

STATE OF NEW HAMPSHIRE

OFFICE OF THE GOVERNOR

RECEIVED
JUL 3 1 2013
NH BOARD

July 24, 2013

Robert P. Cervenka

Dear Dr. Cervenka:

This letter is to inform you that the Executive Council voted to accept your resignation at our meeting today. Thank you for your service as a member of the Board of Medicine.

What I love most about New Hampshire is the all-hands-on-deck ethos of our people. We roll up our sleeves, pitch in, and together, we move forward. I greatly appreciate your willingness to devote your time, energy, and expertise to serve your fellow citizens as a member of this board. Your service has made a real difference and you will be missed.

With every good wish,

Margaret Wood Hassan

Governor

cc: Board of Medicine

Her Excellency Governor Margaret Wood Hassan and the Honorable Council

State House

Concord, NH 03301

July 5, 2013

Dear Governor and Executive Counselors,

It is with regret that I have to submit my resignation from the New Hampshire Board of Medicine. There is a purchase and sales agreement on my New Hampshire, and I will need to consider Maine as my primary residence when that home is sold. RSA:329 requires that members of the Board of Medicine be residents of the state, and I expect the house to sell on or around July 25, 2013. I will therefore submit the resignation as of July 19, 2013.

I have served New Hampshire and four governors on the MRSC and Board of Medicine for 11 ½ years and consider it an honor to have been selected for those positions. It has been an incredible educational experience, and a challenge to serve the state and protect our citizens. New Hampshire is a great state. I suspect my heart will always be in New Hampshire even if my address is just across the border in , Maine.

Sincerely,

Robert P. Cervenka, M.D.



STATE OF NEW HAMPSHIRE

OFFICE OF THE GOVERNOR

RECEIVED

APR 09 2013

NH BOARD

April 3, 2013

Robert P. Cervenka, M.D.

Dear Dr. Cervenka:

This letter is to inform you that the Executive Council voted to accept your resignation at our meeting today. Thank you for your service as a member of the Medical Review Subcommittee.

What I love most about New Hampshire is the all-hands-on-deck ethos of our people. We roll up our sleeves, pitch in, and together, we move forward. I greatly appreciate your willingness to devote your time, energy, and expertise to serve your fellow citizens as a member of this board. Your service has made a real difference and you will be missed.

With every good wish,

Margaret Wood Hassan

Governor

cc: Penny Taylor, Medical Review Subcommittee

Her Excellency Governor Margaret Wood Hassan and the Honorable Council

RECEIVED

State House

MAK 1 5 2013

Concord, NH 03301

NH BOARD

March 5, 2013

Dear Governor and Executive Counselors,

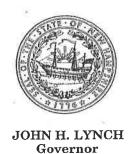
I have now had the privilege of serving during the terms of four governors and for over 11 years as a member of the New Hampshire Board of Medicine, the Medical Review Subcommittee (MRSC), or both as Vice President for the MRSC. I am currently the Vice President for the MRSC. I asked the Board to consider other candidates for the Vice President for the MRSC, and in December of 2012 the Board voted to have Dr. Lou Rosenthal take that position after the March, 2013 meeting. I would like to tender my resignation from the MRSC as March 22, 2013 after the meeting of March 21, 2013.

The members of the New Hampshire Board of Medicine and the MRSC are dedicated physicians committed to quality of care and the safety of the citizens of New Hampshire. Having served for over 7 years investigating medical care in New Hampshire has convinced me that we have, with infrequent exception, an excellent quality of medical care in our state. The employees of the Board of Medicine are a joy to work with. I feel blessed to have had this opportunity to work with the investigators and staff members working with the MRSC over the past two years after stepping down from that body to join the Board in 2007.

I have worked with Dr. Lou Rosenthal on the Board over the past several years, and am confident he will work well with the MRSC. I am confident his nomination and appointment to this position will be without controversy. I will continue to serve the remainder of my term on the New Hampshire Board of Medicine.

Sincerely,

Robert P. Cervenka, M.D.



State of New Hampshire

OFFICE OF THE GOVERNOR

107 North Main Street, State House - Rm 208 Concord, New Hampshire 03301 Telephone (603) 271-2121 www.nh.gov/governor governorlynch@nh.gov

MAY 1 8 2011

NH BOARD

May 11, 2011

Robert P. Cervenka, MD

Dear Dr. Cervenka:

It is my pleasure to inform you that the Executive Council has confirmed your appointment to the Medical Review Subcommittee. Your term will expire on December 3, 2013.

Enclosed are your commission papers and a New Hampshire Statement of Financial Interests. You must take your oath before two witnesses as soon as possible (two Justices of the Peace, two Notaries Public, or one of each). After the papers have been signed and the Statement of Financial Interests completed, you must return the oath and the Statement to the Secretary of State's Office in the enclosed envelope. Your New Hampshire Statement of Financial Interests must be filed with the Secretary of State within 14 days of the date you take your oath. Please note that you will not be a legal voting member until your oath has been filed. The form bearing the gold state seal is for your records. Should you have any questions regarding this process, please contact Jennifer Kuzma in my office at 271-2121.

New Hampshire's tradition of citizen involvement is one of our state's most treasured attributes. I deeply appreciate your willingness to serve your fellow citizens.

Sincerely

Governor

JHL/ems

Enc.

cc: Medical Review Subcomittee

CONFIRMATION

May 11, 2011

Medical Review Subcomittee

Robert P. Cervenka, Jaffrey (Represents the Board of Medicine) Nominated by the Board of Medicine Succeeding: Amy Feitelson, Rye Effective: Upon confirmation Term: December 3, 2013

Address:

ROBERT J. ANDELMAN, M.D. President

AMY FEITELSON, M.D. Vice President

KATHRYN M. BRADLEY Executive Director

PENNY TAYLOR

Administrator



ROBERT P. CERVENKA, M.D.
ROBERT M. VIDAVER, M.D.
LOUIS E. ROSENTHALL, M.D.
NICK P. PERENCEVICH, M.D.
JOHN H. WHEELER, D.O.
MARK SULLIVAN, P.A.
GAIL A. BARBA, PUBLIC MEMBER
DANIEL MORRISSEY, O.P., PUBLIC MEMBER
EDMUND J. WATERS, JR., PUBLIC MEMBER

New Hampshire Board of Medicine

2 INDUSTRIAL PARK DRIVE, SUITE 8, CONCORD, NH 03301-8520
Tel. (603) 271-1203 Fax (603) 271-6702
TDD Access: Relay NH 1-800-735-2964
WEB SITE: www.nh.gov/medicine
April 18, 2011

His Excellency, Governor John H. Lynch and the Honorable Council State House Concord, New Hampshire 03301

Dear Governor Lynch:

In accordance with RSA 329:17, V-a, the Medical Review Subcommittee (MRSC) shall consist of one member of the Board of Medicine. The Board is nominating Robert P. Cervenka, M.D. to the MRSC. Dr. Cervenka is a licensed physician in New Hampshire, and has been a productive and responsible member of the Board of Medicine. Amy Feitelson, M.D. is resigning from the MRSC, therefore, Dr. Cervenka will be replacing her on the MRSC. For your information, Dr. Cervenka's mailing address is

We hope that you will support Dr. Cervenka's appointment to the Medical Review Subcommittee.

Sincerely,

Robert J. Andelman, M.D.

President

RJA/pt Encl.

RECEIVED
MAY 17 2010
NH BOARD

April 28, 2010

New Hampshire Board of Medicine 2 Industrial Park Drive #8 Concord, NH 03301

Dear New Hampshire Board of Medicine:

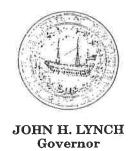
This is to notify you of a change of address in my place of work. I will be practicing as an employee of York Hospital, York Maine as of July 5, 2010 as long as my Maine license does not hold things up. I will be working my last day at Manchester Obstetrical Associates on June 30, 2010 if all things go as planned and the FSVS does not hold things up. My severance of connection with Manchester Obstetrical Associates is voluntary on my part and my professional address will be Coastal OB/GYN, 112 Sanford Rd, Ste# 2A, Wells, Maine 04090.

I do not know yet if I will be able to keep my position on the New Hampshire Board of Medicine, my current personal address is The house is on the market and I do not know if I will move to Portsmouth or to a location in Maine. In the event that I move my residence from New Hampshire to Maine I will be required to resign from the New Hampshire Board of Medicine.

Sincerely,

Robert P. Cervenka, M.D.

RPC/pgc



State of New Hampshire

OFFICE OF THE GOVERNOR

107 North Main Street, State House - Rm 208 Concord, New Hampshire 03301 Telephone (603) 271-2121 www.nh.gov/governor governorlynch@nh.gov

April 15, 2009

Robert P. Cervenka, MD

Dear Dr. Cervenka:

It is my pleasure to inform you that the Executive Council has confirmed your reappointment to the Board of Medicine. Your term will expire on April 21, 2014.

Enclosed are your commission papers and a New Hampshire Statement of Financial Interests. You must take your oath before two witnesses as soon as possible (two Justices of the Peace, two Notaries Public, or one of each). After the papers have been signed and the Statement of Financial Interests completed, you must return the oath and the Statement to the Secretary of State's Office in the enclosed envelope. Your New Hampshire Statement of Financial Interests must be filed with the Secretary of State within 14 days of the date you take your oath. Please note that you will not be a legal voting member until your oath has been filed. The form bearing the gold state seal is for your records. Should you have any questions regarding this process, please contact Jennifer Kuzma in my office at 271-2121.

New Hampshire's tradition of citizen involvement is one of our state's most treasured attributes. I deeply appreciate your willingness to serve your fellow citizens.

Sincerely,

John Lynch

JL/ems Enc.

cc: Board of Medicine

CONFIRMATION

April 15, 2009

Board of Medicine

Robert P. Cervenka, Manchester Reappointment Effective: April 21, 2009 Term: April 21, 2014

Address:

KEVIN R. COSTIN, PA-C President

JAMES G. SISE, M.D. Vice President



BRUCE J. FRIEDMAN, M.D.
PAUL J. SCIBETTA, JR., D.O.
AMY FEITELSON, M.D.
CLINT J. KOENIG, M.D.
ROBERT J. ANDELMAN, M.D.
BRIAN T. STERN, PUBLIC MEMBER
GAIL A. BARBA, PUBLIC MEMBER
DAVID MICCICHE, PUBLIC MEMBER

New Hampshire Board of Medicine

2 INDUSTRIAL PARK DRIVE, SUITE 8, CONCORD, NH 03301-8520 Tel. (603) 271-1203 Fax (603) 271-6702 TDD Access: Relay NH 1-800-735-2964

WEB SITE: www.state.nh.us/medicine

May 31, 2007

ROBERT P CERVENKA MD

Dear Dr. Cervenka:

Congratulations on your recent appointment to the New Hampshire Board of Medicine ("the Board").

The next scheduled meeting of the Board, after your effective term date of July 1, 2007, is July 11, 2007. We begin at 9:00 A.M. An agenda package for the meeting will be mailed to you one week in advance so that you will have time to review the materials. I've enclosed a listing of all current Board members with work and home addresses and e-mail addresses (if available).

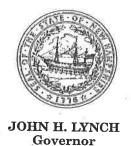
As Administrator, I want to personally welcome you to the Board. Please do not hesitate to call me if I can be of any assistance to you. My direct phone line is listed on the Board member's sheet, along with my e-mail address and home phone. There are some forms included that you should complete in order to speed up the processing of mileage reimbursement and per-diem payments. Please mail them to me at the address above as soon as possible.

Very truly yours,

Penny Taylor

Administrator

Encl.



State of New Hampshire

OFFICE OF THE GOVERNOR

107 North Main Street, State House - Rm 208 Concord, New Hampshire 03301 Telephone (603) 271-2121 www.nh.gov/governor governorlynch@nh.gov RECEIVED

MAY 0 4 2007

NH BOARD

May 2, 2007

Robert P. Cervenka, M.D.

Dear Dr. Cervenka:

It is my pleasure to inform you that the Executive Council has confirmed your appointment to the Board of Medicine. Your term will expire on April 21, 2009.

Enclosed are your commission papers and a New Hampshire Statement of Financial Interests. You must take your oath before two witnesses as soon as possible (two Justices of the Peace, two Notaries Public, or one of each). After the papers have been signed and the Statement of Financial Interests completed, you must return the oath and the Statement to the Secretary of State's Office in the enclosed envelope. Your New Hampshire Statement of Financial Interests must be filed with the Secretary of State within 14 days of the date you take your oath. Please note that you will not be a legal voting member until your oath has been filed. The form bearing the gold state seal is for your records. Should you have any questions regarding this process, please contact Kathy Goode in my office at 271-2121.

New Hampshire's tradition of citizen involvement is one of our state's most treasured attributes. I deeply appreciate your willingness to serve your fellow citizens.

