

State of New Hampshire

BOARD OF REGISTRATION IN MEDICINE

2 INDUSTRIAL PARK DRIVE SUITE 8

CONCORD, NH 03301-8520

ROBERT C. CHARMAN, M.D. CYNTHIA S. COOPER, M.D. MAUREEN P. KNEPP, PA-C PARAMEDICAL PROFESSIONAL

BOARD MEMBERS ALBERT M. DRUKTEINIS, M.D., J. PRESIDENT

LAWRENCE W. O'CONNELL, Ph. VICE PRESIDENT, PUBLIC MEMBER

> MARCEL R. DUPUIS, M.D. ROBERT C. CHARMAN, M.D.

AUG 3 1 1995

h and of Registration & Medicine

PLEASE COMPLETE AND RETURN TO THE BOARD OF REGISTRATION IN MEDICINE AS SOON AS POSSIBLE. PLEASE PRINT.

NAME Patricia T. Glowa MD	
	12
OFFICE ADDRESS Community Health Contract	
Buch Rd Honor NH BUSINESS TELEPHONE 603-650.	- 4000
03755	<i>₽</i> €:
HOME ADDRESS	
HOME TELEPHONE	
	· ·
SPECIALTY Family Medicine BOARD CERTIFIED YES	
ALL HOSPITAL AFFILIATIONS Dartmouth- Hitchcock Medical Center	10/
	8
	7 .
IN WHAT OTHER STATES DO YOU HOLD CURRENT LICENSE Vermont New York, North	Carolina
	# F

PLATIUS. DATING SPEC:



TEL. (603) 271-1203

State of New Hampshire

BOARD OF REGISTRATION IN MEDICINE

2 INDUSTRIAL PARK DRIVE SUITE 8 CONCORD, NH 03301-8520

TDD Access: Relay NH 1-800-735-2964

BOARD MEMBERS

ALBERT M. DRUKTEINIS, M.D., . PRESIDENT

LAWRENCE W. O'CONNELL, Ph VICE PRESIDENT, PUBLIC MEMBE

> MARCEL R. DUPUIS, M.D. ROBERT C. CHARMAN, M.D. CYNTHIA S. COOPER, M.D. MAUREEN P. KNEPP, PA-C PARAMEDICAL PROFESSIONAL

M.D. REINSTÄTEMENT APPLICATION

NA	ME: Patricia T. Glowa,	M.D.	al a
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	DRESS: Manning Dr. CB 759		Carolin
ADI	Chapel HIU/NC 27599-75		——————————————————————————————————————
SPE	CIALTY Family Medicine BOARD CE		
STA	TES IN WHICH YOU HOLD OR HAVE EVER HEL	D LICENSE(S)?	-
(A v	rerification from any state board from which you hold or ng your license is/was in good standing is required.)	have ever held a license	;
791	you take National Boards, FLEX or USMLE? Noti	onal Boards	
	X2 2		



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NEW HAMPSHIRE BOARD OF REGISTRATION IN MEDICINE SUPPLEMENT TO APPLICATION

52	ANENT ADDRESS:		UNC-Memori Chapel Hill		
LOCAL	MAILING:		Chape vill	· chrc.	21311
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YOU A	ARE REQUIRED TO COMPLETE THE QUEST	TONS BETOW		TODO	110
	Tim Quide	LOND DIMON.	*1	YES	NO
2.	you in the last ten years (whether filed in relation to the claim)? Have you ever applied for license examination or taken an examination.	If So How are or to si	Many?	3)	-
	name?	2 2		0-11-7-45	~
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3.	Have you ever been denied the pri	lvileges of	taking or	2	_
3.	Have you ever been denied the prifinishing an examination or been	accused of	cheating and/or	2	
3.	Have you ever been denied the pri	accused of	cheating and/or	2 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	V
 4. 	Have you ever been denied the prifinishing an examination or been improper conduct during an examinatriculation in college?	accused of mation since	cheating and/or your	5 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	V
77 25 86	Have you ever been denied the prifinishing an examination or been improper conduct during an examinatriculation in college? Have you ever failed any of the fithe FLEX examination, any state I	accused of nation since ollowing exposure of the second examination of	cheating and/or your mainations:		<u> </u>
77 25 86	Have you ever been denied the prifinishing an examination or been improper conduct during an examinatriculation in college?	accused of nation since ollowing exposure of the second examination of	cheating and/or your sminations:	X N N N N N N N N N N N N N N N N N N N	<u> </u>

