

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

PHYSICIAN/SURGEON APPLICATION FOR:

\$400

Initial licensure (\$450)

Reinstatement (Fee \$450) CT License No.: _____ Date Granted: _____

PLEASE INDICATE (X) THE EXAMINATION(S) YOU COMPLETED:

<input checked="" type="checkbox"/>	National Board of Medical Examiners (NBME)	Federation Licensing Examination (FLEX)
	Year Taken: ^I 1991 ^I 1992 ^{III} 1994	Licentiate of the Medical Council of Canada (LMCC)
	United States Medical Licensing Examination (USMLE) Was Step 3 taken in CT? If yes, what date _____	Combination of Segments (please specify)
	National Board of Osteopathic Examiners (NBOME)	

NAME: GARRETT Audrey Paige
(Last) (First) (Middle) (Maiden)

ADDRESS: 32 Francis St. Winthrop MA 02152-2001
(Street) (Town) (State) (Zip)

Please indicate below how you would like your name and address to appear on your official license. This will become your address of record for all future mailings.

NAME: AUDREY PAIGE GARRETT, MD

ADDRESS: 32 FRANCIS ST
WINTHROP MA 02152

Fax 401-277-3601

TELEPHONE NO.: (Where you may be reached 8:30-4:30, M-F) 401-453-7520

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: 11 / 10 / 64

MEDICAL EDUCATION:

List name and location of medical school(s) attended Columbia College of Physicians and Surgeons New York, NY. Dates of Attendance 1989-1993

DEGREE AWARDED: MD MPH DATE AWARDED: 5/1993

MEDICAL LICENSURE:

List all states in which you have ever been licensed to practice medicine:

STATE	LIC. NUMBER	DATE ISSUED	LICENSED BY:	
			EXAM	ENDORSEMENT
<u>MA</u>	<u>150737</u>	<u>1996</u>		<input checked="" type="checkbox"/>

SPECIALTY: If certified by a specialty board approved by the American Board of Medical Specialties (ABMS), indicate name of American Board:

AMERICAN BOARD OF: _____ Date Certified _____

MEDICAL PRACTICE:

List all medical practice you have engaged in since graduation from medical school (identify internship and residency):

Hospitals Associated With	Location	Dates
Brigham and Womens Hospital	75 Francis St. Boston MA 02115	Internship 6/20/93-6/30/94
		Residency 7/1/94-6/30/97
		Fellowship 7/1/98-6/30/2001

STATEMENT OF PROFESSIONAL HISTORY

Please answer the following questions referring to the instructions, if applicable.

- | | YES | NO |
|--|-------|---------|
| 1. Have you ever been censured, disciplined, dismissed or expelled from, had admissions monitored or restricted, had privileges limited, suspended or terminated, been put on probation, or been requested to resign or withdraw from any of the following:

-Any hospital, nursing home, clinic, or similar institution;
-Any health maintenance organization, professional partnership, corporation, or similar health practice organization, either private or public;
-Any professional school, clinical clerkship, internship, externship, preceptorship or postgraduate training program;-Any third party reimbursement program, whether governmental or private?

If your answer is "yes", give full details, names, addresses, etc. on separate notarized statement. | _____ | _____ / |
| 2. Have you ever had your membership in or certification by any professional society or association suspended or revoked for reasons related to professional practice?

If your answer is "yes", give names of professional society or association, date and reasons your membership or certification was suspended or revoked on a separate notarized statement. | _____ | _____ / |
| 3. Has any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction, limited, restricted, suspended or revoked any professional license, certificate, or registration granted to you, or imposed a fine or reprimand, or taken any other disciplinary action against you?

If your answer is "yes", give full details, names, addresses, etc. on a separate notarized statement. | _____ | _____ / |
| 4. Have you ever, in anticipation or during the pendency of an investigation or other disciplinary proceeding, voluntarily surrendered any professional license, certificate or registration issued to you by any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction?

If your answer is "yes" give full details, names, addresses, etc. on a separate notarized statement. | _____ | _____ / |
| 5. Have you ever been subject to, or do you currently have pending, any complaint, investigation, charge, or disciplinary action by any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction or any disciplinary board/committee of any branch of the armed services? You need not report any complaints dismissed as without merit.

If your answer is "yes" give full details, names, addresses, etc. on a separate notarized statement. | _____ | _____ / |

