

PAGE ONE CIPSIX
VERMONT BOARD
of
Medical Practi

I hereby apply for the renewal of my LICENSE AS APHYSICIAN for the period from 12/01/92 to 11/30/94. TWO YEAR RENEWAL FEE: \$205.

Enclose a check in the amount of \$205. made payable to the Vermont Board of Medica

42-0005419 A

PHILIP F WATERMAN, II MD 2780 CLEVELAND AVENUE SUITE 819 FORT MYERS, FL 33901

m	n	n	rt	a	n	t٠

- Please print legibly or type your answers.

- Answer all questions (front and back of each page) completely-it is not adequate to state that the Board already has the information. Use the enclosed Form A to provide explanations to "yes" answers in Section II
- Make a copy of this form and all attachments for your own records.
- Do not delegate this important task to an employee, as false statements on this form are grounds for unprofessional conduct.
- Thank you for your cooperation.

SECTION I
1. Name: PHILIP EWATERMANTIMD2. Vermont License Number: 42-5419
3. Other Name(s), if any, under which you were licensed in Vermont and elsewhere:
4. Home Address: _
City, State, Zip Code
5. Office Address: 2780 CLEVELAND AVE JULITE 819
City, State, Zip Code: FORT MERS FL 33901 6. Daytime Telephone Number: Area Code:
7. Date of Birth: Month; Day Year 9. Sex: K Male Female
10. Licensing Examination Taken - Check: National BoardsFLEX State Examination-Identify State: Other Examination Specify:
11. Undergraduate Degree - Circle: B.A. B.S. A.B. Other: Year of Graduation:
Degree Granting Institution: UNIV. OF MICHIGAN Location: ANN ARBOR M. First Institution (If transfer): NORTHWESTERN U. Location: EVANSTON, ICL
12. Medical Degree - Circle: M.D. Other: Year of Graduation: 1974
Degree Granting Medical School: UNIV. OF MICHIGAN Location: ANN ARBOR M
First Medical School (If transfer): Location:

Name(s) and Location(s) o	of Hospital(s):
4 2 2	
	rmont during the past 12 months? YesNo
	u now hold an active license to practice: FLORIDA
16. States where you prev	riously were licensed to practice: MICHIGAN, NEW Yo.
17. Please list your special Specialty(ies) & Subspecial Special Speci	alty(ies) and indicate if you are American specialty board certified in those specialtic cialty(ies) American Specialty Board Certified (Yes or No)
(a) OB-GY1	Ves No Year Certified/Recertified: 1981/
(b)	Yes No Year Certified/Recertified:/
(c)	Yes No Year Certified/Recertified:
18. Please list the postgrainstitution	duate educational degrees that you have earned related to your practice: City State Degree Year
(a)	
(b)	
19. Please list the institution	ons where you have had residency or fellowship training: City State Specialty Year Complet
(a) UNIV. OF VE	RMONT BURLINGTON UT OB-GYN 1978
(b)	
(c)	The state of the s
A "YES" A	SECTION II: PLEASE CHECK YES OR NO. NSWER REQUIRES AN EXPLANATION ON THE ENCLOSED FORM A.
Have you ever had any medicine or to function as	emotional disturbance or mental illness which has impaired you a student of medicine, resident or fellow?
2. Have you ever had an c student of medicine, reside	organic illness which has impaired your ability to practice medicine or to function as
3. Have you, at any time, b	peen a defendant in any criminal proceeding other than minor trafficYESNC
1 Are you currently under	investigation for a criminal act?
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STATE OF VERMONT - BOARD OF MEDICAL PRACTICE 1992-1994 PHYSICIAN LICENSE RENEWAL APPLICATION, PAGE THREE OF SIX SECTION II CONTINUED