Have you ever failed a foreign licensing or certification 5. examination? Have you ever been denied a medical license, whether full, limited or temporary, for any reason? Have you ever had staff privileges, employment or 7. appointment in a hospital or other health care institution denied, suspended or revoked, or resigned from a medical staff in lieu of disciplinary action? Are any formal disciplinary charges pending or has any 8: disciplinary action been taken against you in the last ten years by any governmental authority, by any hospital or health care facility, or by any professional medical association (international, national, state or local)? Have you ever voluntarily surrendered a license to practice medicine or any healing art? Have you ever withdrawn an application for medical 10. licensure, hospital privileges or appointment, for any reason? Have you ever, for any reason, lost American Specialty 11. Board Certification? Have you been denied required recertification by one or 12. more specialty boards? If yes, which one(s)? Have you, at any time, been a defendant in any criminal 13. proceeding other than minor traffic offenses? Has your privilege to possess, dispense or prescribe 14. controlled substances ever been suspended, revoked, denied, restricted or surrendered, or have you been called before or warned by this state or any other jurisdiction including a federal agency at any time? Have you ever had any emotional disturbance or mental 15. illness which has impaired your ability to practice medicine or to function as a student of medicine?

17. Have you ever held a license in New Hampshire or any other state or country? If yes, list other juridsictions. New Hampshire Vermont New York
North Cerolina
NOTE ON QUESTIONS 14-16: The harm that befalls physicians and patients alike when impairment goes undetected and untreated by the medical profession is devastating. The Board wants impaired physicians treated in the early stages of impairment before irreparable harm to the physician or patient occurs.
If you have answered "yes" to any of the above except #17 please explain on the reverse side. Attach additional 8 1/2" X 11" sheets if necessary.
To the best of my knowledge I meet the qualifications for Full Licensure in New Hampshire.
I hereby certify under the penalty of perjury that all information on this form including attached sheets is true.
NAME (PLEASE PRINT) Patricia T. Glowa MD
SIGNATURE: Patricia T. OPOLOG MD. DATE 7/11/95

Are you now, or have you been in the past, dependent upon alcohol or drugs?

16.

1/4/88

Curriculum Vitae

Patricia T. Glowa, MD

UNC/Department of Family Medicine, CB #7595 Chapel Hill, N.C. 27599-7595 (919) 966-3711 ext. 358

Date of Birth:

Married:

Children:



Education:

1973-1977 Harvard Medical School, Boston, Mass., M.D.

1971-1973 City College of the City University of New York, New York, N.Y., B.A.

1967-1970 McGill University, Montreal, P.Q., Canada, English major

Post Doctoral Training:

1993-1994 Faculty Development Fellowship, Department of Family Medicine, UNC-CH

1979-1980 Co-Chief Resident, Family Medicine Program, Highland Hospital, Rochester, N.Y.

1977-1980 Internship and Residency in Family Medicine, Highland Hospital, Rochester, N.Y.

Work Experience:

1993-present Associate Director, Family Practice Center, Department of Family Medicine UNC-CH

1992-present UNC-Chapel Hill, Department of Family Medicine, Clinical Assistant Professor

1991-1992 Haywood Moncure Health Center, Moncure, N.C., practice of family medicine

1991-present Child Medical Evaluation Program, UNC Department of Pediatrics, Chapel Hill.

N.C., sexual abuse examiner for State of North Carolina

1991-1994 Medical Care Center, Durham, N.C., part-time provider of first-trimester abortions

1980-1991 Monroe Clinic, Monroe, N.H., partnership private practice of Family Medicine with

Donald Kollisch, M.D.

1983-1991 Planned Parenthood of Northern New England, St. Johnsbury, Vt., part-time

provider of first-trimester abortions

1969-1973 National Emergency Civil Liberties Committee, part- and full-time secretary,

executive secretary

Credentials:

ACLS - 1994

NALS - 1994

Diplomate, American Board of Family Practice, certified 1980, recertified 1986, 1992 North Carolina license for medicine, 1991-present, lic. no. 33831

New Hampshire license for medicine and surgery, 1980-1991, lic. no. 6250

Vermont license for medicine and surgery, 1983-present, lic. no. 6920

New York license for medicine and surgery, 1978-present, lic. no. 134698

Curriculum Vitae - Patricia T. Glowa, M.D. page 2

Teaching Appointments:

1992-present Clinical Assistant Professor, Department of Family Medicine, UNC, residency faculty

member and team leader

1991-1992 Clinical Instructor of Family Medicine, University of North Carolina, 1991-present:

resident precepting and medical student instruction

1980-1991 Adjunct Assistant Professor of Clinical Community and Family Medicine, Dartmouth

Medical School, Office-based teaching of first- and second-year students in the Family Medicine Longitudinal Elective and of third- or fourth-year students in the

Primary Care Clerkship

Research Network Participant:

Primary Care Cooperative Information Project, Dartmouth Medical School, 1981-1991; initiated a study of functional health status in pregnancy, and participated in numerous other studies Ambulatory Sentinel Practice Network, Denver, Colo., 1983-1991: participated in numerous studies

Memberships:

American Professional Society on the Abuse of Children, 1994-present Society of Teachers of Family Medicine, 1992-present American Medical Women's Association, 1992-present American Academy of Family Practice, 1980-present

Hospital Affiliations:

University of North Carolina Memorial Hospitals, attending staff, 1991-present Cottage Hospital, Woodsville, N.H., active staff, 1980-1991: President, Medical Staff, 1983 Littleton Hospital, Littleton, N.H. courtesy staff, 1980-1991

Activities:

Center for Development & Learning; Multidisciplinary clinic evaluating LD & Attention Deficit Disorders in adults, Child Development Institute, University of North Carolina, 1994-present Examiner, Child Medical Evaluation Program, State of North Carolina, 1991-present Attending Physician of the University of North Carolina Child Medical Evaluation Program (a referral and training clinic on child abuse for the State of North Carolina), 1991-present Sexual Abuse Team, Division Children & Youth Services, Department of Welfare, Littleton, N.H., 1987-1988

Sexual Abuse Examiner, Division Children & Youth Services, Department of Welfare 1984-1991 Bath School Board, 1982-1991; Chair, 1984-1988, 1990-1991 School Administrative Unit No. 23 Board, member 1982-1991; chair, 1986-1991

Publications:

Practice Commentary on the article; "RU-486, The Progesterone Antagonist", by Barry Weiss, Archives of Family Medicine, Vol. 2, no. 1, 1/93, p. 70.

Article Reviewer:

Archives of Family Medicine, 1994-present

Grant Reviewer:

AAFP/F-AAFP Grant Awards Program

Curriculum Vitae - Patricia T. Glowa, M.D. page 3

Presentations:

"Breastfeeding: How to Practice What We Preach" Grand Rounds 1/95

"Child Sexual Abuse: The Basics of History & Exam" Principles of Family Medicine 12/94

"Talking with Your Patient About Partner Abuse: Skills Training for Family Practice Residents" STFM, Violence Education Conference, Albuquerque, NM, 11/94

"Change in Resident Knowledge, Attitude, and Practice: An Evaluation of Curriculum on Partner Abuse" STFM, Violence Education Conference, Albuquerque, NM, 11/94

"Teaching About Domestic Violence: What Works?" Faculty Development Fellowship Symposium, University of North Carolina at Chapel Hill, NC 6/94

"Talking with Your Patient About Partner Abuse" Principles of Family Practice 3/94

"Talking about Domestic Violence: Getting Started" Principles of Family Medicine 3/94

"Should Family Physicians Screen for Partner Abuse?" Critical Appraisal Rounds 2/94

"Talking about Domestic Violence: Getting Started" Principles of Family Medicine 2/94

"Physician-Community Interface and the Battered Woman" Grand Rounds 2/94

"Domestic Violence" Grand Rounds 1/94

"Is D & C Necessary for All Miscarriages?" Critical Appraisal Rounds 10/94

"Labor Management Options" Principles of Family Medicine 10/93

"Hypertension" Clinicians Meeting 9/93

"Contraceptive Counseling" Principles of Family Medicine 5/93

"Abortion: Current Realities and Practice in North Carolina", UNC Family Medicine Grand Rounds, 4/93

"Should the Risk of Long-Term Backpain deter the Use of Epidurals in Labor?" Critical Appraisal Rounds 2/93

Functional Health Status in Pregnancy, UNC Family Medicine Grand Rounds, 4/92

"Sexual Abuse: Personal Series"; UNC Family Medicine Grand Rounds, 4/91

Cottage Hospital medical staff education sessions, including Sexual Abuse: Personal Series; Lyme Disease; Abortion and others

Committees:

Sub-Committee on Adolescent Training Programs 1994-Present

Department of Family Medicine:

Team Leaders Council 1992-1993

Practice Management Group 1993-Present

UNC School of Medicine:

Study Committee on Development of Mid-Level Practitioner Training Programs 1993-Present UNC Memorial Hospital:

Breastfeeding Taskforce 1993-Present

Expires: 6/30/92

APPLICATION FOR ANNUAL REGISTRATION - PHYSICIAN

Please correct mailing address on front of card, if necessary, and complete back of card and return to N.H. Board of Medicine, 6 Hazen Drive, Concord, NH 03301

Fee \$75 - Make checks payable to: "TREASURER, STATE OF N.H."

PATRICIA T GLOWA MD MONROE CLINIC P O BOX 180 MONROE NH

NH 03771

329:16 a Renewal. Every person licensed to practice under this chapter, except as provided in RSA 329:16 c, shall apply to the board for annual renewal of license on forms provided by the board and shall pay a renewal fee as established by the board. The board may require evidence that the applicant has actually practiced within the state during the previous year, as a condition for renewal.

Please put on inactive status; home address as of 1/91 = PLEASE NOTIFY THIS OFFICE OF ANY CHANGE IN PROFESSIONAL ADDRESS AS REQUIRED BY LAW (RSA 329:160)

FAILURE TO RENEW ON OR BEFORE JUNE 30, 1991 WILL RESULT IN \$25 FINE AND / OR SUSPENSION IN ACCORDANCE WITH RULES AND REGULATIONS OF THE BOARD

Name: Patricia Todd.	Colona	Bus. Tel.: .	603-638-2372
Office address: Monroe Clinic Po	Box 180 Mon	roe NH Q3	77.
Home Address	Town, City	State	Zip Code
Are you in active practice? Private:			Retired?
All hospital affiliations: Cottage - active Are you American Board Certified in specialty?	. Littleton - court	esh	a chive
Of recently acquired, a certified photocopy is requi	red for our files)		
In what other states do you hold a current license to practical	ctice medicine (indicate dates d	of issue) Vermont 3	NY 78, No.Car. 91
Has any state denied your application for license, suspen	ded or revoked your license or		
Date:	Signe	d: latricia T.	Clowa 118.



The State of New Campshire

Board of Registration in Medicine

Application No. 6917

1 hereby apply of license to practice Medicine in the State of New Hampshire as a Doctor of dicine [as a Doctor of Osteopathy] •• and submit the following proofs, as required by the rules

and regulations, formulated in accordance	and submit the following proofs, as required by the rules with the laws of the State of New Hampshire, and enclose a order for the regular fee of \$150.00 (U. S. Funds) No Parkey.
certified check or postal or express money of	and submit the following proofs, as required by the rules with the laws of the State of New Hampshire, and enclose a order for the regular fee of \$150.00 (U. S. Funds) No Refunds.
(Do not use initials) First	Todd
Present residence: No	Middle names in full Street, Monroe Clinic, (City or town) (County) (State) Zip Monroe, N.H. 03771 Code
- ost office andrese (ditter 7/15/00)	
Date of birth	Monroe, N.H. 03771 Code
If foreign born, date and place	Birthplace
PlacePlace	tion as a citizen of the United States: Date
Age at last	Date
birthday Sex FemaleDive	, Married, Widowed, or Color or cored (write the word) Married race white
2. Academic va.	Married racewhite
Name and f	
Monte Monte	Canada Períod of Study
Academic degree of B a	YSept., 1971 - T.
3. Medical Education:	yed from .City.College.of.N.Y 1June, 1June,
Name and Location of All Institutions attended. Harvard Medical School, Boston, Mas	1June,1973
School, Boston, Mas	Years attended with Date
-	June 1077
***************************************	***************************************
Degree of Doctor of Marie	***************************************
at Boston, Mass. Period and places of practice Family Medicin	received fromHazvard Medical School
Period and places of practice Francis	
N.Y. July 1977	e Residency History 1977
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certificate of Medical Education:	(Name all states la
It is hereby certified that	which examined or licensed)
matriculated in	(Name all states in which examined or licensed) Of
On (Name of institution)	. at
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On 10	COUrses of lectures
Doctor of Medicine (Octor at a	ploma from this institution conferm
on	conterring the degree of
	Freidant C
This form is to be used for applicant	President, Secretary or Dean. [SEAL] &
*This form is to be used for applicants for examination and triking out this blank indicate clearly whether the applicants of the properties of the properti	for applicants for registration without
	NATION TO 46 - CANADA CONTRACTOR WILLIAM AND AND ADDRESS OF THE PARTY

*This form is to be used for applicants for examination and for applicants for registration without examination.