Sincerely,

John Lynch

JL/ems Enc.

cc: Board of Medicine

CONFIRMATION

May 2, 2007

RECEIVED

MAY 0 4 2007

NH BOARD

Board of Medicine

Robert P. Cervenka, M.D., Manchester

Succeeding: Paul Scibetta, O.D., Thornton (resigned)

Effective: July 1, 2007 Term: April 21, 2009

Address:

BRUCE J. FRIEDMAN, M.D. President

JAMES G. SISE, M.D. Vice President



CYNTHIA S. COOPER, M.D.
JAMES H. CLIFFORD, M.D.
PAUL J. SCIBETTA, JR., D.O.
KEVIN R. COSTIN, PA-C
MARY S. NELSON, PUBLIC MEMBER
JUDITH E. DICKINSON, PUBLIC MEMBER

New Hampshire Board of Medicine

2 INDUSTRIAL PARK DRIVE, SUITE 8, CONCORD, NH 03301-8520
Tel. (603) 271-1203 Fax (603) 271-6702
TDD Access: Relay NH 1-800-735-2964
WEB SITE: www.state.nh.us/medicine

February 3, 2006

ROBERT P CERVENKA MD MANCHESTER OBSTETRICAL ASSOC 150 TARRYTOWN RD MANCHESTER NH 03103

Dear Dr. Cervenka:

Thank you for meeting with the Board of Medicine to discuss your request to serve as a member of the Board. The Board is requesting that you write to the Governor, including a copy of your curriculum vitae, expressing your interest in replacing Cynthia Cooper, M.D. on the Board.

Again, thank you for your interest. I look forward to working with you whether you are appointed to the Board or you continue to serve on the Medical Review Subcommittee.

Sincerely,

Penny Taylor

BRUCE J. FRIEDMAN, M.D. President

JAMES G. SISE, M.D. Vice President



CYNTHIA S. COOPER, M.D.
JAMES H. CLIFFORD, M.D.
PAUL J. SCIBETTA, JR., D.O.
KEVIN R. COSTIN, PA-C
MARY S. NELSON, PUBLIC MEMBER
JUDITH E. DICKINSON, PUBLIC MEMBER

New Hampshire Board of Medicine

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WEB SITE: www.state.nh.us/medicine

January 9, 2006

ROBERT P CERVENKA MD MANCHESTER OBSTETRICAL ASSOC 150 TARRYTOWN RD MANCHESTER NH 03103

Dear Dr. Cervenka:

The New Hampshire Board of Medicine would like to invite you to its next meeting to discuss your request to serve as a member of the Board of Medicine. The meeting will be held on February 1, 2006 at 9:30 A.M. at the Board's office.

Please feel free to contact me if you have any questions or you are unable to attend this meeting.

Sincerely,

Penny Taylor Administrator

\pt

Manchester Obstetrical

e L. Goldner, M.D., F.A.C.O.G. Robert P. Cervenka, M.D., F.A.C.O.G. Gary A. Wasserman, M.D., F.A.C.O.

Jennifer M. Donofrio, M.D., F.A.C.O.G. Heidi L., Meinz, M.D., F.A.C.O.G. Brenda M. Sanborn, RECEIVED

Angela Diorio, A.R.N.P. Ann M. Chalifour, A.R.N.P. Tracey J. Gahara, R.N.C.

NOV 1 0 2005

NH BOARD Wayne L. Goldner, M.D., F.A.C.O.G. * Robert P. Cervenka, M.D., F.A.C.O.G. * Gary A. Wasserman, M.D., F.A.C.C.

November 8, 2005

New Hampshire Board of Medicine Attn.: Penny Taylor 2 Industrial Park Drive, Suite 8 Concord, NH 03301

Dear Penny,

Tunderstand there will be an opening on the New Hampshire Border of Medicine with the expiration of Dr. Cooper's term, and would like to be considered for that position. As most Board members will know, I have served on the Medical Review Subcommittee (MRSC) of the Board since 2002. I will review my background and qualifications for the Board.

Following the completion of my residency program in 1984, I moved to New Hampshire and have worked full time in the same single specialty practice since then. I have been elected to and selected for a range of leadership positions at the Elliot Hospital. I was chosen by the Medical Director to work on the Quality Assurance Committee at Blue Cross Blue Shield of New Hampshire. My volunteer activities have included 18 years of service for Easter Seals of New Hampshire and a term on the Manchester Community Health Center Board.

Serving on the MRSC has been an honor. The relationships between staff, members of the committee, and staff members from the Attorney General's office have been excellent. The committee runs very smoothly from my perspective and we remain focused on ensuring the safety of the citizens of New Hampshire. I read all Reports of Investigation in advance of meetings to prepare for discussion. If selected for the Board, I will continue to listen to all opinions and attempt to contribute to cases both in and out of my specialty.

In June of 2005, I took and passed the full written Board Recertification Examination in Obstetrics and Gynecology. Only about 110 physicians take the examination each year and it requires extensive review of all aspects of the specialty. I took the exam primarily to confirm that I have up-to-date opinions and references when I review cases for the Board.

If selected as a Board member, I will listen closely to licensees without prejudice. On the other hand, legitimate complaints and significant quality of care concerns need close review for possible board action. I have agreed with the vast majority of decisions the Board has made. If not selected. I will be happy to continue the work on the MRSC.

Sincerely.

Robert P. Cervenka, M.D., F.A.C.O.G.

RPC/Isb

ROBERT P. CERVENKA, M.D.

MANCHESTER OBSTETRICAL ASSOCIATES, P.A.

Reproductive Services of Manchester 150 Tarrytown Road Manchester, NH 03103 (603) 622-3162

LICENSURE

July 1984 – Present

STATE OF NEW HAMPSHIRE

Private Practice

Manchester Obstetrical Associates

EDUCATION

1980

UNIVERSITY OF MARYLAND SCHOOL OF MEDICINE

M.D. Degree

1976

EMORY UNIVERSITY

Atlanta, GA B.S. Degree

RESIDENCY

1980 - 1984

UNIVERSITY OF CHICAGO

OB/GYN

Lying - In Hospital

Chicago, IL

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HOSPITAL AFFILIATION

Brown

ELLIOT HOSPITAL

1985 – Present

Active Staff

July 1984 –

August 1985

Associate Staff

CATHOLIC MEDICAL CENTER

Feb 2004 – Present

1995 – May 2002

1994 - 1995

Courtesy Staff Active Staff

Courtesy Staff

PROFESSIONAL MEMBERSHIPS / ASSOCIATES

2005 – Present	Elliot Hospital Governmental Affairs Committee
2004 - Present	Elliot Hospital Medical Staff Leadership Nomination Committee Elected Medical Staff Position
2002 – Present	NEW HAMPSHIRE BOARD OF MEDICINE, Medical Review Subcommittee Appointment by Governor Shaheen Reappointed by Governor Lynch, 2005
1997 – 2001	BLUE CROSS BLUE SHIELD OF NEW HAMPSHIRE QUALITY ASSURANCE COMMITTEE
1995 – 1997	MANCHESTER COMMUNITY HEALTH CENTER Board of Directors
1995 – Present	NEW HAMPSHIRE EASTER SEALS INVESTMENT MANAGEMENT COMMITTEE
1996 – Present	Chairman
1994 – 1995	OPTIMA HEALTH AUDIT COMMITTEE
May 1994 – June 1994	OPTIMA HEALTH Senior Management Strategic Planning Committee
July 1993 – January 1996	ELLIOT HOSPITAL Chairman, Department of Obstetrics and Gynecology
1988 – 1994	NEW HAMPSHIRE EASTER SEALS SOCIETY Board of Directors
1988 – 1994	NEW HAMPSHIRE EASTER SEALS PROFESSIONAL ADVISORY COMMITTEE
1989 – 1994	Chairman
1987 – 1990	JOINT CONFERENCE COMMITTEE ELLIOT HOSPITAL Elected Medical Staff Position
1984 – 2000	NEW HAMPSHIRE MEDICAL SOCIETY
1984 – 2000	HILLSBOROUGH COUNTY MEDICAL SOCIETY

AWARDS AND HONORS

1994	WHO'S WHO IN EXECUTIVES AND PROFESSIONALS
1987	BOARD CERTIFIED AMERICAN COLLEGE OF OBSTETRICS AND GYNECOLOGY
1997, 2005	RE-CERTIFIED AMERICAN COLLEGE OF OBSTETRICS AND GYNECOLOGY
1982, 1983, 1984	UNIVERSITY OF CHICAGO Lying-In Hospital Board of Directors Award Dinner (top resident in class invited)
1983, 1984	COUNCIL ON RESIDENT EDUCATION IN OBSTETRICS AND GYNECOLOGY (CREOG) Top three percent of class



State of New Hampshire office of the Governor

107 North Main Street, State House - Rm 208 Concord, New Hampshire 03301 Telephone (603) 271-2121 www.nh.gov/governor governorlynch@nh.gov FEB 1 6 2005 NH BOARD

February 9, 2005

Robert Cervenka, M.D.

Dear Dr. Cervenka:

It is my pleasure to inform you that the Executive Council has confirmed your reappointment to the Medical Review Sub-Committee. Your term will expire on January 1, 2008.

Enclosed are your commission papers and a Statement of Financial Interests for members of Executive Branch Boards and Commissions. You must take your oath before two witnesses as soon as possible (two Justices of the Peace, two Notaries Public, or one of each). After the papers have been signed and The Statement of Financial Interests completed, you must return the white form and the Statement to the Secretary of State's Office in the enclosed envelope. Please note that you will not be a legal voting member until this form has been filed with the Secretary of State's Office. The form bearing the gold state seal is for your records. Should you have any questions regarding this process, please contact Kathy Goode in my office at 271-2121.

New Hampshire's tradition of citizen involvement is one of our state's most treasured attributes. I deeply appreciate your willingness to serve your fellow citizens.

(Also

John H. Lynch

JHL/hlc Enc.

cc: Medical Review Sub-Committee

1558

BRUCE J. FRIEDMAN, M.D. President

KEVIN R. COSTIN, PA-C Vice President



CYNTHIA S. COOPER, M.D.
JAMES H. CLIFFORD, M.D.
JAMES G. SISE, M.D.
WILLIAM J. KASSLER, M.D., M.P.H.
PAUL J. SCIBETTA, JR., D.O.
MARY S. NELSON, PUBLIC MEMBER
JUDITH E. DICKINSON, PUBLIC MEMBER

New Hampshire Board of Medicine

2 INDUSTRIAL PARK DRIVE, SUITE 8, CONCORD, NH 03301-8520 Tel. (603) 271-1203 Fax (603) 271-6702 TDD Access: Relay NH 1-800-735-2964 WEB SITE: www.state.nh.us/medicine

His Excellency, Governor John H. Lynch and the Honorable Council State House Concord, New Hampshire 03301

Dear Governor Lynch:

The term of Robert P. Cervenka, M.D. as a member of the Medical Review Subcommittee ended January 1, 2005.

In accordance with RSA 329:17, V-a, the Board of Medicine is responsible for nominating members of the Medical Review Subcommittee. At this time, we are nominating Dr. Cervenka for a second term. He is a physician member from Manchester, and has been a productive and responsible member of the Medical Review Subcommittee.

We hope that you will support his reappointment to the Medical Review Subcommittee.

Sincerely, Bruce J. Friedman, MV/12t

Bruce J. Friedman, M.D.

President

BJF/pt Encl.

Manchester Obstetrical Associates, P.A.

RECEIVED

DEC 0 1 2004

NH BOARD

November 29, 2004

NH Board of Medicine Attn.: Penny Taylor 2 Industrial Park Dr. Suite 8 Concord, NH 03301

Dear Penny,

I have appreciated the opportunity to serve on the Medical Review Subcommittee of the NH Board of Medicine. The experience has been challenging at times, but enlightening.

After speaking with my family, I will be happy to offer my services for another term on the MRSC. It is a pleasure to work with the Board, its dedicated staff, and the MRSC.

Respectfully,

Robert P. Cervenka, M.D., F.A.C.O.G.



STATE OF NEW HAMPSHIRE BOARD OF MEDICINE

2 Industrial Park Drive, Suite 8 Concord, NH 03301-8520

Tel. (603) 271-1203 - FAX (603) 271-6702 TDD Access: Relay NH 1-800-735-2964 Cynthia S. Cooper, M.D.
President
Wassfy M. Hanna, MD.
Vice President

BOARD MEMBERS
Bruce J. Friedman, M.D.
James H. Clifford, M.D.
James G. Sise, M.D.
William Kassler, M.D.
Kevin R. Costin, PA-C
Mary S. Nelson, Public Member
Judith E. Dickinson,
Public Member

February 22, 2002

ROBERT P CERVENKA MD

Dear Dr. Cervenka:

Congratulations on your recent appointment to the Medical Review Subcommittee (MRSC) of the Board of Medicine.

The next scheduled meeting of the MRSC is March 21, 2002. We begin at 1:30 PM and generally continue through the afternoon. An agenda package for the meeting will be sent to your home a week before the meeting so that you will have time to review the materials. I've enclosed a listing of all current MRSC members with work and home addresses and e-mail addresses (if available).

As Administrator, I want to personally welcome you to the MRSC. Please do not hesitate to call me if I can be of any assistance to you. There are some forms included that you should complete in order to speed up the processing of mileage reimbursement and per-diem payments. Please mail them to the address above.

Very truly yours,

Administrator

Encl.

STATE OF NEW HAMPSHIRE



OFFICE OF THE GOVERNOR

February 20, 2002

Robert P. Cervenka, M.D.

Dear Dr. Cervenka:

It is my pleasure to inform you that the Executive Council has confirmed your appointment to the Medical Review Subcommittee. Your term will expire on January 1, 2005.

Enclosed please find your commission and oath of office. You must take your oath before two witnesses as soon as possible (two Justices of the Peace, two Notaries Public, or one of each). After the oath has been taken, return the form to the Secretary of State's Office in the enclosed envelope. Please retain the form bearing the gold state seal for your records. Should you have any questions regarding this process, please contact Kathy Goode in my office at 271-2121.