governmental authority, by any hospital or health care facility, or by any professional medical association (international, national, state or local)?
7. Has any medical malpractice claim been made against you in the last ten years (whether a rest a laureit was filed in relation to the claim/complaint/demand for damages)?
8. Have you ever had staff privileges, employment or appointment in a hospital or other health care institution denied, reduced, suspended or revoked, resigned from a medical staff in lieu of disciplinary action or resigned from a medical staff after a complaint or peer review action has been initiated against you? YES NO
9. Have you ever voluntarily surrendered or resigned a license to practice medicine or any healing art?
10. Has your privilege to possess, dispense or prescribe controlled substances ever been suspended, revoked, denied, restricted or surrendered by any jurisdiction or federal agency at any time? YESNO
11. Have you ever been denied the right to participate or enroll in any system whereby a third party pays all or pa of a patient's bill? YES NO
12. Have you ever withdrawn an application for a medical license or been denied a medical license for any reason? YESNO
13. Have you ever been turned down for coverage by a malpractice insurance carrier?YESNO
14. Have you ever been notified as a responsible party of a Severity Level III quality problem (quality of hospital care provided to Medicare patients) by the Peer Review Organization (PRO) in Vermont or elsewhere?
15. To your knowledge, are you the subject of an investigation by any other licensing beautiful to the subject of an investigation by any other licensing beautiful to the subject of an investigation by any other licensing beautiful to the subject of an investigation by any other licensing beautiful to the subject of an investigation by any other licensing beautiful to the subject of an investigation by any other licensing beautiful to the subject of an investigation by any other licensing beautiful to the subject of an investigation by any other licensing beautiful to the subject of an investigation by any other licensing beautiful to the subject of an investigation by any other licensing beautiful to the subject of an investigation by any other licensing beautiful to the subject of an investigation by any other licensing beautiful to the subject of an investigation by any other licensing beautiful to the subject of an investigation by any other licensing beautiful to the subject of an investigation by any other licensing beautiful to the subject of an investigation by any other licensing beautiful to the subject of an investigation by any other licensing beautiful to the subject of an investigation by any other licensing beautiful to the subject of an investigation by any other licensing
16. Have you ever been dismissed or asked to leave from a residency training program(s) YESNO
SECTION III - TO BE COMPLETED ONLY BY PHYSICIANS PRACTICING IN VERMONT
Current Status (please check one): Active Retired* Other (please explain) *Note: If you are retired or are not practicing in Vermont, you need not complete SECTION III; however you must complete SECTION IV.
2. Postgraduate training in Vermont: Are you currently in a postgraduate training program in Vermont as a resident or clinical fellow? Yes No lf you are in a Vermont program, are you a Resident Clinical Fellow Research Fellow? How many hours per typical week do you spend in this Vermont postgraduate training program? hrs./wk. in Vermont.
What is the date you started practicing medicine (excluding residency or fellowship training)? (Month/Year)/
4. What is the date you started practicing medicine in Vermont (excluding residency or fellowship training)? (Month/Year)/
5. Are you a staff physician involved exclusively in inpatient care or an emergency room setting? Yes N



SECTION IV: STATE OF VERMONT - BOARD OF MEDICAL PRACTICE 1992-1994 PHYSICIAN LICENSE RENEWAL APPLICATION, PAGE SIX OF SIX

A professional license or other authority to conduct a trade or business 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 or other authority to conduct a trade or business 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 a 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.

APPLICANT'S	S STATEMENT REGARDING CHILD SUPPORT
I hereby certify that I am not subject to with respect to or in full compliance with a plan to	o any support order or I am subject to a support order and am in good standing to pay any and all child support due as of the date of this application. OR
I hereby certify that I an <u>NOT</u> in good hereby request that the licensing authority determined hardship. Please forward an "Application for Ha	standing with respect to child support due as of the date of this application and I mine that immediate payment of child support would impose an unreasonable rdship" to the address below.
APPLICA	ANT'S STATEMENT REGARDING TAXES
I hereby certify, under the pains and p with a plan to pay any and all taxes due to the S perjury is fifteen years in prison, a \$10,000 fine,	enalties of perjury, that I am in good standing with respect to or in full compliance State of Vermont as of the date of this application. (The maximum penalty for or both)
	OR
I hereby certify that I am <u>NOT</u> in good application and I hereby request that the licensin unreasonable hardship. Please forward an "App	standing with respect to taxes due to the State of Vermont as of the date of this ag authority determine that immediate payment of taxes would impose an dication for Hardship" to the address below.
	STATEMENT OF APPLICANT
I further certify that all information contained in the to the best of my knowledge. Failure to provide renewal or disciplinary action.	nis renewal application (including all pages and attachments) is true and accurate truthful and accurate information may constitute grounds for denial of license
	des blight all profession and the party of the
Social Security Number: The disclosure of your social security number 405(c)(2)(C), and will be used by the Departm individuals affected by such laws.	er is mandatory, is solicited by the authority granted by 42 U.S.C. § ent of Taxes in the administration of Vermont tax laws, to identify
Date: 11/30/92 Signature: _	Philip F. Waterman It mi)
Return the completed form and fee to: (Return envelope enclosed)	Vermont Board of Medical Practice 109 State Street Montpelier, Vermont 05609-1106
OUESTIONS 2. (902) 929 2672 Tall Free (Mith.	How many hours early of at seen do you spund in this Vermont boats

QUESTIONS?: (802) 828-2673 - Toll Free (Within Vermont) 1-800-439-8683 (Ask for the Medical Board)

IMPORTANT: Please be sure to write your license number on your check. Check for the correct spelling of your name and proper address on the page one label. Print any changes in the adjoining space. Sign and date the application. Enclose the correct fee of \$205.* in check or money order payable to the Vermont Board of Medical Practice.