*In filling out this blank indicate clearly whether the application is for a doctor of medicine or doctor of osteopathy by derein.

† The Board may at its discretion require a slip or leaf from Prospectus of College or School showing what preliminary education is required to enter, and what medical study and standard are required for graduation.

Board of Medicine

EXPIRES:	[∨] 06/30/1997		2 2 2		6	41.1
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		003	ž 8	Business Tel:	650-4000	
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1 58	PATRICIA T GLOW		-	Home Address		
	COMMUNITY HEALT	H CENTER	23			
	BUCK RD HANOVER NH 037	'55 -	· · · · · · · · · · · · · · · · · · ·	Home Tel:		
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10. HAVE ANY MEDIC	PLACED ON ADMINISTRATIVE LEAVEY CAL MALPRACTICE CLAIMS BEEN MADE AGAINS	T YOU? SEE ATTACHED REPO			9YES	10 10
IF THE ANSWER IS Y	ES TO ANY OF THESE QUESTIONS, PLEASE FIL	E A WRITTEN EXPLANATION.		100	ල් කිරි ජ කැදි	5.88
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Board of Medicine

EXPIRES: 🔿

6/30/98

PATRICIA T GLOWA, MD **COMMUNITY HEALTH CENTER** BUCK RD HANOVER NH 03755-

	Please check appropriate mailing address.	
	Name in full Patricia T. Glowa	M
//	Place of employment Community Healt	
	2 Buck Rd Hanovet NHe	25
.*:	Business Tel: 603 650-4000	
<u>.</u>	Home Address	h
	· · · · · · · · · · · · · · · · · · ·	
	Home Tel:	1

HAVE YOU BEEN CONTINUOUSLY ENGAGED IN THE ACTIVE PRACTICE OF MEDICINE? YES NO IF NO, PLEASE EXPLAIN	(F)
The second continuous in the active phaging of medicine? Yes No. If no, please explain	ENEWAL FEE: \$100.00
SPECIALTY Femily Practice BOARD CERTIFIED? YES	E. E. Heert Edition
	*2
I DO NOT INTEND TO RENEW MY LICENSE - PLEASE PLACE MY LICENSE ON INACTIVE STATUS.	
LIST ALL HOSPITAL AFFILIATIONS: Dertmouth-Hitchcock Medical Conto	5 2 5
IN WHAT OTHER STATES DO YOU HOLD LICENSE: Vermont, New York	120
	fa exe
IN THE PAST 12 MONTHS:	
1. HAS ANY ACTION, INCLUDING ANY DISCIPLINARY ACTION, LIMITATION, BESTRICTION, OR AN AGREEMENT FOR ANY REASON	2 16 20
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?	1. YES _ NO
3. HAS THERE BEEN ANY DENIAL RESTRICTION, SUSPENSION OR LOSS/REVOCATION OF YOUR DEAD	2YESNO
HAVE YOU BEEN TREATED FOR USE OR MISUSE OF ANY CHEMICAL SUBSTANCE? HAVE YOU HAD ANY EMOTIONAL DISTURBANCE OR MENTAL ILLNESS WHICH HAS IMPAIRED YOUR ABILITY TO PRACTICE MEDICINE? AVE YOU HETEL BOWN OF THE PROPERTY	J. TES NO
5. HAVE YOU HAD ANY EMOTIONAL DISTURBANCE OR MENTAL ILLNESS WHICH HAS IMPAIRED YOUR ABILITY TO PRACTICE MEDICINE?	5 YES VINO
V. HAVE TOO DEEN FOUND GUILTT OR ENTERED A PLEA OF NO CONTEST TO ANY FER ONLY OF TO A MICHEMANAGE.	6. YES NO
TAVE TOO BEEN REPORTED TO THE NATIONAL PRACTITIONER DATA BANK? IF YES, PLEASE SUBMIT A COPY OF THE REPORT	7. YES V NO
8. HAVE YOU BEEN THE SUBJECT OF AN INVESTIGATION OR DISCIPLINARY PROCEEDING?	8YES V NO
9. HAVE ANY HOSPITAL PRIVILEGES BEEN SUSPENDED, LIMITED, OR DENIED OTHER THAN FOR MEDICAL REGORDS VIOLATIONS; OR	
HAVE YOU BEEN PLACED ON ADMINISTRATIVE LEAVE? 10. HAVE ANY MEDICAL MALPRACTICE CLAIMS BEEN MADE AGAINST YOU? SEE ATTACHED REPORTING FORM	P. YES NO
MICHONE WALL TWO TICE COUNTS BEEN WADE AGAINST YOU? SEE ATTACHED REPORTING FORM	10 YES 1 NO
IF THE ANSWER IS YES TO ANY OF THESE QUESTIONS, PLEASE FILE A WRITTEN EXPLANATION.	
	Х, 11 Ж
I HEREBY CERTIFY, UNDER PENALTY OF PERJURY, THAT ALL INFORMATION ON THIS FORM IS CURRENTLY ACCURATE.	ě a