Congratulations on your appointment. I am confident that you will serve our citizens well on this committee.

Very truly yours,

Jeanne Shaheen

JS/ems Enc.

cc:

Penny Taylor

Board of Medicine

CONFIRMATION

February 20, 2002

MEDICAL REVIEW SUBCOMMITTEE

Robert P. Cervenka, M.D., Manchester Nominated by the Board of Medicine

Succeeding: Stanley S. Paras, M.D., Manchester (reached term limit)

Effective: Upon confirmation

Term: January 1, 2005

Address:



STATE OF NEW HAMPSHIRE BOARD OF MEDICINE

2 Industrial Park Drive, Suite 8 Concord, NH 03301-8520

Tel. (603) 271-1203 - FAX (603) 271-6702 TDD Access: Relay NH 1-800-735-2964 7558

Cynthia S. Cooper, M.D. President Wassfy M. Hanna, MD. Vice President

BOARD MEMBERS
Bruce J. Friedman, M.D.
James H. Clifford, M.D.
James G. Sise, M.D.
William Kassler, M.D.
Kevin R. Costin, PA-C
Jean A. Barnes, Public Member

January 4, 2002

Her Excellency, Governor Jeanne Shaheen State House Concord, NH 03301

Dear Governor Shaheen:

The Board of Medicine is pleased to nominate, pursuant to RSA 329:17, V-a, Robert P. Cervenka, M.D. to fill the vacant position on the Medical Review Subcommittee.

Dr. Cervenka is a board certified OB/GYN physician who practices in Manchester. A copy of Dr. Cervenka's curriculum vitae is attached. With the increasing importance of OB/GYN physicians in today's health care environment, the Board believes that the addition of an OB/GYN, in active practice, will improve the Medical Review Subcommittee's effectiveness in investigating allegations of misconduct.

The Board appreciates the opportunity to participate in this important process and requests your support for Dr. Cervenka. Please feel free to contact me if you have any questions.

Respectfully yours,

Cypthias Cooper Mp/pt

Cynthia S. Cooper, M.D.

President

CSC/pt Encl.

Manchester Obstetrical Associates, P.A.

Wayne L. Goldner, M.D., F.A.C.O.G.
Robert P. Cervenka, M.D., F.A.C.O.G.
Gary A. Wasserman, M.D., F.A.C.O.G.
Jennifer M. Donofrio, M.D., F.A.C.O.G.
Heidi L. Meinz, M.D.
Brenda M. Sanborn, C.N.M.
Angela Diorio, A.R.N.P.
Ann M. Chalifour, A.R.N.P.
Tracey J. Gahara, R.N.C.

RECEIVED

160 24 2001

WHBOARD OF MEDICINE

December 21, 2001

Board of Registration State of New Hampshire 2 Industrial Park Drive Suite 8 Concord, NH 03301

Attn: Penny Taylor

Dear Sirs:

I would like to express my interest in serving a 3-year term on the Medical Records

Committee of the New Hampshire Board of Registration. If appointed, I would have every intent to serve the full 3-year commitment.

If there are any issues related to my appointment, I would be happy to speak with anvone concerned. My work telephone number is 622-3162. My home number is

Sincerely

Robert P. Cervenka, M.D., F.A.C.O.G.



Manchester Obstetrical Associates, P.A.

Wayne L. Goldner, M.D., F.A.C.O.G. Robert P. Cervenka, M.D., F.A.C.O.G. Gary A. Wasserman, M.D., F.A.C.O.G.

Januifer M. Donofrio, M.D., F.A.C.O.G. Heidi L. Melnz, M.D. Brenda M. Sanborn, C.N.M.

Angela Diorio, A.R.N.P. Ann M. Chalifour, A.R.N.P. Tracey J. Gahara, R.N.C.

12/13/01

NH Board of Medicine Attn: Cynthia Cooper, M.D. Concord, NH 03301

Dear Cynthia,

I have an interest in serving on the Medical Record Review Committee of the Board of Registration. I have practiced OB/GYN in Manchester since 1984, and remain on the full time practice of our specialty. I know of nothing related to my reputation or history with the Board that should disqualify me from serving on the Committee.

Qualifications I think make me well qualified for this position include being a past Chairman of Obstetrics and Gynecology at the Elliot Hospital for 2½ years, and serving on the Q.A. committee in OB/GYN for the two years following my Chairman years. I regularly review malpractice defense cases for lawyers in this state. I occasionally review plaintiff cases from outside of the New Hampshire area, but do not advertise these services.

I would be happy to consider serving on this committee, but would also mention that I will not be available the third Thursday of either February of 2002 (Florida vacations). I will need to plan around schedules of the committee. I have call every fourth night (and day). I hope there might be some flexibility of the committee on timing of the meetings. If not, I still expect I would have no trouble attending at least three quarters of meetings in any given year. I would attempt to make any meeting when I am in New Hampshire.

Sincerely,

Robert P. Cervenka, M.D., F.A.C.O.G.

ROBERT P. CERVENKA, M.D.

MANCHESTER OBSTETRICAL ASSOCIATES

150 Tarrytown Road Manchester, NH 03103 (603) 622-3162

LICENSURE

July 1984 to

Present

STATE OF NEW HAMPSHIRE

Private Practice

Manchester Obstetrical Associates

EDUCATION

1980

UNIVERSITY OF MARYLAND SCHOOL OF MEDICINE

M.D. Degree

1976

EMORY UNIVERSITY, Atlanta, Georgia.

B.S. Degree.

RESIDENCY

1980 to 1984

UNIVERSITY OF CHICAGO

OB/GYN

Lying - In Hospital Chicago, Illinois

HOSPITAL AFFILIATION

ELLIOT HOSPITAL

1985 to present

July 1984 to

Active Staff
Associate Staff

August 1985

CATHOLIC MEDICAL CENTER

1995 to present

1994-1995

Active Staff

Courtesy Staff

PROFESSIONAL
MEMBERSHIPS/
ASSOCIATES

1984 to present

NEW HAMPSHIRE MEDICAL SOCIETY

1984 to present

HILLSBOROUGH COUNTY MEDICAL SOCIETY

1988 to 1994

NEW HAMPSHIRE EASTER SEALS SOCIETY

Board of Directors

Continued
Page 2

1988 to 1994 NEW HAMPSHIRE EASTER SEALS PROFESSIONAL

ADVISORY COMMITTEE

1989 to 1994 Chairman

1995 to present NEW HAMPSHIRE EASTER SEALS INVESTMENT

MANAGEMENT COMMITTEE

1996 to present Chairman

1987 to 1990 JOINT CONFERENCE COMMITTEE

ELLIOT HOSPITAL

Elected Medical Staff Position

July 1993 to ELLIOT HOSPITAL

Jan 1996 Chairman, Department of Obstetrics and Gynecology

May 1994 to OPTIMA HEALTH

June 1994 Senior Management Strategic Planning Committee

1994 to 1995 OPTIMA HEALTH AUDIT COMMITTEE

1995 to 1997 MANCHESTER COMMUNITY HEALTH CENTER

Board of Directors

1997 to present BLUE CROSS BLUE SHIELD OF NEW HAMPSHIRE

QUALITY ASSURANCE COMMITTEE

AWARDS AND

HONORS

1994 WHO'S WHO IN EXECUTIVES AND PROFESSIONALS

1987 BOARD CERTIFIED AMERICAN COLLEGE OF

OBSTETRICS AND GYNECOLOGY

1997 RE-CERTIFIED AMERICAN COLLEGE OF

OBSTETRICS AND GYNECOLOGY

1982, 1983, 1984 UNIVERSITY OF CHICAGO

Lying-In Hospital Board of Directors

Award Dinner (top resident in class invited)

1983. 1984 COUNCIL ON RESIDENT EDUCATION IN OBSTETRICS

AND GYNECOLOGY (CREOG)

Top three percent of class

MANCHESTER OBSTETRICAL ASSOCIATES, P.A.

Drs. Goldner, Cervenka and Wasserman
150 TARRYTOWN ROAD

MANCHESTER, NEW HAMPSHIRE 03103-2767

Telephone (603) 622-3162

F-1558

September 18, 1987

Board of Registration of Medicine Health and Welfare Building Hazen Drive Concord, NH 03301

To Whom It May Concern:

My Office Staff tells me that your records indicate that a copy of my license expiring June, 1988 was sent in the mail. I have not received a copy to date, and would appreciate having another copy sent in the mail as soon as possible.

Thank you.

Sineerely,

Robert P. Cervenka, MD

dp

RECEIVED

SEP2 1 1987

NH BOARD OF REGISTRATION IN MEDICINE



State of New Hampshire

BOARD OF REGISTRATION IN MEDICINE

HEALTH & WELFARE BUILDING — HAZEN DRIVE.

CONCORD, NEW HAMPSHIRE 03301

BOARD MEMBERS
STUART W. RUSSELL, M.O. PRESIDENT
SAMUEL C. MAY, M.D. HUGH F. FAIRLEY, M.O. STEPHEN A. TZIANABOS, M.D. WILLIAM T. WALLACE, JR., M.D. EXECUTIVE SECRETARY

TEL. (603) 271-4502

ROBERT PAUL CERVENKA, M.D.

This is to certify that you have been granted licensure to practice medicine in the state of New Hampshire. Your license #6858 is dated April 10, 1984.

Licensure is issued under the provisions of 329:16 which states in part,
"...licenses issued under this section shall be conditioned upon the recipient
taking up actual practice of medicine in the state within 18 months after
issuance of the license and continuing such practice for at least one year..."

As soon as your engrossed certificate is received in this office, it will be forwarded to you. Until such time, this letter is your full authorization for the privilege of practicing medicine in this state.

William T. Wallace, Jr., M.D., M.P.H. Executive Secretary

/fh

CURRICULUM VITAE - ROBERT P. CERVENKA, MD

Home Address:

Work Address:

5841 S. Maryland Avenue Chicago, Illinois 60637

312-947-5700

Licensure:

State of Illinois

Education:

B.S. - 1976

Emory University Atlanta, Georgia

M.D. - 1980

University of Maryland School of Medicine

Baltimore, MAryland

Residency:

OB/GYN - 6/80 - present University of Chicago Lying-IN Hospital Chicago, Illinois

Awards/Honors:

Outstanding Performance Awards

NIH Summer Programs

1977, 1978

University of Maryland

Student Research Award - 3rd place

1978

Lying-IN Board of Directors

Award Dinner 1982, 1983

References:

Available on request

requisite course of study and on monination of the Faculty of the

Selhard of Medicine

byrvirtue of authority grainted by charter of the State of Marylana hereby confers whom

Mobert Paul Cerventa

the degree of

Burlar of Albalicing

Invite Shrwitness whereof this Diploma, signed by the authorized Aflicers of the University and sealed with the corporate seal of the University, is granted. Given at Raltimore on the twenty ninth day of May in with all the honors, rights, and privileges thereunto appertaining. (Str. 4. O'Malley Chairman, Board of Referits the year mineteen hundred eighty.



Way a Shirt

John J HOL

John M. Jannis 4.8.

Dear Sirs,

Enclosed is a copy of a State Clearance Form to be forwarded to the IM mors Board of Registration.

Regarding the other nissing information:

OI have been informed my FLEX examination results have been forwarded to your office

(2) A letter of reference from Chicago Lying-In Hospital should Administrator should arrive soon

Service of the OB-GYN Department at University of Chicago should arrive within the week

(4) I will be joining Dr. Robert Lord and Dr. Wayne Goldner in the practice of OB-GYWat Elliot Hospital in Manchester. Dr. Lord should be in contact with you soon with regard to the Proof of commitment and the interview.

Sincorely, Lower P. Center, m.o.

Robert P. Cervenka imiD.

ROBERT C. CEFALO, M.D., Ph.D., Chapel Hill, NC WILLIAM DROEGEMUELLER, M.D., Chapel Hill, NC CLARENCE E. EHRLICH, M.D., Indianapolis, IN NORMAN F. GANT, M.D., Dallas, TX CHARLES B. HAMMOND, M.D., Durham, NC ARTHUR L. HERBST, M.D., Chicago, IL JAMES M. INGRAM, M.D., Tampa, FL LUELLA KLEIN, M.D., Allanta, GA ROY M. PITKIN, M.D., Los Angeles, CA RUTH W. SCHWARTZ, M.D., Rochester, NY



DANIEL R. MISHELL, JR., M.D., Los Angeles, CA

President

WILLIAM N. SPELLACY, M.D., Chicago, IL Vice-President

C. DONALD CHRISTIAN, M.D., Tucson, AZ Director of Evaluation

JOHN H. ISAACS, M.D., Maywood, IL Treasurer T. TERRY HAYASHI, M.D., Pittsburgh, PA

Chairman of the Board

F7558

THE AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY, INC.

4507 University Way N.E., Sulte 204, Seattle, WA 98105

December 15, 1987

JAMES A. MERRILL, M.D. Executive Director

TO: Robert Paul Cervenka

FROM: James A. Merrill, M.D., Executive Director

Congratulations! In recognition of your fulfillment of all requirements, you are now a certified Diplomate of The American Board of Obstetrics and Gynecology, Inc. On the enclosed card, please type your name as you wish it to appear on your diploma and indicate the address to which your diploma should be mailed. The completed card should be returned to this office by January 15, 1988.

