
STATE OF VERMONT
RENEWAL APPLICATION

I hereby apply for the renewal of my: Physician License

PHILIP F WATERMAN, II MD

[Redacted]

11/30/90

12/01/90 - 11/30/92

150.00

42-0005419

Current Expiration Renewal Period Covering Renewal Fee Lic/Cert #

Renewals postmarked after the expiration date must include a late fee of \$25.00

INFORMATION NEEDED

A YES REQUIRES AN EXPLANATION. DURING THE PREVIOUS 2 YEARS, HAVE YOU:

Had any illness or conditions which impaired your ability to function as a physician? [Redacted]
Had any convictions other than for minor traffic violations? YES NO
Had an addiction to or been treated for abuse of drugs or alcohol? [Redacted]
Had any jurisdiction deny or take action against your license? YES [Redacted]
Had any final liability judgments or settlements against you? YES NO
Had any hospital privileges denied, conditioned or revoked? YES NO
Recently started practicing in Vermont? YES NO

List all hospitals you currently hold hospital privileges or have held in the past two years: (give dates)

*Lee Memorial Hospital - Ft. Myers, Fla
Cape Coral Hospital - Cape Coral, Fla*
ADDITIONAL QUALIFICATIONS FOR RENEWAL

A professional license may not be renewed unless the licensee certifies that he or she is in good standing with respect to or in full compliance with a plan to pay any and all child support* payable under a support order as of the date the application is filed. "Good standing" means that less than one-twelfth of the annual support obligation is overdue; or liability for any support payable is being contested in a judicial or quasi-judicial proceeding; or he or she is in compliance with a repayment plan approved by the office of child support or agreed to by the parties; or, the licensing authority determines that immediate payment of support would impose an unreasonable hardship (15 V.S.A. § 795).

A professional license may not be renewed unless the licensee certifies that he or she is in good standing with the Department of Taxes. "Good standing" means that no taxes are due, the tax liability is on appeal, the taxpayer is in compliance with the payment plan approved by the Commissioner of Taxes, or the licensing authority determines that immediate payment of taxes would impose an unreasonable hardship (32 V.S.A. § 3113). The maximum penalty for perjury is fifteen years in prison, a \$10,000 fine, or both.

STATEMENT OF APPLICANT

I hereby certify that; I am not subject to any support order or I am subject to a support order and am in good standing with respect to or in full compliance with a plan to pay any and all child support due the State of Vermont as of the date of this application.

I hereby certify, under the pains and penalties of perjury, that I am in good standing with respect to or in full compliance with a plan to pay any and all taxes due the State of Vermont as of the date of this application.

I further certify that all information contained in this renewal application is true and accurate to the best of my knowledge.

Date

11/14/90

Signature

Philip F. Waterman III

IMPORTANT: Please be sure to write your license number on your check. Check for correct spelling of name and proper address. Print any changes in the adjoining space. Sign and date the application. Enclose the correct fee in a check or money order payable to the Secretary of State.



Secretary of State's Office
Office of Professional Regulation
Pavilion Office Bldg-Montpelier, VT 05602-2710
(802) 828-2363

