

1999 Grant

Application #: 99-9211-03
Date Approved: / /

Commonwealth of Massachusetts
Board of Registration in Medicine
10 West Street, Boston, Massachusetts 02111

RECEIVED

2

INITIAL LIMITED LICENSE APPLICATION

IMPORTANT: Read the accompanying instructions before completing this form, and print legibly or type your answers. Please attach a \$50 check payable to the Commonwealth of Massachusetts.

CHECK ONE:

- Graduate of a Medical School in the United States, Canada, or Puerto Rico (USMG)
- Graduate of an International Medical School (IMG)
- Graduate of an International Medical School applying under the Special Refugee Physician Program

NOTE: GRADUATES OF INTERNATIONAL MEDICAL SCHOOLS MUST COMPLETE ADDITIONAL FORMS

SECTION A: Sworn Statement to be Completed by Applicant

1-A. Name: (Last) SONDHEIMER (First) ALICE (MI) G

1-B. Other Name(s): _____

- | | YES | NO |
|---|--------------------------|-------------------------------------|
| 1) Have you ever been known under a different name or combination of names? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2) Have you ever been licensed under a different name? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3) Have you ever applied for licensure, or applied to sit for an examination, or taken an examination under a different name? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

If yes, you must provide additional information. (See instructions.)

2. Current Residence: _____ Telephone Number: _____

City: _____ State: _____ Zip: _____

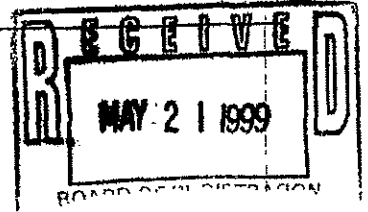
3. Date of Birth: / _____ Place of Birth: _____

4. Sex: Male Female 5. Social Security Number: _____

6. Name of Massachusetts Training Hospital: BIRGHAM'S WOMEN'S HOSPITAL

75 FRANCIS ST BOSTON City
Street Address

DATE: 5-21
INITIAL: LLS
FEE: \$50.00 Check 301



NAME: ALICE SONDEIMER

7. Name of premedical school(s): SWARTHMORE COLLEGE

Location: SWARTHMORE, PA, USA
(City, State, Country)

8. Name of medical school(s): COLUMBIA UNIV COLLEGE OF PHYSICIANS & SURGEONS

Location: NY, NY USA
(City, State, Country)

Year of Graduation: 99 Degree Received: M. D. D. O. Other(specify) _____

9. Have you had previous post-graduate training? No Yes U.S. or International

Name of Institution: _____

Address: _____

Name of Program: _____ Dates of Training: _____

(If additional space is needed, please continue your answer on a separate sheet of paper.)

10. List states (abbreviations) where you are currently licensed to practice medicine (include residency training licenses):

None _____

11. List states (abbreviations) where you were previously licensed to practice medicine (include residency training licenses):

None _____

12. Medical School Training:

YES NO

a) If you are a USMG, have you taken more than 4 years to complete medical school?

b) If you are an IMG, have you taken more than 6 years to complete medical school?

If yes, you must provide additional information. (See instructions.)

13. Has more than one year passed between the date of your graduation from medical school and the anticipated start date of your limited licensure in Massachusetts?

If yes, you must provide additional information. (See instructions.)

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MAY 15 2000
MASSACHUSETTS
DEPARTMENT OF
REGISTRATION

MASSACHUSETTS
DEPARTMENT OF
REGISTRATION

NAME: ALICE SONDHEIMER

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YES NO

14-A. Have you ever been enrolled in a residency program(s) where you were required to repeat a year of training? (See instructions).

14-B. Have you ever been enrolled in a residency training program(s) that you did not complete, or where you transferred to another program, specialty or facility?

If you answered "yes" to question 14-A or 14-B, a letter from your program director is required.

Explanation attached: Program Director's explanation requested:

SECTION B: Read the instructions. Check either YES or NO to each question. Do not answer N/A. If you answer YES to any of these questions, you must provide details on the Limited License Supplement.

YES NO

15. Since your enrollment in college, have you been subject to any disciplinary action (see definition) at any academic institution?
16. Have you ever been terminated or granted a leave of absence by a medical school or medical post-graduate training program or have you ever withdrawn from a medical school or medical post-graduate training program?
17. Since your enrollment in college, have you been denied the privilege of taking or finishing an examination or have you been accused of cheating and/or improper conduct during an examination?
18. Have you ever, for any reason, been denied a medical license, whether full, limited or temporary, or have you withdrawn an application for medical licensure?
19. Have you ever voluntarily surrendered a license to practice medicine or any healing art?
20. Are any formal disciplinary charges pending against you, or do you have knowledge of any pending investigation into your professional competence or conduct by any governmental authority, health care facility, group practice or professional medical society or association (international, national, state or local)? (See definition).