The names of Diplomates certified in December 1987 will be published officially in early issues of The American Journal of Obstetrics and Gynecology and Obstetrics and Gynecology. A list of newly certified Diplomates is also forwarded to the bibliographic services of the AMA, The American Board of Medical Specialties, and to the publishers of the Directory of Medical Specialists.

Your name will be included in all four listings, PROVIDED you indicated (on the form you signed before taking the oral examination) permission for the Board to include your name in the lists to be published.

PLEASE KEEP THE BOARD OFFICE INFORMED OF A CHANGE IN YOUR ADDRESS. We are hoping that you will maintain an active interest in the specialty and that you will continue to improve the care of Obstetrics and Gynecology patients.

JAM:rdb

Enclosure: Diploma Request Card

Board action following meeting. 7-10 days to be notification of Bc



#Policing Hampshire of Aegistration in Oliv State of Menu **drard**

Application No. 150 08/6 11 Spi

ij ъ State apply*

Medicine [as a Bostor of Osteopathy] ** and submit the following proofs, as required by the rules and regulations, formulated in accordance with the laws of the State of New Hampshire, and enclose a certified check or postal or express money order for the regular fee of \$150.00 (U. S. Funds) No Refunds. 1. Personal Particulars
ERT PAUL CERVENKA, M.P.
Date of birth (City town or county) (State or foreign country) If foreign born, date and place of naturalization as a citizen of the United States: Date
Place
Age at last Sex Sex
2. Academic Education: Name and Location of Institutions attended. SMORY UNIVERSITY ATTACHER GEORGIA
Academic degree of B.S., received from EMORY UNIVERSITY 1976
3. Medical Education: Name and Location of All Institutions attended. UNIVERSITY OF MARYCAND PARTON AND
Degree of Doctor of Medicine [Ottopostry] received from UNIVERSITY OF MARY AMD
BALTIMORE MARKLAND 1980 BUCKER ONIVERSITY OF CHICAGO
HOSPITALS AND CLINICS - CHICAGO, ILLLINOS
Examined and licensed in the States of THE WOLS
4. Certificate of Medical Educationt: NOTARVZED PHOTOCOPYOF DIPLOMA
It is hereby certified that
at (p)
on
on
Doctor of Medicine [Osteopathy].
President; Secretary or Dean. [SEAL]

The seal of the institution must be affixed

t the appropriate words as indicated herein. Board may be College or School showing what preliminary Board may at its discretion require a slip or leaf from Prospectus of College or School showing what preliminary s required to enter, and what medical study and standard are required for graduation. striking out ‡ The B education is

examination and for applicants for registration without examination. whether the application is for a doctor of medicine or doctor of osteopathy by *This form

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3	. Certified Copy of State or National Board License or	(Civil)
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STATE OF THE TOOLS STATE OF THE TOOLS County of COOK AT CHICAGO LYING THE REST being duly swom, says' that he is DROGRAM DIRECTOR of the CHICAGO LYING TAN Hospital located TOWN CERNENKA NOTS TOWN TO Service (atraiget organis) Tope of service (atraiget organis) Medicine 2 Onclearyse-thmosey Bentacion Octaryse-thmosey Onclearyse-thmosey Onclearyse-thmosey Onclearyse-thmosey Onclearyse-thmosey Onclearyse-thmosey Rectical Director) Onclearyse-thmosey Onclearyse-thmosey Rectical Director) Onclearyse-thmosey Onclearyse-thmosey Rectical Director) Onclearyse-thmosey Rectical Director) Onclearyse-thmosey Onclearyse-thmose	Type of service (straight) or rotating) Division of service (medical, surgical, etc.) OB - 6 VN If rotating, specify (in months) time devoted to: Medicine Surgery Opto-laryngo-rhinology Obstetrics Gynecology Psychiatry Rediatrics Rediatrics Rediatrics Rediatrics Rediction M. D. [197] Sworn to before me this Notary Public: [SEAL]
--	--

STATE OF
County of being
City, County, Registration District, Province, State) of and custodian of the records of birth bearing the name of
(give name exactly as it appears on the record)
on the Town of County of State of
Gity d of
and
appears that said official record of birth was filed on (month) (day)
Sworn to before me this
SEAL)
it of Physician.
7 7 7 7 7 7
1, 2α/s A. C(B/LS M. D. [p-α.] of · · · · · · · · · · · · · · · · · ·
nted w
[osteopathy] in the State [Province] of
day of James
Commission Expires May 4, 1986
11. Affidavit of Physician. STATE OF TLINOIS
County of San-Lian Jama M. Different of
a do hereby certify: that I am acquainted v
[Province] of Illings and that I kn
be a physician [estemperate physician] of good moral characters.
Standing. S. A. A. M. D. [1998]
Sworn to before me this day of Sworn to before me this [SEAL]

OF

NOTARIZED

9. Affidavit of Registrar

addression.

STATE OF
County ofss.
being duly sworn, says that he is President or Secretary of the
Medical [Osteopathic] Society, and that
said Medical [Osteopathic] Society and that he is an ethical practitioner of good moral character.
M. D. [D. O.]
Sworn to before me this
[SEAL]
13. Affidavit of the Applicant: STATE OFLL_L\DOTS
County of ss.
ROBERT PAUL CERVENKA, M.D. OF
being duly sworn says that he is the person referred to in the above application for a license to prac-
tice medicine as a Doctor of Medicine [asta Dector of Osteopathy] in the State of New Hampshire;
that he is a citizen of the United States [of Canada in the province of
ROBERT PHUL CERNEAMA.
[or proof of citizenship]; that he has studied the treatment of human ailments not less than four school years prior to receiving the
degree of Doctor of Medicine [Osteopathy]; that all the statements herein contained respecting age, citizenship, residence, academic and medical education, internship, state or national board examination and Ilcense, good professional standing, and any other statements made on said application or attached hereto are each and all true in every respect, and that no disciplinary action has been brought
against him by any State, county or local medical society. He further says that he has never been an inmate in an institution for treatment for insanity, drug
addiction, or inebriety, except as follows: and that he has never been convicted, nor fined, nor imprisoned, nor placed on probation, nor has he ever forfeited collateral for breach or violation of any law or police regulation or ordinance whatsoever
except as follows:
LOS EN BOLD (M.D. M. D. [D. 0.]
Sworn to Defore me this 19 99
[SEAL] C. Notary Public.
1986 A 19

ij

BOARD OF REGISTRATION IN MEDICINE THE STATE OF NEW HAMPSHIRE

5. 10117

19.24 Application approved [denied] 19.24 Examination 19.24 Examination 19.24 Examination 19.24 Examination 19.24 Examination 19.24 Accepted without examination 19.24 License granted 2.16.25 Examination 19.25 License No. (28.58)		25.57.7.7.5. C	Applicant Please do not write above this line
llowin	Cash Express Other		
Application received 131 Application examined 2/3 Candidate interviewed 2/3 by DA. Roked L.	Form order Check Cash Express Other of fee of fee Semarks: # All Man		





MAY 2 5 1992	
	Retired?
Practice? PrivateOther (Specify) ARE YOU CERTIFIED BY THE AMERICAN BOARD OF MEDICAL SPECIALTY YESNO IF YES, DESIGNATE SPECIALTY	64N (OBG)
SOCIAL SECURITY NUMBER	
I do not intend to renew by license - please place my license on inac	ctive.
TO TIME 30 1992.	
\$75.00 DUE AND PAYABLE PRIOR TO JUNE 36, 255.00 RENEWAL FEE + \$75.00 LATE FEE FOR ALL RENEWAL CARDS I	RECEIVED AFTER JULY 1, 1992.
MAKE CHECK PAYABLE TO: TREASURER, STATE OF NH	5 I
	CHANGE OF ADDRESS
A CONTRACTOR OF THE PARTY OF TH	
ROBERT ROCKY ROLD	K
120 ASSESSED TO SECURITY OF THE PROPERTY OF TH	
MANCHESTER NH .Q31C3	

To the

DURING THE LAST REGISTRATION PERIOD:

	HAS ANY ACTION, INCLUDING ANY DISCIPLINARY ACTION OR LIMITATION OR		,
	RESTRICTION, OR ANY AGREEMENT FOR ANY REASON INCLUDING REHABILITATION		
- 6	BEEF TAKEN OR ENTERED BY A LICENSING BOARD?	YES	NO
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	HAS THERE BEEN ANY DENIAL, RESTRICTION, SUSPENSION OR LOSS/		
		YES	NO
	REVOCATION OF YOUR DEA?		
	A AND GUIDAGAL SUBSTANCES	YES	V NO
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	FOR LICENSURE OR COMPETENCY DETERMINATION?	YES	NO
	HAVE YOU BEEN HOSPITALIZED OR TREATED WITH MEDICATION FOR ANY		1
•	PSYCHIATRIC, NEUROLOGICAL, OR COMMUNICABLE ILLNESS POR A PERIOD		
	EXCEEDING THIRTY DAYS?	YES	ио
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	Y	12	/
7.	HAVE YOU EVER BEEN REPORTED TO THE NATIONAL PRACTITIONER DATA	YES	V 140
	BANK?	162	
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8.	ARE YOU OR HAVE YOU BEEN THE SUBJECT OF AN INVESTIGATION OR		1
٠.	DISCIPLINARY PROCEEDING, BY ANY HOSPITAL, PROFESSIONAL SOCIETY,		. /
	OR OTHER HEALTH CARE FACILITY?	YES	NO NO
	OK OTREK REALTH CARD THOUSETT		,
	HAVE ANY HOSPITAL PRIVILEGES BEEN SUSPENDED, LIMITED OTHER THAN		. /
9.	HAVE ANY HOSPITAL PROVIDENCES BEEN BOST ENDED, DESCRIPTION	YES	NO
	FOR MEDICAL RECORDS VIOLATIONS, OR DENIED.		
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16	THE ANSWER IS YES, PLEASE FILE A WRITTEN EXPLANATION.		
	7%		
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	N. Caranta and T.		wasr
E	HEREBY CERTIFY, UNDER PENALTY OF PERIURY, THAT ALL DIFORMATION ON THIS PO	RM IS CURRENT	.Б.Y
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	IST ALL HOSPITAL AFFILIATIONS: Elliot Hospi	tal	
L	IST ALL HOSPITAL AFFILIATIONS:		
	× ×		

06/30/1994 Board of Registration in Medicine

EXPIRES:

	Please check appropriate mailing address.
	Name in full Robert P. Cervenka, m.D.
	Place of employment 150 Tarrytown Rd.
	Manchester, New Hampshire 03103
	Business Tel: 603-622-3162
ROBERT P CERVENKA MD 150 TARRYTOWN RD	Home Address
MANCHESTER NH 03103-2713	
	Home Tel:

Practice? Private Other (Specify) Retired?	
ractice? Private Other (Specify) Heritage Specialty OB - GYN Board Certified? If yes, designate specialty	
Social Security #	
I DO NOT intend to renew my license - please place my license on inactive status. Iist all hospital affiliations:	
n what other states do you hold license:	
1. HAS ANY ACTION, INCLUDING ANY DISCIPLINARY ACTION, LIMITATION, RESTRICTION, OR AN AGREEMENT FOR ANY REASON INCLUDING REHABILITATION BEEN TAKEN OR ENTERED BY A LICENSING BOARD? 2. HAVE YOU EVER BEEN DENIED OR YOU HAVE SURRENDERED A LICENSE IN ANY OTHER STATE? 3. HAS THERE BEEN ANY DENIAL, RESTRICTION, SUSPENSION OR LOSS/REVOCATION OR YOUR DEA? 4. HAVE YOU BEEN TREATED FOR USE OR MISUSE OF ANY CHEMICAL SUBSTANCE? 5. HAVE YOU FAILED A WRITTEN (INCLUDING SPEX) OR ORAL EXAMINATION OR LICENSURE OR COMPETENCY DETERMINATION?. 6. HAVE YOU EVER HAD ANY EMOTIONAL DISTURBANCE OR MENTAL ILLNESS WHICH HAS IMPAIRED YOUR ABILITY TO PRACTICE MEDICINE?. 7. HAVE YOU BEEN FOUND GUILTY OR ENTERED A PLEA OF NO CONTEST TO ANY FELONY, OR TO A MISDEMEANOR? 8. HAVE YOU EVER BEEN REPORTED TO THE NATIONAL PRACTITIONER DATA BANK?. 9. ARE YOU NOW OR HAVE YOU EVER BEEN THE SUBJECT OF AN INVESTIGATION OR DISCIPLINARY PROCEEDING? 10. HAVE ANY HOSPITAL PRIVILEGES BEEN SUSPENDED OR LIMITED OTHER THAN FOR MEDICAL RECORDS VIOLATIONS, OR HAVE ANY PRIVILEGES BEEN DENIED OR SURRENDERED? 11. HAVE ANY MEDICAL MALPRACTICE CLAIMS EVER BEEN MADE AGAINST YOU?	1. YES NO 2. YES NO 4. YES NO 5. YES NO 6. YES NO 7. YES NO 9. YES NO 10. YES NO
IF THE ANSWER IS YES TO ANY OF THESE QUESTIONS, PLEASE FILE A WRITTEN EXPLANATION	
HEREBY CERTIFY UNDER PENALTY OF CERTIFIERY THAT ALL INFORMATION ON THIS FORM IS CURRENTLY ACCURATE. 1 29 9 3 Signature of Changes (Signature Stamp Not Alexander)	

Retired?