Telephone #: 603-271-6934

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

RENEWAL	APPT	TCA	TION
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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 will be required to file a reinstatement application. The following information represents the information on file for you with the Board of Medicine. Plea any necessary changes. Please note that pursuant to RSA 329;16-f, all licensees must inform the Board change in address within 30 days of the change. Specialty: IP Board Certified: (Y/N) (Y) Please list ABMS Board Specialty: FP Licensed in the states of: (2 letter state abbrev) YINY Please mark the box next to the address you would prefer to list as your mailing address. License#: 6250 File#: 6917 Work Address: PATRICIA'T GLOWA, MD COMMUNITY HEALTH CENTER 2 BUCK RD HANOVER NH 03755 Hospital Affiliations: (If not a NH hospital, please list-city, and state where hospital is located DARTMOUTH-HITCHCOCK MEDICAL CENTER		X CLUIT 123	TITLE THE A DECINETION	-
If you choose not to renew, your license will be placed on inactive status. To reactivate the lice will be required to file a reinstatement application. The following information represents the information on file for you with the Board of Medicine. Plea any necessary changes. Please note that pursuant to RSA 329:16-f. all licensees must inform the Board change in address within 30 days of the change. Specialty: FP Board Certified: (Y/N) (Y) Please list ABMS Board Specialty: FP Licensed in the states of: (2 letter state abbrev.) Y/NY Please mark the box next to the address you would prefer to list as your mailing address. License # 6250 File #: 6917 Work Address: PATRICIA T GLOWA, MD COMMUNITY HEALTH CENTER 2 BUCK RD HANOVER, NH 03755- Hospital Affiliations: (If not a NH hospital, please list city and state where hospital is located DARIMOUTH-HITCHCOCK MEDICAL CENTER	For expiration on:	6/30/1999		Renewal Fee: \$100.00
will be required to file a reinstatement application. The following information represents the information on file for you with the Board of Medicine. Plea any necessary changes. Please note that pursuant to RSA 329:16-f, all licensees must inform the Board Change in address within 30 days of the change. Specialty: FP Board Certified: (V/N) (Y) Please list ABMS Board Specialty: FP Licensed in the states of: (2 letter state abbrev) V/NY Please mark the box next to the address you would prefer to list as your mailing address. License #: 6250 File #: 6917 Work Address: Home Addres	If you do not	wish to renew your license	, check here.	
will be required to file a reinstatement application. The following information represents the information on file for you with the Board of Medicine. Plea any necessary changes. Please note that pursuant to RSA 329:16-f, all licensees must inform the Board Change in address within 30 days of the change. Specialty: FP Board Certified: (V/N) (Y) Please list ABMS Board Specialty: FP Licensed in the states of: (2 letter state abbrev) V/NY Please mark the box next to the address you would prefer to list as your mailing address. License #: 6250 File #: 6917 Work Address: Home Addres	If you choose	e not to renew, your license	will be placed on inactiv	c status. To reactivate the license.
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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
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5. Have you had any emotional disturbance or mental or physical illness which has impaired your ability to practice medicine?		~
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Patricia Ti Glava ped 4/29/98		
Signature of Licensee (Signature Stamp Not Accepted) Date		

Telephone #: 603-271-6934



BOARD OF MEDICINE

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

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For expiration on:	6/30/2000	Renewal Fee: \$100.00
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Licensed in the states of: (2 letter state abbrev.)

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

Specialty

File#: 6917....

