions regarding the forgoing, please feel free to contact me at (617) 727-1788, Ext 367 Thank you for your attention to this matter

Sincerely,



Shawn Polonet
Special Investigator

Enclosures