1			
√.	- MAY	0 2	1994
	06,	/30/	1995

Board of Registration in Medicine

EXPIRES:

		Please check appropriate mailing address.
	,	Name in full Robert P. Cervenka
		Place of employment Manchester @Bstedricalles
		150 Tarry town Rd., Manchester 0310:
PODERM D CERLENINA MO		Business Tel: 622 316 2
ROBERT P CERVENKA MD 150 TARRYTOWN RD		Home Address
MANCHESTER NH 03103-2713		-
n e		Home Tel:

	3			
HAVE YOU BEEN CONTINUOUSLY ENGAGED IN THE ACTIVE PRACTICE OF MEDICINE? YESNO IF NO, PLEASE EXPLAIN	1 to	RENEWAL FEE: \$	s100_00	
SPECIALTY OB/64N BOARD CERTIFIED? YES	9 0	61 - 21	92	¥
LIST ALL HOSPITAL AFFILIATIONS:	K 50 101 - 8 101 - 8		n *	
N WHAT OTHER STATES DO YOU HOLD LICENSE: NOME	2.0	927		
N THE PAST 12 MONTHS:	1	* * * :	4. 4	
1. HAS ANY ACTION, INCLUDING ANY DISCIPLINARY ACTION, LIMITATION, RESTRICTION, OR AN AGREEMENT FOR ANY REASON INCLUDING REHABILITATION BEEN TAKEN OR ENTERED BY A LICENSING BOARD? 2. HAVE YOU BEEN DENIED OR HAVE YOU SURRENDERED A LICENSE IN ANY STATE OTHER THAN FOR RELOCATION OR RETIREMENT? 3. HAS THERE BEEN ANY DENIAL, RESTRICTION, SUSPENSION OR LOSS/REVOCATION OF YOUR DEA? 4. HAVE YOU BEEN TREATED FOR USE OR MISUSE OF ANY CHEMICAL SUBSTANCE? 5. HAVE YOU BEEN TREATED FOR USE OR MISUSE OF ANY CHEMICAL SUBSTANCE? 6. HAVE YOU BEEN FOUND GUILTY OR ENTERED A PLEA OF NO CONTEST TO ANY FELONY, OR TO A MISDEMEANOR? 7. HAVE YOU BEEN REPORTED TO THE NATIONAL PRACTITIONER DATA BANK? IF YES, PLEASE SUBMIT A COPY OF THE REPORT 7. HAVE YOU BEEN THE SUBJECT OF AN INVESTIGATION OR DISCIPLINARY PROCEEDING? 7. HAVE YOU BEEN THE SUBJECT OF AN INVESTIGATION OR DISCIPLINARY PROCEDING? 7. HAVE YOU BEEN THE SUBJECT OF AN INVESTIGATION OR DISCIPLINARY PROCEDING? 7. HAVE YOU BEEN THE SUBJECT OF AN INVESTIGATION OR DISCIPLINARY PROCEDING? 8. HAVE YOU BEEN THE SUBJECT OF AN INVESTIGATION OR DISCIPLINARY PROCEDING? 9. HAVE ANY HOSPITAL PRIVILEGES BEEN SUSPENDED, LIMITED, OR DENIED OTHER THAN FOR MEDICAL RECORDS VIOLATIONS, OR HAVE YOU BEEN PLACED ON ADMINISTRATIVE LEAVE? 10. HAVE ANY MEDICAL MALPRACTICE CLAIMS BEEN MADE AGAINST YOU? SEE ATTACHED REPORTING FORM		1.	NO N	ro.
IF THE ANSWER IS YES TO ANY OF THESE QUESTIONS, PLEASE FILE A WRITTEN EXPLANATION.	9.2	9 11 9	x 8	*)
Signature of Licensee (Signature Starm) Not Assemble William And Date		- " " " " " " " " " " " " " " " " " " "	* ,*	9*
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MAY 26 1995

STATE OF NEW HAMPSHIRE

06/30/1996

6858

EXPIRES:

Board of Registration in Medicine

		Please check appropriate mailing address.
		Name in full Robert P. Cervenka Place of employment 150 Tarrytown Rd
*	411	Marchester 104 03103
		Business Tel: 603-602-3162
ROBERT P CERVENKA MD 150 TARRYTOWN RD MANCHESTER NH 03103-2713		Home Address
	Si Si	Home Tel:

HAVE YOU BEEN CONTINUOUSLY ENGAGED IN THE ACTIVE PRACTICE OF MEDICINE? YES NO IF NO, PLEASE EXPLAIN SPECIALTY DB - GY 1 BOARD CERTIFIED?	RENEWA	L FEE: \$100.00)
BOARD CERTIFIED? I DO NOT INTEND TO RENEW MY LICENSE - PLACE MY LICENSE ON INACTIVE STATUS. LIST ALL HOSPITAL AFFILIATIONS: IN WHÂT OTHER STATES DO YOU HOLD LICENSE:			je.
IN THE PAST 12 MONTHS:			
1. HAS ANY ACTION, INCLUDING ANY DISCIPLINARY ACTION, LIMITATION, RESTRICTION, OR AN AGREEMENT FOR ANY REASON INCLUDING REHABILITATION BEEN TAKEN OR ENTERED BY A LICENSING BOARD? 2. HAVE YOU BEEN DENIED OR HAVE YOU SURRENDERED A LICENSE IN ANY STATE OTHER THAN FOR RELOCATION OR RETIREMENT? 3. HAS THERE BEEN ANY DENIAL, RESTRICTION, SUSPENSION OR LOSS/REVOCATION OF YOUR DEA? 4. HAVE YOU BEEN TREATED FOR USE OR MISUSE OF ANY CHEMICAL SUBSTANCE? 5. HAVE YOU BEEN TREATED FOR USE OR MISUSE OF ANY CHEMICAL SUBSTANCE? 6. HAVE YOU BEEN FOUND GUILTY OR ENTERED A PLEA OF NO CONTEST TO ANY FELONY, OR TO A MISDEMEANOR? 7. HAVE YOU BEEN REPORTED TO THE NATIONAL PRACTITIONER DATA BANK? IF YES, PLEASE SUBMIT A COPY OF THE REPORT 8. HAVE YOU BEEN THE SUBJECT OF AN INVESTIGATION OR DISCIPLINARY PROCEEDING? 9. HAVE ANY HOSPITAL PRIVILEGES BEEN SUSPENDED, LIMITED, OR DENIED OTHER THAN FOR MEDICAL RECORDS VIOLATIONS, OR HAVE YOU BEEN PLACED ON ADMINISTRATIVE LEAVE? 10. HAVE ANY MEDICAL MALPRACTICE CLAIMS BEEN MADE AGAINST YOU? SEE ATTACHED REPORTING FORM	1. 2. 3. 4. 5. 6. 7. 8. 9.	YES	000000000000000000000000000000000000000
I HEREBY DERTIFY, UNDER PENALTY OF PERJUSY, THAT ALL INFORMATION ON THIS FORM IS CURRENTLY ACCURATE. Signature of the Correcte (Signature Stamp Hot Accepted) Date			

Board of Medicine

	196
EXPIRES:	06/30/199

		Please check appropriate mailing address.	
C 8		Name in full Rabert P. Cervenka	
125	_ X	Place of employment 150 Tarry town Re	sac
		Manchester NH 03103	
•		Business Tel: 603-622-3162	
ROBERT P CERVENKA MD 150 TARRYTOWN RD		Home Address _	
MANCHESTER NH 03103-2713		V alential UP 	
THE TOTAL STATE OF THE PARTY OF		Home Tel:	

HAVE YOU BEEN CONTINUOUSET ENGAGED IN THE ACTIVE THACTION OF THE SOURCE	RENEWAL FEE:	\$100.00
SPECIALTY OB-64N BOARD CERTIFIED? YES 1 DO NOT INTEND TO RENEW MY LICENSE PLACE MY LICENSE ON INACTIVE STATUS. LIST ALL HOSPITAL AFFILIATIONS: Elliot Hospital, CMC		
IN WHAT OTHER STATES DO YOU HOLD LICENSE:		
IN THE PAST 12 MONTHS: 1. HAS ANY ACTION, INCLUDING ANY DISCIPLINARY ACTION, LIMITATION, RESTRICTION, OR AN AGREEMENT FOR ANY REASON INCLUDING REHABILITATION BEEN TAKEN OR ENTERED BY A LICENSING BOARD? 2. HAVE YOU BEEN DENIED OR HAVE YOU SURRENDERED A LICENSE IN ANY STATE OTHER THAN FOR RELOCATION OR RETIREMENT? 3. HAS THERE BEEN ANY DENIAL, RESTRICTION, SUSPENSION OR LOSS/REVOCATION OF YOUR DEA? 4. HAVE YOU BEEN TREATED FOR USE OR MISUSE OF ANY CHEMICAL SUBSTANCE? 5. HAVE YOU BEEN TREATED FOR USE OR MISUSE OF ANY CHEMICAL SUBSTANCE? 6. HAVE YOU BEEN FOUND GUILTY OR ENTERED A PLEA OF NO CONTEST TO ANY FELONY, OR TO A MISDEMEANOR? 7. HAVE YOU BEEN REPORTED TO THE NATIONAL PRACTITIONER DATA BANK? IF YES, PLEASE SUBMIT A COPY OF THE REPORT 8. HAVE YOU BEEN THE SUBJECT OF AN INVESTIGATION OR DISCIPLINARY PROCEEDING? 9. HAVE ANY HOSPITAL PRIVILEGES BEEN SUSPENDED, LIMITED, OR DENIED OTHER THAN FOR MEDICAL RECORDS VIOLATIONS, OR HAVE YOU BEEN PLACED ON ADMINISTRATIVE LEAVE?	1. — YE 2. — YE 3. — YE 4. — YE 5. — YE 6. — YE 7. — YE 8. — YY 10. — YY	NO NO
10. HAVE ANY MEDICAL MALPRACTICE CLAIMS BEEN MADE AGAINST YOU? SEE ATTACHED REPORTING FORM IF THE ANSWER IS YES TO ANY OF THESE QUESTIONS, PLEASE FILE A WRITTEN EXPLANATION. I HEREBY CERTIFY, UNDER PENALTY OF PEDICITY THAT ALL INFORMATION ON THIS FORM IS CURRENTLY ACCURATE. SIGNATURE OF Licensee (Signature Stamp Not Accepted) Date		

7558

Board of Medicine

EXPIRES:

6/30/98

	Please check appropriate mailing address.
51	Name in full Robert P. Cervenka, MD
	Y Place of employment 150 Tarrytown Road
,	Manchester NH 03104
ROBERT P CERVENKA, MD	Business Tel: 603-622-316-2
150 TARRYTOWN RD	Home Address
MANCHESTER NH 03103-2713	
	Home Tel:

HAVE YOU BEEN CONTINUOUSLY ENGAGED IN THE ACTIVE PRACTICE OF MEDICINE? YES VO IF NO, PLEASE EXPLAIN SPECIALTY DB - G YN BOARD CERTIFIED? VES 1987	RENEWAL FEE:	\$100,00
LIST ALL HOSPITAL AFFILIATIONS: Elliot Hospital	E:	
IN WHAT OTHER STATES DO YOU HOLD LICENSE: None		
IN THE PAST 12 MONTHS:	31	
1. HAS ANY ACTION, INCLUDING ANY DISCIPLINARY ACTION, LIMITATION, RESTRICTION, OR AN AGREEMENT FOR ANY REASON INCLUDING REHABILITATION BEEN TAKEN OR ENTERED BY A LICENSING BOARD? 2. HAVE YOU BEEN DENIED OR HAVE YOU SURRENDERED A LICENSE IN ANY STATE OTHER THAN FOR RELOCATION OR RETIREMENT? 3. HAS THERE BEEN ANY DENIAL, RESTRICTION, SUSPENSION OR LOSS/REVOCATION OF YOUR DEA? 4. HAVE YOU BEEN TREATED FOR USE OR MISUSE OF ANY CHEMICAL SUBSTANCE? 5. HAVE YOU BEEN TREATED FOR USE OR MENTAL ILLNESS WHICH HAS IMPAIRED YOUR ABILITY TO PRACTICE MEDICINE? 6. HAVE YOU BEEN FOUND QUILITY OR ENTERED A PLEA OF NO CONTEST TO ANY FELONY, OR TO A MISDEMEANOR? 7. HAVE YOU BEEN REPORTED TO THE NATIONAL PRACTITIONER DATA BANK? IF YES, PLEASE SUBMIT A COPY OF THE REPORT 8. HAVE YOU BEEN THE SUBJECT OF AN INVESTIGATION OR DISCIPLINARY PROCEEDING? 9. HAVE ANY HOSPITAL PRIVILEGES BEEN SUSPENDED, LIMITED, OR DENIED OTHER THAN FOR MEDICAL RECORDS VIOLATIONS, OR HAVE YOU BEEN PLACED ON ADMINISTRATIVE LEAVE? 10. HAVE ANY MEDICAL TOO PRACTICE CLAIMS BEEN MADE AGAINST YOU? SEE ATTACHED REPORTING FORM IF THE ANSWER IS YET TO ANY THESE QUESTIONS, PLEASE FIVE A WRITTEN EXPLANATION.	1. — YES 2. — YES 3. — YES 4. — YES 5. — YES 6. — YES 7. — YES 9. — YES	S NO S NO S NO
Signature of Ucensee (Signature Stamp Not Accepted) Date		