(Medical Board Renewal Fee: \$200. + Office of Professional Regulation (OPR) Fee: \$5.00 = \$205. OPR's \$5.00 of the renewal fee represents an assessment for the Fee Limiting Subfund.)

*Note: Physicians 80 years of age or older are exempt from payment of a renewal fee; however the physician license renewal application must be completed and submitted.



STATE OF VERMONT - BOARD OF MEDICAL PRACTICE 1992-1994 PHYSICIAN LICENSE RENEWAL APPLICATION, PAGE FOUR OF SIX

SECTION III CONTINUED

Instructions for completing the next portion: Please complete one "site" section for each location where you practice. Be as detailed as possible. Estimate if exact figures are not available.

	1 Solo Practice 2 Group Practice 3 Community He 4 Hospital Outpa	alth Center tient Clinic	7 Ext 8 Sch 9 Occ	ended Care Faci nool/College Heal cupational Health	lity Ith	nization) 11 Teac 12 Othe		- 11	
	5 Hospital Inpatie6. Practice SiteStreet Address: _	Number On	е	mergency Room					
	Town: Please complete	one full line	e for each s	specialty (examp	Zip:	s) that you practice	at this site		
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STATE OF VERMONT - BOARD OF MEDICAL PRACTICE 1992-1994 PHYSICIAN LICENSE RENEWAL APPLICATION, PAGE FIVE OF SIX

SECTION III CONTINUED

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	Please complete	one full lin	e for each	specialty that yo	u practice at	this site.		1, 1960	
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STATE OF VERMONT - BOARD OF MEDICAL PRACTICE

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Your Name Pollip	+. Waterman 4, MD	Vermont License Number 3-300054
		You will need TABLE I on Page 3 to complete this nstance of alleged malpractice: This form should be heets may be attached if necessary. Please type or
Insurer:		
Claiman		
Description of Alleged liability.) See Codes of	Basis(es) of Claim (Allegations Only: on TABLE I, Page 3.	This does not constitute an admission of fault or
Basis Code	Basis Code:	
Basis Code:	Basis Code:	
 Patient's condition at Patient's condition at 	e Information - Please indicate: t point of your involvement; t end of treatment; nt of your involvement with the patient; a consibility for the course of treatment in le	and ading to the claim.
	ad in nationt's death, indicate cause 0	f death according to autopsy or patient chart.
If the incident result	ed in patient's death, indicate cause o	f death according to autopsy or patient chart.
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If the incident result	ed in patient's death, indicate cause o	f death according to autopsy or patient chart:
If the incident result	ed in patient's death, indicate cause o	f death according to autopsy or patient chart.

Section A continued on next page



SECTION A: MEDICAL MALPRACTICE CLAIM (QUESTION 7) CONTINUED

	Your Role (circle one):		
	01 Anesthesiologist	11 PGY 4	
	02 Primary Care Physician	12 PGY 5	
	03 Referring Physician	13 PGY 6	
	04 Attending Physician	14 PGY 7	
	05 Consultant Specialist		
	06 Surgeon	15 Workmen's Compensation Evaluator	
		16 Court Psychiatrist	
	07 Fellow	17 On-Call Physician	
	08 PGY 1	18 Group Practitioner/Partner	
	09 PGY 2	(19) Other: Specify Assistant Surgeon	
	10 PGY 3	20 Unknown	
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	Decision determined by (Chec Decision: If your case was appealed, incompate Appeal Decided: If your case was settled, indicated Settlement amount paid on your Total settlement amount: Important: In addition to the settlement and release, or other than the settlement and release.	Award: Arbitration Panel Award: Arbitration Panel Award:	final judgment

Table I for Section A on the next page

ASSOCIATES IN OBSTETRICS & GYNECOLOGY

K.K. YANKOPOLUS, M.D., F.A.C.O.G.
PHILIP F. WATERMAN II, M.D., F.A.C.O.G., F.A.C.S.
RANDALL P. COWDIN, M.D., F.A.C.O.G.
STUART DON LEVY, M.D., F.A.C.O.G.
SARA J. BRETZ, RNC - NURSE PRACTITIONER

November 10, 1986.