Board Certified: (Y/N) y

Please list ABMS Board Specialty: FP

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PATRICIA T GLOWA, MD COMMUNITY HEALTH CENTER 2 BUCK RD HANOVER, NH 03755-Phone: 603*643-5572

Hospital Affiliations: (If not a NH hospital, please list city and state where hospital is located.)

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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. DO NOT RESUBMIT INFORMATION REPORTED ON A PRIOR RENEWAL APPLICATION.

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- 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?
- 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.
- 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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I HEREBY CERTIFY UNDER PENALTY OF PERJURY, THAT ALL INFORMATION ON THIS FORM IS CURRENTLY ACCURATE.

Signature of Licensee (Signature Stamp Not Accepted)

Date

Telephone #: 603-271-6934



BOARD OF MEDICINE

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

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For expiration on:	6/30/2001		Renewal Fee: \$100.00
If you do not	wish to renew your lic	ense, check here.	
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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?

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- 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
- 8. Have you been the subject of an investigation or disciplinary proceeding?
- 9. Have any hospital privileges ocen 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

I HEREBY CERTIFY UNDER PENALTY OF PERJURY, THAT ALL INFORMATION ON THIS FORM IS CURRENTLY ACCURATE.

atricia T. Cloroa Signature of Licensee (Signature Stamp Not Accepted)



Telephone #: 603-271-6934

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

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

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Telephone #: 603-271-6934

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		RENEWAL APP	LICATION	
For expiration of	on: 6/30/2003			Renewal Fee: \$150.00
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	Phone: 603*650-4	000	le a trade de la facilità de	
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Signature of Licensee (Signature Stamp Not Accepted)

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STATE OF NEW HAMPSHIRE

Telephone #: 603-271-6934



BOARD OF MEDICINE

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

	RENEWAL APPLI	CATION	# 1080
For expiration on: 06/30/04	10 100 100 100 100 100 100 100 100 100		Renewal Fee: \$150.00
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will be required to file a reinstatement	the state of the s		gesective services representative
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3.	Have you been subject to any denial, restriction, suspension or loss/revocation of your DEA certificate?		\propto
4.	Have you been treated, other than through the Physician Health Program, for abuse or misuse of any chemical substance, including alcohol?		\times
5.	Have you had any emotional disturbance or mental or physical illness which has impaired your ability to practice medicine?		\succeq
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5	Patricia T. Jone MD 3/9/03		
Sign	nature of Licensee (Signature Stamp Not Accepted) Date		

MAR 2 5 2004

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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For expirat	tion on:	6/30/06				Renewal	Fee: \$300.00
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		any ch	ange in address	within 30 day	s of the chan	<u>ge</u> :	ė.
Spe	ecialty:	RP .		Board Certified Please list ABI			
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(RENEWAL APPLICATION CONTINUED ON REVERSE SIDE)

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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?



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, 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?



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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.



8. Have you been the subject of an investigation or disciplinary proceeding?

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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 manufactive cannot been made against you? See attached reporting form.

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

Patricia T Java MD
Signature of Licensee (Signature Stamp Not Accepted)

311104

Date

Telephone #: 603-271-6934 APR 1 3 2006

BOARD OF MEDICINE

2 Industrial Park Drive, Suite 8^{APR} 0 5 Concord, NH 03301-8520

AH BO

RENE	WAL APPLICATION # 194483
For expiration on: 6/30/08	Renewal Fee: \$300.00
If you DO NOT wish to renew your license if you choose not to renew, your license will be required to file a reinstatement application.	will be place on inactive status. To reactivate the license, you
any necessary changes. Please note that pursu	ation on file for you with the Board of Medicine. Please make ant to RSA 329:16-f, all licensees must inform the Board of ess within 30 days of the change.
Specialty: FP	Board Certified: (Y/N) Y Please list ABMS Board Specialty: FP
Licensed in the states of: (2 letter state at VT NY	bbrev.)
Please mark the box next to the address you wo	uld prefer to list as your mailing address.
License # 6250	File#: 6917
Work Address	Home Address
PATRICIA T GLOWA, MD COMMUNITY HEALTH CENTER ONE MEDICAL CENTER DR LEBANON, NH 03766 Phone: 603*650-4000 Business Fax Number: 603-650-4130 Business Email Address:	
	and state where hospital is located. Check off type of nold for each Hospital
DARTMOUTH-HITCHCOCK LEBANON	Privilege Full Courtesy Consult NH III III III III III III III