Telephone #: 603-271-6934

BOARD OF MEDICINE
2 Industrial Park Drive, Suite 8
Concord, NH 03301-8520

		1.0	RENEWAL	APPLICATION			***	
For expir	ation on:	6/30/1999				Renewal Fee	: \$100.00	
If	you choose n	ish to renew yo ot to renev , yo a reinstatement		k here. Let oe placed on inactive	e status.	To reactivate	the license, you	
The folloany neces	owing informates	s. Please note	that pursuant to	n on file for you with RSA 329:16-f, all lithin 30 days of the c	icensees	ard of Medici must inform t	ne. Please mak he Board of any	÷
S	pecialty:	OBG		Board Certified: (Y/ Please list ABMS Bo	4000	cialty: OB		
L	icensed in the	states of: (2 le	tter state abbrev	r.)				
Please m	ark the box n	ext to the addr	ess you would	prefer to list as your	r mailing	g address.		
License #	#: 6858			File #: 7558				
V	Vork Address:			Home A	Address:		= :	
		BERT P CERVEN TARRYTOWN R						
	MA	nchester, nh	03103-2713					
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Η	Iospital Affili	ations: (If not	a NH hospital,	please list city and	state wh	nere hospital	is located.)	
	ELI	LIOT HOSPITAL						
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Please answer each of the following questions. If your answer to any question is "Yes", you must provide a complete written explanation of the circumstances including any required documents. <u>DO NOT RESUBMIT INFORMATION REPORTED ON A PRIOR RENEWAL APPLICATION.</u>

In	the past 12 months:	YES	NO
1.	Have you been subject to any disciplinary action, limitation, restriction, or agreement for any reason, including rehabilitation by a licensing board?		V
2.	Have you been denied or have you surrendered a license in any state other than for relocation or retirement?		~
3.	Have you been subject to any denial, restriction, suspension or loss/revocation of your DEA certificate?		V
4.	Have you been treated for use or misuse of any chemical substance?		
5.	Have you had any emotional disturbance or mental or physical illness which has impaired your ability to practice medicine?		_/
6.	Have you been found guilty or entered a plea of no contest to any felony or misdemeanor?		
	Have you been reported to the National Practitioner's Data Bank? If yes, please submit a copy of the report.		V
8.	Have you been the subject of an investigation or disciplinary proceeding?		\checkmark
9.	Have any hospital privileges been suspended, limited, or denied other than for medical records violations, or have you been placed on administrative or medical leave?		~
10	. Have any medical malpractice claims been made against you? See attached reporting form.	<u> </u>	
	ing process of the state of the	5.	
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	HEREBY CERTIFY UNDER PENALTY OF PERJURY, THAT ALL INFORMATION ON THE STRENTLY ACCURATE.	HIS FO	ORM IS
Sig	enature of Licensee (Signature Stamp Not Accepted) Date	0	



BOARD OF MEDICINE

2 Industrial Park Drive, Suite 8 Targe 11 at Concord, NH 03301-8520 as rewrite again

FORMATION REPORTED ON A PENOTRADIAGGA LAWSGING. Renewal Fee: \$100.00 For expiration on: 6/30/2000 in the past 12 months: If you do not wish to renew your license, check here. If you choose not to renew, your license will be placed on inactive status. To reactivate the license, you will be required to file a reinstatement application. reason, including rehabilitation by a licensing board? The following information represents the information on file for you with the Board of Medicine. Please make any necessary changes. Please note that pursuant to RSA 329:16-f, all licensees must inform the Board of any change in address within 30 days of the change. 3. Have you been subject to any denial restriction suspension or loss/revocation of your Board Certified: (Y/N) Specialty: OBG Please list ABMS Board Specialty: OBG I'm a year bean (reated for use or misuse of any chemical sa Licensed in the states of: (2 letter state abbrev.) Please mark the box next to the address you would prefer to list as your mailing address. File #: 7558 License #: 6858) remed to any felony or misdemeasurer 8686 Data Bunk? If yes, please submit a copy of the report ROBERT P CERVENKA, MD 150 TARRYTOWN RD ibecome yabiliquely to material the material transfer of the processing and processing the pro MANCHESTER, NH 03103-2713 Phone: Phone: 603*627-9775 percess available in the sale asset more avail so another overbearing hyoric Son attached reporting forth Hospital Affiliations: (If not a NH hospital, please list city and state where hospital is located.) **ELLIOT HOSPITAL** DER BERGETY OF PERSONY, THAT ALL INFORMATION ON THIS FORM IS

BOARD OF MEDICINE 2 industrial Park Driver, Suito 8



STATE OF NEW HARPSHIRE

Please answer each of the following questions. If your answer to any question is "Yes", you must provide a complete written explanation of the circumstances including any required documents. <u>DO NOT RESUBMIT</u> INFORMATION REPORTED ON A PRIOR RENEWAL APPLICATION.

In the past 12 months:		mediculas 10 T YES NO
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or retirement?	surrendered a license in any state other than for relocation	
DEA certificate?	l, restriction, suspension or loss/revocation of your	unwine 🗸
4. Have you been treated for use or mi	suse of any chemical substance?	
5. Have you had any emotional disturb your ability to practice medicine?	pance or mental or physical illness which has impaired	13 Mary 24
6. Have you been found guilty or enter	red a plea of no contest to any felony or misdemeanor?	
7. Have you been reported to the Natio	onal Practitioner's Data Bank? If yes, please submit a	
8. Have you been the subject of an inv		<u> </u>
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10. Have any medical malpractice clain	ns been made against you? See attached reporting form.	
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I HEREBY CERTIFY UNDER PENAL CURRENTLY ACCURATE.	LTY OF PERJURY, THAT ALL INFORMATION ON TH	IIS FORM IS
A Broth Clark	(1 million 1 mi	7
Signature of Licensee (Signature Stamp	Not Accepted) Date	



BOARD OF MEDICINE

Telephone #: 603-271-6934

2 Industrial Park Drive, Suite 8 Concord, NH 03301-8520

	RENEWA	L APPLICATION	and the second
For expiration on:	6/30/2001		Renewal Fee: \$100.00
If you do no	ot wish to renew your license, ch	eck here.	To recetive the license you
If you choo will be required to	se not to renew, your license will file a reinstatement application.	·	To reactivate the needse, you
The following info	ormation represents the informatinges. Please note that pursuant change in address v	to RSA 329:16-f, all licensees within 30 days of the change.	must inform the Board of any
Specialty:	OBG	Board Certified: (Y/N) Y Please list ABMS Board Spe	ecialty: OBG
Licensed in	the states of: (2 letter state abbr	ev.)	71 11 11 11
Please mark the b	ox next to the address you woul	d prefer to list as your mailing	g address.
License #: 685	8. Expression in the trace of pair and B	File #: 7558	e fatte wer in terr fandig terstif in t
	work Address of quantum Calmadia.	nessitive share transcered a last	? Have you been reported to t
1 N	ROBERT P CERVENKA, MD		· · · · · · · · · · · · · · · · · · ·
	150 TARRYTOWN RD	t de parti d'arrenna plan e mili un e	k Barbelan, 1. menes
X	MANCHESTER, NH 03103-2713 Phone: 603*6279775	, content of the Phone: Action who we be stipliced out	tremater is very val
	622-3162	्र क्षित्र विकास सम्बद्धी के क्षेत्रकार करने	डिजार्क पा िक्स्ट्रिय अन्य केश्बी र सि
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Please answer each of the following questions. If your answer to any question is "Yes", you must provide a complete written explanation of the circumstances including any required documents. <u>DO NOT RESUBMIT INFORMATION REPORTED ON A PRIOR RENEWAL APPLICATION.</u>

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1. Have you been subject to any disciplinary action, limitation, resti		
2. Have you been denied or have you surrendered a license in any so or retirement?		ibn
3. Have you been subject to any denial, restriction, suspension or lo DEA certificate?	oss/revocation of your ଧଣଠ	visit source V
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6. Have you been found guilty or entered a plea of no contest to any	y felony or misdemeanor?	č80
7. Have you been reported to the National Practitioner's Data Bank copy of the report.	winduz salq, say li ?	
8. Have you been the subject of an investigation or disciplinary pro	150 TARRYTOWYS RIbeso	
9. Have any hospital privileges been suspended, limited, or denied records violations, or have you been placed on administrative or	Phone: Saves lastbom	·
10. Have any medical malpractice claims been made against you? S	ee attached reporting forn	n
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I HEREBY CERTIFY UNDER PENALTY OF PERJURY, THAT A CURRENTLY ACCURATE.	ALL INFORMATION ON	N THIS FORM IS
aux VI lunt	04-04-	20
Signature of Licensee (Signature Stamp Not Accepted)	Date	



BOARD OF MEDICINE
2 Industrial Park Drive, Suite 8
Concord, NH 03301-8520

Telephone #: 603-271-6934

RENEWAL APPLICATION Renewal Fee: \$150.00 For expiration on: (date)/30/2002 If you **DO NOT** wish to renew your license, check here. If you choose not to renew, your license will be placed on inactive status. To reactivate the license, you will be required to file a reinstatement application. The following information represents the information on file for you with the Board of Medicine. Please make any necessary changes. Please note that pursuant to RSA 329:16-f, all licensees must inform the Board of any change in address within 30 days of the change. Board Certified: (Y/N) Y Specialty: **OBG** Please list ABMS Board Specialty: OBG Licensed in the states of: (2 letter state abbrev.) Please mark the box next to the address you would prefer to list as your mailing address. File #: 7558 6858 License #: Home Address Work Address ROBERT P CERVENKA, MD 150 TARRYTOWN RD Phone: MANCHESTER, NH 03103-2713 Phone: 603*622-3162 Hospital Affiliations: (If not a NH hospital, please list city and state where hospital is located.) ELLIOT HOSPITAL-MANCHESTER, NH Catholic Medical Center

Please answer each of the following questions. If your answer to any question is "Yes", you must provide a complete written explanation of the circumstances including any required documents. <u>DO NOT RESUBMIT INFORMATION REPORTED ON A PRIOR RENEWAL APPLICATION.</u>

In	the past 12 months:	YES	NO
1.	Have you been subject to any disciplinary action, limitation, restriction, or agreement for any reason, including rehabilitation by a licensing board?		_
2.	Have you been denied or have you surrendered a license in any state other than for relocation or retirement?		_/
3.	Have you been subject to any denial, restriction, suspension or loss/revocation of your DEA certificate?		_
4.	Have you been treated for use or misuse of any chemical substance?		V
5.	Have you had any emotional disturbance or mental or physical illness which has impaired your ability to practice medicine?		_
6.	Have you been found guilty or entered a plea of no contest to any felony or misdemeanor?		
7.	Have you been reported to the National Practitioner's Data Bank? If yes, please submit a copy of the report.		
8.	Have you been the subject of an investigation or disciplinary proceeding?		<u>/</u>
9.	Have any hospital privileges been suspended, limited, or denied other than for medical records violations, or have you been placed on administrative or medical leave?		<u> </u>
10	. Have any medical malpractice claims been made against you? See attached reporting form.		
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	IEREBY CERTIFY UNDER PENALTY OF PERJURY, THAT ALL INFORMATION ON THE JRRENTLY ACCURATE.	HIS FO	ORM IS
	3/28/01		
Sig	gnature of Licensee (Signature Stamp Not Accepted) Date		

MAR 1 3 2002

STATE OF NEW HAMPSHIRE

Telephone #: 603-271-6934



BOARD OF MEDICINE 2-Industrial Park Drive, Suite 8 Concord, NH 03301-8520

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	_ I	RENEWA	L APPLICATION	
For expiration or	1: 6/30/2003	- andre i		Renewal Fee: \$150.00
If you D (NOT wish to renew yo	our license,	check here.	x 0 V
				To reactivate the license, you
	to file a reinstatement ap			2 * x
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The following in any necessary c	hanges. Please note that	pursuant to	on on file for you with the Book RSA 329:16-f, all licensees ithin 30 days of the change.	oard of Medicine. Please make s must inform the Board of any
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Specialty	: OBG		Board Certified: (Y/N)	
974			Please list ABMS Board Sp	ecialty: OBG
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Licensed	in the states of: (2 letter	state abbre	v.)	
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Please mark the	box next to the address	vou would	prefer to list as your mailin	g address.
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	MANCHESTER, NH 031	03-2713		The same of
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	Phone: 603*622-3162			
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54	ELLIOT HOSPITAL-MA			CTR -
	MANCHESTER, NH	M25454		
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Please answer each of the following questions. If your answer to any question is "Yes", you must provide a complete written explanation of the circumstances including any required documents. <u>DO NOT RESUBMIT INFORMATION REPORTED ON A PRIOR RENEWAL APPLICATION.</u>