- ☐ 2780 CLEVELAND AVENUE SUITE 819 FORT MYERS, FLORIDA 33901 813-334-2256
- ☐ 1435 S.E. 8TH TERRACE
 SUITE E
 CAPE CORAL, FLORIDA 33904
 813-574-2312
- ☐ 350 MARY STREET
 PUNTA GORDA, FLORIDA 33952
 813-639-8111

Attn:

Senior Claim Representative

Re:

Dear

Sincerely,

Philip F. Waterman II, M.D., FACOG. FACS.

PFW/vp



STATE OF VERMONT - BOARD OF MEDICAL PRACTICE
1992-1994 PHYSICIAN LICENSE RENEWAL APPLICATION - PAGE ONE OF SIX

			vill need TABLE I on Pag ce of alleged malpractice:	
hotocopied and filled ou rint clearly.	t separately for each cl	claim. Additional sheets	may be attached if neces	ssary. Please type or
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escription of Alleged ability.) See Codes of	Basis(es) of Claim (A	Allegations Only: This	does not constitute an a	admission of fault or
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asis Code:	Basis Code	e:		
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SECTION A: MEDICAL MALPRACTICE CLAIM (QUESTION 7) CONTINUED

Your Role (circle one):						
01 Anesthesiologist	11 PGY 4	•				
02 Primary Care Physician	12 PGY 5	1				
03 Referring Physician	13 PGY 6	í				
04 Attending Physician	14 PGY 7	0				
05 Consultant Specialist		nen's Compensatio	on Evaluator			
06 Surgeon	16 Court F	Psychiatrist	zii Evaluatoi			
07 Fellow	(17)On-Cal	ll Physician				
08 PGY 1	18 Group	Practitioner/Partn	er			
09 PGY 2	19 Other:	Specify	T			
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January 20, 1986.

K. K. Yankopolus, M.D., F.A.C.O.G.
Philip F. Waterman II, M.D., F.A.C.O.G., F.A.C.S.
Randall P. Cowdin, M.D., Diplomate, A.B.O.G.
Stuart D. Levy, M.D., Diplomate, A.B.O.G.

Dear

Page Two

Sincerely,

Philip F. Waterman II, M.D., FACOG, FACS. PFW/vp



STATE OF VERMONT - BOARD OF MEDICAL PRACTICE 1992-1994 PHYSICIAN LICENSE RENEWAL APPLICATION - PAGE ONE OF SIX

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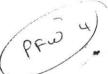


SECTION A: MEDICAL MALPRACTICE CLAIM (QUESTION 7) CONTINUED

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Sincerely,

Philip F. Waterman II, M.D. FACOG, FACS PFW/vp Encls.



STATE OF VERMONT - BOARD OF MEDICAL PRACTICE 1992-1994 PHYSICIAN LICENSE RENEWAL APPLICATION - PAGE ONE OF SIX

Your Name: Philip	F. Waterman II, MI	Vermont License Number 42-30005419
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4) Your degree of respon	sibility for the course of treatment in le	ading to the stand
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Section A continued on next page



SECTION A: MEDICAL MALPRACTICE CLAIM (QUESTION 7) CONTINUED

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	02 Primary Care Physician	12 PGY 5			
	03 Referring Physician	13 PGY 6			
	04 Attending Physician	14 PGY 7			
	05 Consultant Specialist	15 Workmen's Compensation Evaluator			
	06 Surgeon	16 Court Psychiatrist			
	07 Fellow	17 On-Call Physician			
	08 PGY 1	18 Group Practitioner/Partner			
	09 PGY 2	19 Other: Specify			
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Table I for Section A on the next page

Associates In Obstetrics And Gynecology

K.K. YANKOPOLUS, M.D., F.A.C.O.G.
PHILIP F. WATERMAN II, M.D., F.A.C.O.G., F.A.C.S.
RANDALL P. COWDIN, M.D., F.A.C.O.G.
STUART DON LEVY, M.D., F.A.C.O.G.
STEPHANIE VAN ZANDT, M.D.
SHELLEY A. YOUNG, M.D.
CYNTHIA A. ZELESNIK, A.R.N.P.

July 19, 1991



Sincerely,

Philip F. Waterman II, M.D., F.A.C.O.G., F.A.C.S.