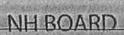
Please answer each of the following questions. If your answer to any question is "Yes", you must provide a complete written explanation of the circumstances including any required documents. <u>DO NOT RESUBMIT INFORMATION REPORTED ON A PRIOR RENEWAL APPLICATION.</u>

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?		\times
2.	Have you been denied, or have you surrendered, a license in any state other than for relocation or retirement?	II	$ \leq $
3.	Have you been subject to any denial, restriction, suspension or loss/revocation of your DEA certificate?		Ж,
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?		X
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?		X
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?		4
9.	Have any hospital privileges		%
10.	Have any medical malpractice claims been made against you? See attached reporting form.		
Carlo Library	EREBY CERTIFY UNDER PENALTY OF PERJURY, THAT ALL INFORMATION ON THIS IRRENTLY ACCURATE.	S FOR	M IS
Sig	Patricia T. Jawa_ nature of Licensee (Signature Stamp Not Accepted) Date		

RECEIVED

MAY 13 2008 STATE OF NEW HAMPSHIRE MAY 12 2003

Telephone #: 603-271-6934





For expiration on:	06/30/2010			Rene	wal Fee. \$3	00.00
If you choose	OT wish to renew your license, not to renew, your license will le a reinstatement application.	ACCRECATE THE PROPERTY OF THE	tive stat	us. To re	activate the	license, yo
	nation represents the information ges. Please note that pursuan any change in address	t to RSA 329:16-	f, all lic	ensees mi		
Specialty:	Currently Board Certified? (Y/N) - Y Please list ABMS Board Specialty: FP					
Currently lice	ensed in the states of (2 letters	tate abbrev.)	IY The second			
Please mark the box	next to the address you would	prefer to list as yo	our mai	ling addre	288	
License #. 6250		File#: 69	917			
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COMMUNITY	GLOWA, MD Y HEALTH CENTER AL CENTER DR IH' 03766			ے ج		
Business Email	Number: 603-650-4190		STATE OF STREET	ocated. (Check off t	ype of
Hospit	all of the transmission of the same of the	Privilege	Eall (Courtesy	Consult	our source
	TH-HITCHCO LEBANON	NHI				

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?



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 confest to any felony, misdemeanor or alcohol or drug related offense that has not been annulled by a court?



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? Philosexchide have a gattons and disciplinary proceedings conducted by the New Hampshire Board of Medicine.



9 Have any hospital privileges been suspended, himited of the control of the c



10. Have any medical mulpractice claims been made against you? See attached reporting form.

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**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.

Signature of Licensee (Signature Stamp Not Accepted)

2/14/08 Date

Telephone #: 603-271-6934



BOARD OF MEDICINEAY 1 7 2010
2 Industrial Park Drive, Suite 8
Concord, NH 03301-8520 BO

RENEWAL APPLICATION

For expiration on: 06/30/2012

Renewal Fee: \$300.00

Pare Pd: 517-10 Check # 534 // 7

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. FP

Currently Board Certified? (Y/N) Y. Please list ABMS Board Specialty. FP

Currently licensed in the states of (2 letter state abbrev.) VT NY

You must provide both home and business street address. PO Boxes are not acceptable. Please mark the box next to the address you would prefer to list as your mailing address. License #: 6250

File #:6917

M

Work Address

PATRICIA T GLOWA, MD COMMUNITY HEALTH CENTER ONE MEDICAL CENTER DR LEBANON, NEW 18766

Phone: 603 650-4000

Business Fax Number: 603-650-4190

Business Binail Address

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

DARTMOUTH-HITCHCO LEBANON NH

DARTMOUTH-HITCHCO LEBANO

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? New York -no longer needed
- 3. Have you been subject to any investigation or to a denial, restriction, suspension, loss or revocation of your DEA certificate?

- 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 count?
- 7. Have you been reported to the National Practitioner's Data Bank? If yes, please submit a SHOW THE ROTE OF THE
- practice of medicine? Plant the land estigations and disciplinary proceedings conducted by the New Hampshire Board of Medicine.
- 9. Have any hospital priviles 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 malpraetice claims been made against you? See attached reporting form.

Pursuant to RSA 125:25-e, it, please attach a list of ALL diagnostic and the apentic 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. Thave familiarized myself with these documents and acknowledge that deviation from the standards set therein may subject me to disciplinary action by the New Hampshire Board of Medicine.

Patricia T. Olono M. Signature of Licensec (Signature Stamp) Not Accepted)