In	the past 12 months:	YES	NO
1.	Have you been subject to any disciplinary action, limitation, restriction, or agreement for any reason, including rehabilitation by a licensing board?	270	- V
2.	Have you been denied or have you surrendered a license in any state other than for relocation or retirement?	i stori	1
3.	Have you been subject to any denial, restriction, suspension or loss/revocation of your DEA certificate?	1000	V
4.	Have you been treated for use or misuse of any chemical substance?		
5.	Have you had any emotional disturbance or mental or physical illness which has impaired your ability to practice medicine?	1 418 100	
6.	Have you been found guilty or entered a plea of no contest to any felony or misdemeanor?		
7.	Have you been reported to the National Practitioner's Data Bank? If yes, please submit a copy of the report.		
8.	Have you been the subject of an investigation or disciplinary proceeding?		
9.	Have any hospital privileges been suspended, limited, or denied other than for medical records violations, or have you been placed on administrative or medical leave?		
10	. Have any medical malpractice claims been made against you? See attached reporting form.	-	_
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	The second manager of the comprehensive of management of		
	HEREBY CERTIFY UNDER PENALTY OF PERJURY, THAT ALL INFORMATION ON TURRENTLY ACCURATE. The property of Licensee (Signature Stamp Not Accepted) Date Date	HIS FO	DRM IS

MAR 19 2003

STATE OF NEW HAMPSHIRE

Telephone #: 603-271-6934



BOARD OF MEDICINE

2 Industrial Park Drive, Suite 8 Concord, NH 03301-8520

RENEWAL APPLICATION Renewal Fee: \$150.00 For expiration on: 06/30/04 If you **DO NOT** wish to renew your license, check here. If you choose not to renew, your license will be placed on inactive status. To reactivate the license, you will be required to file a reinstatement application. The following information represents the information on file for you with the Board of Medicine. Please make any necessary changes. Please note that pursuant to RSA 329:16-f, all licensees must inform the Board of any change in address within 30 days of the change. Specialty: OBG Board Certified: (Y/N) Y Please list ABMS Board Specialty: OBG Licensed in the states of: (2 letter state abbrev.) Please mark the box next to the address you would prefer to list as your mailing address. License #: File #: 6858 7558 Home Address Work Address ROBERT P CERVENKA, MD 150 TARRYTOWN RD MANCHESTER, NH 03103-2713 Phone: 603*622-3162 Phone: Hospital Affiliations: (If not a NH hospital, please list city and state where hospital is located.) ELLIOT HOSPITAL-MANCHESTER, NH MANCHESTER, NH

Please answer each of the following questions. If your answer to any question is "Yes", you must provide a complete written explanation of the circumstances including any required documents. <u>DO NOT RESUBMIT INFORMATION REPORTED ON A PRIOR RENEWAL APPLICATION.</u>

<u>[n</u>	the past 12 months:	YES	NO
1.	Have you been subject to any disciplinary action, limitation, restriction, or agreement for any reason, including rehabilitation by a licensing board?	¥ ,	<u> </u>
2.	Have you been denied, or have you surrendered, a license in any state other than for relocation or retirement?	n"	<u>/</u>
3.	Have you been subject to any denial, restriction, suspension or loss/revocation of your DEA certificate?	§.	<u>√</u>
4.	Have you been treated, other than through the Physician Health Program, for abuse or misuse of any chemical substance, including alcohol?		
5.	Have you had any emotional disturbance or mental or physical illness which has impaired your ability to practice medicine?		1
6.	Have you been found guilty or entered a plea of no contest to any felony or misdemeanor?	<u>:</u>	/
7.	Have you been reported to the National Practitioner's Data Bank? If yes, please submit a copy of the report.		
8.	Have you been the subject of an investigation or disciplinary proceeding?		
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10	. Have any medical malpractice claims been made against you? See attached reporting form.		
CU	HEREBY CERTIFY UNDER PENALTY OF PERJURY, THAT ALL INFORMATION ON THE JRRENTLY ACCURATE. 3 6 0 3	IS FOR	RM IS
Si	gnature of Licensee (Signature Stamp Not Accepted) Date		

MAR 15 2004

STATE OF NEW HAMPSHIRE

Telephone #: 603-271-6934



BOARD OF MEDICINE

2 Industrial Park Drive, Suite 8

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Concord, NH 03301-8520

For expiratio	n on:	6/30/06	REI	NEWAL	APPLICA	ATION		Renewal F	#20 Tee: \$300.	.00
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The followir	ng informa ry change	s. Please n	ote that p	ursuant	to RSA 32	you with t 29:16-f, all lays of the	license	ees must ir	cine. Ple	ase make Board of
Speci	ialty:	OBG				ified: (Y/N ABMS Boar	•	cialty: OBC	}	±
Licer	nsed in the	states of: (2 letter sta	te abbrev	.)	7:		5		
Please mark	the box n	ext to the a	NO address you	ONE u would p	orefer to li	st as your n	nailing	g address.		
License #:	6858				File	; #: 7558				
X	Work Add	ress				Home Ade	dress		x 1	
		P CERVENK YTOWN RD	-	12						
	MANCHE	STER, NH 0	3103-2713							
Hosp		603*622-3162 ations: ***		city and you hold	state whe	Phone: re hospital Hospital	is loc	ated. Che	k off typ	e of
×	Но	spital				Privilege	Full	Courtesy	Consult	
		THOSPITAL	. () .	NCHESTEI		3	2 3 3 3 3 3 3 3 3			7
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Please answer each of the following questions. If your answer to any question is "Yes", you must provide a complete written explanation of the circumstances including any required documents. <u>DO NOT RESUBMIT INFORMATION REPORTED ON A PRIOR RENEWAL APPLICATION.</u>

In the pa	st 12 months:	YES
	ou been subject to any disciplinary action, limitation, restriction or agreement for any including rehabilitation, by a licensing board?	
2. Have you	ou been denied, or have you surrendered, a license in any state other than for relocation ement?	n
3. Have yo DEA co	ou been subject to any denial, restriction, suspension or loss/revocation of your ertificate?	
4. Have y	ou been treated, other than through the Physician Health Program, for abuse or of any chemical substance, including alcohol?	
5. Have y your ab	ou had any emotional disturbance or mental or physical illness which has impaired bility to practice medicine?	
6. Have y	rou been found guilty or entered a plea of no contest to any felony or misdemeanor?	
copy o	rou been reported to the National Practitioner's Data Bank? If yes, please submit a f the report.	
8. Ḥave y	you been the subject of an investigation or disciplinary proceeding?	
9. Have a records	my hospital privileges been suspended, limited or denied other than for medical solutions, or have you been placed on administrative or medical leave?	
10. Have a	ny medical malpractice claims been made against you? See attached reporting form!	51
	P'CERTIFY UNDER PÉNAUTY OF PERJURY THAT ALL INFORMATION ON TH	HIS F
	TLY ACCURATE.	.115 1
Signature	of Licensee (Signature Stamp Not Accepted) Date	



BOARD OF MEDICINE

2 Industrial Park Drive, Suite 8 Concord, NH 03301-8520 NH B

RENEWAL APPLICATION

For expiration on: 6/30/08

If you **DO NOT** wish to renew your license, check here.

If you choose not to renew, your license will be place on inactive status. To reactivate the licen

will be required to file a reinstatement application.

Telephone #: 603-271-6934 APR 2 0 2006

The following information	on represents the information on file for you with the Board of Medicine. Please make
fra manana akanan	Please note that pursuant to RSA 329:16-f, all licensees must inform the Board of
	any change in address within 30 days of the change.

Specialty:

OBG

Board Certified: (Y/N) Y

Please list ABMS Board Specialty: OBG

Licensed in the states of: (2 letter state abbrev.)

Please mark the box next to the address you would prefer to list as your mailing address.

Licens	se #: 6858	File #: 7558
W	Work Address	Home Address
	ROBERT P CERVENKA, MD 150 TARRYTOWN RD	
	MANCHESTER, NH 03103-2713	
	Phone: 603*622-3162 Business Fax Number: Business Email Address:	Phone:

Hospital Affiliations: *** Please list city and state where hospital is located. Check off type of privileges you hold for each Hospital

Hospital			Privilege	Full	Courtesy	Consult
ELLIOT HOSPITAL	MANCHESTER	NH				
CATHOLIC MEDICAL CT	MANCHESTER	NH				

Please answer each of the following questions. If your answer to any question is "Yes", you must provide a complete written explanation of the circumstances including any required documents. <u>DO NOT RESUBMIT INFORMATION REPORTED ON A PRIOR RENEWAL APPLICATION</u>.

In	the past 24 months:	YES	NO
1.	Have you been subject to any disciplinary action, limitation, restriction, or agreement for any reason, including rehabilitation by a licensing board?		_
2.	Have you been denied, or have you surrendered, a license in any state other than for retocation or retirement?	 ——	1
3.	Have you been subject to any denial, restriction, suspension or loss/revocation of your DEA certificate?		
4.	Have you been treated, other than through the Physician Health Program, for abuse or misuse of any chemical substance, including alcohol?		_
5.	Have you had any emotional disturbance or mental or physical illness which has impaired your ability to practice medicine?		_
6.	Have you been found guilty or entered a plea of no contest to any felony or misdemeanor that has not been annulled by a court?		_
7.	Have you been reported to the National Practitioner's Data Bank? If yes, please submit a copy of the report.		_/
8.	Have you been the subject of an investigation or disciplinary proceeding?		
9.	Have any hospital privileges been suspended, limited or denied other than for medical records violations, or have you been placed on administrative or medical leave?		
10	. Have any medical malpractice claims been made against you? See attached reporting form.		<u> </u>
CI	HEREBY CERTIFY UNDER PENALTY OF PERJURY, THAT ALL INFORMATION ON THE JRRENTLY ACCURATE. Tracture of Eicensee (Signature Stamp Not Accepted) Date	IS FOR	RM IS

APR 0 8 2008 STATE OF NEW HAMPSHIRE

Telephone #: 603-271-6934



BOARD OF MEDICINE

2 Industrial Park Drive, Suite 8 Concord, NH 03301-8520

RENEWAL APPLICATION

For expiration on: 06/30/2010			Renewal Fee	:: \$300.00
If you DO NOT wish to renew your If you choose not to renew, your lice will be required to file a reinstatement application.	nse will be place	re. I on inactive sta	ntus. To reactivate	the license, you
The following information represents the in any necessary changes. Please note that pany change in	formation on file oursuant to RSA address within 3	329:16-f, all li	censees must info	ne. <u>Please mak</u> rm the Board o
Specialty: OBG	Currently Please li	y Board Certific et ABMS Board	ed? (Y/N) Y OBG	
Currently licensed in the states of: (2	letter state abbre	v.) NONE	e e de la composition della co	
Please mark the box next to the address yo	u would prefer to	list as your ma	uiling address.	
License #: 6858	F	ile #: 7558		
Work Address		Home Addr	ess	
ROBERT P CERVENKA, MD 150 TARRYTOWN RD				
MANCHESTER, NH 03103-2713		Phone:		
Phone: 603*622-3162 Business Fax Number: Business Email Address: Hospital Affiliations: ***Please list privileges	city and state w		s located. Check	off type of
Hospital		Privilege Full	Courtesy Consul	t
ELLIOT HOSPITAL MANCHE CATHOLIC MEDICAL CT MANCHE	THE SECTION OF THE PARTY OF THE			

Please answer each of the following questions. If your answer to any question is "Yes", you must provide a complete written explanation of the circumstances including any required documents. <u>DO NOT RESUBMIT INFORMATION REPORTED ON A PRIOR RENEWAL APPLICATION.</u>

In	the past 24 months:	YES	NO
1.	With regard to any and all Boards or licensing bodies with which you hold or have held a license to practice medicine, have you been subject to any disciplinary action, limitation or restriction on your license, or entered into any agreement with a licensing body for any reason, including but not limited to rehabilitation?		
2.	Have you been denied, or have you surrendered or allowed to lapse, a license to practice medicine in any state other than New Hampshire?		
3.	Have you been subject to any investigation or to a denial, restriction, suspension, loss or revocation of your DEA certificate?		
4.	Have you been treated, other than through the Physician Health Program, for abuse or misuse of any chemical substance, including alcohol?		\checkmark
5.	Have you had any emotional disturbance or mental or physical illness which has impaired your ability to practice medicine?		<u> </u>
6.	Have you been found guilty or entered a plea of no contest to any felony, misdemeanor or alcohol or drug related offense that has not been annulled by a court?	2.	_
7.	Have you been reported to the National Practitioner's Data Bank? If yes, please submit a copy of the report.	/	
8.	Have you been the subject of an investigation or disciplinary proceeding regarding the practice of medicine? Please exclude investigations and disciplinary proceedings conducted by the New Hampshire Board of Medicine.		_
9.	Have any hospital privileges been suspended, limited or denied other than for medical records violations, or have you been placed on administrative or medical leave?		<u>/</u>
10.	Have any medical malpractice claims been made against you? See attached reporting form.		V
	Pursuant to RSA 125:25-c, I, please attach a list of ALL diagnostic and therapeutic servi u have an ownership interest.	ces in v	which

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT ALL INFORMATION ON THIS FORM IS

Signature of Licensee (Signature Stamp Not Accepted)

CURRENTLY ACCURATE.

3/13/08 Date

Manchester Obstetrical Associates, P.A.

April 3, 2008

Re: Ownership interest

To whom it may concern:

I, Robert P. Cervenka, have ownership interest in Elliot 1-Day Surgery Center, LLC located at 1 Elliot Way, Manchester, NH 03103.