STATE OF VERMONT - BOARD OF MEDICAL PRACTICE
1992-1994 PHYSICIAN LICENSE RENEWAL APPLICATION - PAGE ONE OF SIX

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Section A continued on next page



SECTION A: MEDICAL MALPRACTICE CLAIM (QUESTION 7) CONTINUED

Your Role (circle one): 01 Anesthesiologist 02 Primary Care Physician 03 Referring Physician 04 Attending Physician 05 Consultant Specialist 06 Surgeon 07 Fellow 08 PGY 1 09 PGY 2 10 PGY 3	11 PGY 4 12 PGY 5 13 PGY 6 14 PGY 7 15 Workmen's Compensation Evaluator 16 Court Psychiatrist 17 On-Call Physician 18 Group Practitioner/Partner 19 Other: Specify 20 Unknown	
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Additional information, if any	y:	

Table I for Section A on the next hade

Associates In Obstetrics And Gynecology

K.K. YANKOPOLUS, M.D., F.A.C.O.G.
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STUART DON LEVY, M.D., F.A.C.O.G.
STEPHANIE VAN ZANDT, M.D.
SHELLEY A. YOUNG, M.D.
CYNTHIA A. ZELESNIK, A.R.N.P.

February 12, 1991

RE:

continued ...

Control of the Atempoial Hospital • 2780 Cleveland Ave., Suite 819 • Fort Myers, FL 33901 • 813 331 2256



Sincerely,

Philip F. Waterman II, M.D., F.A.C.O.G., F.A.C.S.



STATE OF VERMONT - BOARD OF MEDICAL PRACTICE
1992-1994 PHYSICIAN LICENSE RENEWAL APPLICATION - PAGE ONE OF SIX

1982-199	o F. Waterman II, M.	Vermont License Number: 42.	3005419
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4) Your dearee of respo	nsibility for the course of treatment in I	eading to the claim.	
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incident Location (on	010 0110/1		



SECTION A: MEDICAL MALPRACTICE CLAIM (QUESTION 7) CONTINUED

Your Role (circle one): 01 Anesthesiologist 02 Primary Care Physician 03 Referring Physician 04 Attending Physician 05 Consultant Specialist 06 Surgeon 07 Fellow 08 PGY 1 09 PGY 2 10 PGY 3	11 PGY 4 12 PGY 5 13 PGY 6 14 PGY 7 15 Workmen's Compensation Evaluator 16 Court Psychiatrist 17 On-Call Physician 18 Group Practitioner/Partner 19 Other: Specify 20 Unknown	
Name Firm:		
Addre City, S		
Indicate Decision, Appeal, Settl If a Court or Arbitration Panel hea Decision determined by (Check o Decision:	ard your case, indicate the following: ne): Judge Jury Arbitration Rand	
If your case was appealed, indica Date Appeal Decided:/	te the following: Date Appeal Filed (Month, Day, Year)	
If your case was settled, indicate Settlement amount paid on your bottlement amount:	the following: pehalf:	
Important: In addition to the absettlement and release, or other representative.	ove information, please attach a copy of the complaint final disposition of the claim. This information can be obt	and final judgment, ained from your legal
Additional information, if any:		

Philip F. Waterman II, M.D., F.A.C.O.G., F.A.C.S.



STATE OF VERMONT - BOARD OF MEDICAL PRACTICE 1992-1994 PHYSICIAN LICENSE RENEWAL APPLICATION - PAGE ONE OF SIX

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SECTION A: MEDICAL MALPRACTICE CLAIM (QUESTION 7) CONTINUED

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Table Flor Section A on the next hade

Associates In Obstetrics And Gynecology

September 23, 1992

K.K. YANKOPOLUS, M.D., F.A.C.O.G.
PHILIP F. WATERMAN II, M.D., F.A.C.O.G., F.A.C.S.
RANDALL, P. COWDIN, M.D., F.A.C.O.G.
STUART DON LEVY, M.D., F.A.C.O.G.
STEPHANIE VAN ZANDT, M.D.
SHELLEY A. YOUNG, M.D.
CYNTHIA A. ZELESNIK, A.R.N.P.



Philip F. Waterman II, M.D., F.A.C.O.G., F.A.C.S.



STATE OF VERMONT - BOARD OF MEDICAL PRACTICE
1992-1994 PHYSICIAN LICENSE RENEWAL APPLICATION - PAGE ONE OF SIX

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Section A continued on next page



SECTION A: MEDICAL MALPRACTICE CLAIM (QUESTION 7) CONTINUED

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Important: In addition to the	above information, please attach a copy of the comple er final disposition of the claim. This information can be	aint and final judgment,
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Case dismissed against		
0 "	you Against all defendants	
Date of Settlement: (Month, Day	y, Year)/	
Total settlement amount.		
Settlement amount paid on your	r behalf:	
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10 PGY 3	19 Other: Specify 20 Unknown	
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06 Surgeon	16 Court Psychiatrist	
	15 Workmen's Compensation Evaluator	
05 Consultant Specialist	13 PGY 6 14 PGY 7	
04 Attending Physician		
03 Referring Physician 04 Attending Physician		
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Philip F. Waterman II, M.D., F.A.C.O.G., F.A.C.S.



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