BOARD OF MEDICINE 2 Industrial Park Drive, Swite 8 Concord, NH 03301-8520

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Telephone #: 603-271-6934 RENEWAL APPLICATION Renewal Fee: \$300.00 06/30/2012 Date Pd: 5-14-10 Check # 365 For expiration on: If you DO NOT wish to renew your license, check here. If you choose not to renew, your license will be placed on inactive status. To reactivate the license, you will be required to file a reinstatement application. The following information represents the information on file for you with the Board of Medicine. Please make any necessary changes. Please note that pursuant to RSA 329:16-f, all licensees must inform the Board of any change in address within 30 days of the change. Specialty: OBG Currently Board Certified? (Y)N) Y Please list ABMS Board Specialty: OBG Currently licensed in the states of: (2 letter state abbrev.) NONE You must provide both home and business street address. PO Boxes are not acceptable. Home Address (Use afder July 1, 2010) Please mark the box next to the address you would prefer to list as your mailing address. File #: 7558 License #: 6858 Work address July 5,2010 ROBERT P. CERVENKA, MD Use until 150 TARRYTOWN RD July 1,2010 MANCHESTER, NH 03103-2713 address at Phone: 603*622-3162 Business Fax Number Business Email Address Hospital Affiliations: ***Please list city and state where hospital is located. Check off type of privileges you hold for each Hospital Courtesy Consult Privilege Full Hospital V MANCHESTER ELLIOT HOSPITAL CATHOLIC MEDICAL CT MANCHESTER V I planto go on leave of absence at the Elliot, and resign cut a privileger 層 圖 100 IE

I have applied for fuel Privileges at York Hospital, York, Mame

Please answer each of the following questions. If your answer to any question is "Yes", you must provide a complete written explanation of the circumstances including any required documents. DO NOT RESUBMIT INFORMATION REPORTED ON A PRIOR RENEWAL APPLICATION.

In	the past 24 months:	YES	NO
1.	With regard to any and all Boards or licensing bodies with which you hold or have held a license to practice medicine, have you been subject to any disciplinary action, limitation or restriction on your license, or entered into any agreement with a licensing body for any reason, including but not limited to rehabilitation?		
2.	Have you been denied, or have you surrendered or allowed to lapse, a license to practice medicine in any state other than New Hampshire?		
3.	Have you been subject to any investigation or to a denial, restriction, suspension, loss or revocation of your DEA certificate?		/
4.	Have you been treated, other than through the Physician Health Program, for abuse or misuse of any chemical substance, including alcohol?		<u></u>
5.	Have you had any emotional disturbance or mental or physical illness which has impaired your ability to practice medicine?	-	
6.	Have you been found guilty or entered a plea of no contest to any felony, misdemeanor or alcohol or drug related offense that has not been annulled by a court?		<u> </u>
7.	Have you been reported to the National Practitioner's Data Bank? If yes, please submit a copy of the report.		_
8.	Have you been the subject of an investigation or disciplinary proceeding regarding the practice of medicine? Please exclude investigations and disciplinary proceedings conducted by the New Hampshire Board of Medicine.		_
9.	Have any hospital privileges been suspended, limited or denied other than for medical records violations, or have you been placed on administrative or medical leave?		$\sqrt{}$
10	Have any medical malpractice claims been made against you? See attached reporting form.	<u>/</u>	
**	Pursuant to RSA 125:25-c, I, please attach a list of ALL diagnostic and therapeutic serv	ices in v	which

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT ALL INFORMATION ON THIS FORM IS CURRENTLY ACCURATE. I acknowledge that I am governed by the Medical Practice Act (RSA 329), the New Hampshire Code of Administrative Rules (Med 100-500), and the American Medical Association's Code of Medical Ethics. I have familiarized myself with these documents and acknowledge that deviation from the standards set therein may subject me to disciplinary action by the New

04/05/2010

Hampshire Board of Medicine.

you have an ownership interest.

Signature of Licensee (Signature Stamp Not Accepted)

April 28, 2010

New Hampshire Board of Medicine 2 Industrial Park Drive #8 Concord, NH 03301

Dear New Hampshire Board of Medicine:

This is to notify you of a change of address in my place of work. I will be practicing as an employee of York Hospital, York Maine as of July 5, 2010 as long as my Maine license does not hold things up. I will be working my last day at Manchester Obstetrical Associates on June 30, 2010 if all things go as planned and the FCVS does not hold things up. My severance of connection with Manchester Obstetrical Associates is voluntary on my part and my professional address will be Coastal OB/GYN, 112 Sanford Rd, Ste# 2A, Wells, Maine 04090.

I do not know yet if I will be able to keep my position on the New Hampshire Board of Medicine, my current personal address is

In the event that I move my residence from New Hampshire to Maine I will be required to resign from the New Hampshire Board of Medicine.

Sincerely,

Robert P. Cervenka, M.D.

RPC/pgc

APR 23 2012

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STATE OF NEW HAMPSHIRE PR 19 2012

NH BOARD Telephone #: 603-271-6934

BOARD OF MEDICINE 2 Industrial Park Drive, Suite 8 Concord, NH 03301-8520

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RENEWAL APPLICA	TION Renewal Fee: \$350.00
For expiration on: 06/30/2014	For Office Use Only: Date Pd: 4/19/12 Check #138
If you DO NOT wish to renew your license, check here.	A SECON CONTRACTOR OF THE CONT
If you choose not to renew, your license will be placed on	inactive status. To reactivate the license, you
will be required to file a reinstatement application.	isdanies Estre est ul
The following information represents the information on file for any necessary changes. Please note that pursuant to RSA 329	9:16-f, all licensees must inform the Board of
any change in address within 30 d	ays of the change. Supplied they no not have
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Currently licensed in the states of: (2 letter state abbrev.)	NONE ME
You must provide both home and business street address. Po	
Please mark the box next to the address you would prefer to list	t as your mailing address.
License #: 6858 File	#: 7558 on sagardina boursels the la geories
	Home Address and the square structural save with the
Work Address	Restabling more and infilling name.
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LIZ SANFORD RD STEZA 16 Hospital Drive 1840.C.	2
	me:
Phone: Zon - 351 - 3461 Phones Business Fax Numbers	
Business Email Address:	and the second s
Hospital Affiliations: ***Please list city and state when	e hospital is located. Check off type of
privileges you hold for each I Hospital Privil	ege Full Courtesy Consult Assillate
	lege Full Courtesy Consult Association
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SPOS & A MGA

The Board will deny licensure if you refuse to submit your social security number (SSN). Your professional license will not display your SSN. Your SSN will not be made available to the public. The Board is required to obtain your SSN for the purpose of child support enforcement and in compliance with RSA 161-B:11. This collection of your SSN is mandatory.

Social Security Number:	KIAWAWYA
	your answer to any question is "Yes", you must provide a complet by required documents. <u>DO NOT RESUBMIT INFORMATION</u> ION.
In the past 24 months:	ucata depta amagnatic tarra a shi ni baranga ad YES NO
With regard to any and all Boards or licensing bo a license to practice medicine, have you been sub- restriction on your license, or entered into any ag- reason, including but not limited to rehabilitation.	ject to any disciplinary action, limitation or reement with a licensing body for any
Have you been denied, or have you surrendered a medicine in any state other than New Hampshire.	
3. Have you been subject to any investigation or to or revocation of your DEA certificate?	a denial, restriction, suspension, loss
4. Have you been treated, other than through the Ph misuse of any chemical substance, including alco	動産業の開始的の対抗な対抗ない。このは、1000年間には、1000年に
5. Have you had any emotional disturbance or ment your ability to practice medicine?	al or physical illness which has impaired
6. Have you been found guilty or entered a plea of a or alcohol or drug related offense that has not been	
7. Have you been reported to the National Practition copy of the report.	er's Data Bank? If yes, please submit a
Have you been the subject of an investigation or practice of medicine? Please exclude investigation conducted by the New Hampshire Board of Medicine.	ons and disciplinary proceedings
9. Have any hospital privileges been suspended, lim- records violations, or have you been placed on ad-	是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个
10. Have any medical malpractice claims been made	against you? See attached reporting form.
**Pursuant to RSA 125:25-c, I, please attach a list an ownership interest.	of ALL diagnostic and therapeutic services in which you have

Signature of Licensee (Signature Stamp Not Accepted)

therein may subject me to disciplinary action by the New Hampshire Board of Medicine.

April 19,2012



BOARD OF MEDICINE

STATE OF NEW HAMPSHI Telephone #: 603-271-6934	JUN 1 6 2014 RECEIVED			BOARD		20 - 10 TO 10 LOCAL TO 10 LOCA	
Telephone #: 603-271-6934	IN 13 50 p			121 South Concord,			e 301
For expiration on: 6/30/2016 If you DO NOT wish to If you choose not to ren will be required to file a reinsta	renew your lice ew, your license	WAL APPI nse, check l will be place	here.		ate Pd:	Office Use 3/14 Ch	\$350.00 Only: 297 the license, you
The following information repr any necessary changes. Pleas an	esents the inform e note that purs y change in add	uant to RS	A 329:1	6-f, all lice	ensees mu	Medicin ist info	e. Please make m the Board of
Specialty: <u>0 B [6 で</u>	V	(If yes,	provide	d Certified proof of bo MS Board S	ard certif	ication.)	
Currently licensed in th		15位在1000年1000年1000年	U.C. T. & BESSELLEN		MESSAGE DISHARD DISHARD		
You must provide both home address provided. Please man	and business st	reet addres o the addre	ss. P.O. ss you w	Boxes are ould prefe	not acce er to list a	s your n	nailing address.
License #: 6858		A STATE OF	File #:				
Work Address			Ho:	me Address			
ROBERT P CERVENKA, M YORK HOSP - OB/GYN 16 HOSPITAL DR STE C YORK, ME 04090	D						
Pleas Phone: 207-641-8044 3.51 Business Fax Number: N/A Business Email Address	e provide current - 3455	Email, Fax	and Pho Phone:	one Numbe	rs below:		
Hospital Affiliations: *	** <u>Please list city</u> privileges you	and state hold for e	where hach Hos	pital is	located.	Check	off type of
Hospital Privileges			Full	Courtesy	Consult	Other	Valendores
PLLIOT HOSPITAL	_MANCHESTER	—NH	. n		-5	-14	Resignation Dals 12014
YORK HOSPITAL	YORK	ME					R

The Board will deny licensure if you refuse to submit your social security number (SSN). Your professional license will not display your SSN. Your SSN will not be made available to the public. The Board is required to obtain your SSN for the purpose of child support enforcement and in compliance with RSA 161-B:11. This collection of your SSN is mandatory. Social Security Number:

**Please answer each of the following questions. If your answer to any question is "Yes", you must provide a complete written explanation of the circumstances including any required documents. <u>DO NOT RESUBMIT</u> INFORMATION REPORTED ON A PRIOR RENEWAL APPLICATION.

In the past 24 months OR since you last reported to the Board of Medicine if greater than 24 months:

8		YES	NO
1.	With regard to any and all Boards or licensing bodies with which you hold or have held a license to practice medicine, have you been subject to any disciplinary action, limitation or restriction on your license, or entered into any agreement with a licensing body for any reason, including but not limited to rehabilitation?		
2.	Have you been denied a license to practice medicine, or have you surrendered a license due to an investigation or disciplinary action, in any state other than New Hampshire?		
3.	Have you been subject to any investigation or to a denial, restriction, suspension, loss or revocation of your DEA certificate?		<u></u>
4.	Have you been treated, other than through the Physician Health Program, for abuse or misuse of any chemical substance, including alcohol?		<u>/</u>
5.	Have you had any emotional disturbance or mental or physical illness which has impaired your ability to practice medicine?		/
6.	Have you been found guilty or entered a plea of no contest to any felony, misdemeanor or alcohol or drug related offense that has not been annulled by a court?		/
7.	Have you been reported to the National Practitioner's Data Bank? If yes, please submit a copy of the report.		
8.	Have you been the subject of an investigation or disciplinary proceeding regarding the practice of medicine? Please exclude investigations and disciplinary proceedings conducted by the New Hampshire Board of Medicine.		<u>/</u>
9.	Have any hospital privileges been suspended, limited or denied other than for medical records violations, or have you been placed on administrative or medical leave?		V
10.	Have any medical malpractice claims been made against you? See attached reporting form.		/
11.	Are you practicing in any other location other than the principal business address listed on the front of this renewal? If so, please attach a list with the secondary business address(es) and business phone number(s).		/
**1	Pursuant to RSA 125:25-c, I, please attach a list of ALL diagnostic and therapeutic services in wh	nich you	have

**Pursuant to RSA 125;25-c, I, please attach a list of ALL diagnostic and therapeutic services in which you have an ownership interest.

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT ALL INFORMATION ON THIS FORM IS CURRENTLY ACCURATE. I acknowledge that I am governed by the Medical Practice Act (RSA 329), the New Hampshire Code of Administrative Rules (Med 100-500), and the American Medical Association's Code of Medical Ethics. I have familiarized myself with these documents and acknowledge that deviation from the standards set therein may subject me to disciplinary action by the N.H. Board of Medicine.

Signature of Licensee (Signature Stamp Not Accepted)

C/2/2014

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Maintenance of Certification

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Diplomate Verification

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Robert P. Cervenka, M.D. Status as of 6/13/2014

Below are all certifications held by this physician with ABOG.

ABOG ID: 23685

York, ME

Obstetrics and Gynecology Certification				
Original Certification Date	Certification Status	Meeting Requirements of Maintenance of Certification		
12/11/1987	Valid through: 12/31/2015	YES		

Search Again

To purchase a copy of this status information sent from ABOG

Purchase Status Letter

The letter will contain the information above and be sent directly to an address of your choosing