NAME: ALICE SONDHEIMERYES NO

21. Has any disciplinary action ever been taken against you for violation of laws, rules, by-laws or standards of practice by any governmental authority, health care facility, group practice, or professional medical society or association (international, national, state or local)? (See definition).
22. Have you ever been denied medical staff membership, or advancement in medical staff status, or has such denial been recommended by a standing medical staff committee or governing body?
23. Have you ever, for any reason, withdrawn an application for hospital privileges or appointment?
24. Have you ever voluntarily relinquished medical staff membership?
25. Has your medical staff membership, medical privileges or medical staff status at any hospital been limited, suspended, revoked, not renewed or subject to probationary conditions or has processing toward any of those ends been instituted or recommended by a medical staff committee or governing board?
26. Have you ever been charged with any criminal offense, other than a minor traffic offense?
27. Has your privilege to possess, dispense or prescribe controlled substances ever been suspended, revoked, denied, restricted or surrendered, or have you ever been called before or warned by any state or other jurisdiction including a federal agency regarding such privileges?
28. In the past ten (10) years, has any medical malpractice claim been made against you, whether or not a lawsuit was filed in relation to the claim?
29. In the past ten (10) years, has any lawsuit, other than a medical malpractice suit, which is related to your competency to practice medicine, or your professional conduct in the practice of medicine, been filed against you or has such a suit been settled, adjudicated or otherwise resolved?

NAME: ALICE SANDHEIMER

CONFIDENTIAL MEDICAL INFORMATION

Before completing the following questions, refer to the instructions for definitions and additional information. If answering "yes" to any of the questions, you must provide details on the Limited License Supplement. For purposes of the following questions, "currently" does not mean on the day of, or even the weeks or months preceding the completion of this application. It means recently enough to have an impact on one's functioning as a licensee, or within the past two years.

YES NO

30. Since becoming a medical student, have you been diagnosed with or treated for a medical condition which in any way currently limits or impairs your ability to practice medicine or to function as a physician?
31. Do you currently have a medical condition which in any way limits or impairs your ability to practice medicine or to function as a physician?
32. Within the past two years, have you engaged in the use of chemical substances with the result that your ability to practice medicine is currently limited or impaired?
33. Have you ever refused to submit to a test to determine whether you had consumed and/or were under the influence of chemical substances?
34. Are you currently engaged in the illegal use of drugs or misuse of prescription drugs?
35. Within the past five years, have you voluntarily modified or otherwise limited your scope of practice of medicine for any reason other than a medical condition?

If your responses to Questions 15-35 change while your application is pending, you must notify the Board of the new information immediately.

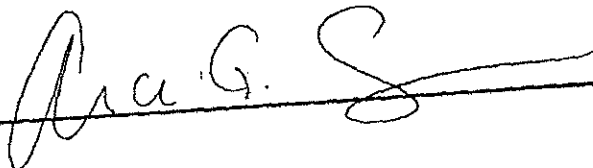
CERTIFICATIONS:

Pursuant to M.G.L. c. 62C, § 49A, I certify under the penalties of perjury that, to the best of my knowledge and belief, I have filed any Massachusetts state tax returns and paid any Massachusetts state taxes that are required under law. (Note: This applies even if you reside out of the state or out of the country.)

Pursuant to M.G.L. c. 119, § 51A, I certify under the penalties of perjury that I will fulfill my obligation to report abuse or neglect of children. I will read the Board's regulations, 243 C.M.R. 1.00 through 3.00. To the best of my knowledge, I meet the qualifications for limited licensure in Massachusetts.

I certify under the penalties of perjury that all information on this form (front and back, and all attached pages) is true, to the best of my knowledge.

Applicant's Signature:



Date:

12 May 99

NAME: ALICE SONDPHEIMER

SECTION C: TO BE COMPLETED AND SIGNED BY THE DESIGNATED OFFICIAL OF THE INSTITUTION AT WHICH THE APPLICANT HAS RECEIVED AN APPOINTMENT.

This certifies that Alice Sondheimer has been appointed
(Name of Applicant)

to the position of Intern Resident Fellow

in the specialty of Obg OB/GYN as a PGY _____

921 BRIGHAM & WOMEN'S HOSPITAL
at _____
(Name of Hospital)

beginning 6/20/99 to anticipated completion of training: 6/30/03
month day year month day year

Is the program accredited by the ACGME? YES NO

If no, is there an ACGME-approved training program in the applicant's specialty?

Designated Official's Signature: _____

Type or Print Name: Shawn Vanner, Manager
Graduate Medical Education

Official Title: _____

Date: 5/18/99

Telephone Number: 617-732-8540



COMMONWEALTH OF MASSACHUSETTS—BOARD OF REGISTRATION IN MEDICINE
 10 WEST STREET, BOSTON, MA 02111 - (617) 727-3086

AUTHORIZATION FOR RELEASE OF INFORMATION, DOCUMENTS AND RECORDS

I, ALICE GRACE SONDPHEIMER
 (type/print your complete name)

request and authorize every person, institution, professional licensing board of any state in which I hold or may have held a license to practice my profession, hospital, clinic, government agency, (local, state, federal or foreign), law enforcement agency, or other third parties and organizations, and their representatives to release information, records, transcripts, and other documents, concerning my professional qualifications and competency, ethics, character, and other information pertaining to me to the Massachusetts Board of Registration in Medicine.

I further request and authorize that the requested information, documents and records be sent directly to:

Board of Registration in Medicine
 10 West Street, Boston, MA 02111
 Attention: Licensing

Immunity and Release

I hereby extend absolute immunity to, and release, discharge, and hold harmless from any and all liability: 1) the Board of Registration in Medicine, its agents, representatives, directors and officers; 2) other agencies, institutions, hospitals and clinics providing information, their representatives, directors and officers; and 3) any third parties and organizations for any acts, communications, reports, records, transcripts, statements, documents, recommendations or disclosures involving me, made in good faith and without malice, requested or received by the Board of Registration in Medicine.

By my signature below, I acknowledge that information, documents and records required to be furnished by another organization, educational institution, hospital, individual or any person or groups of persons must be sent directly by the persons to the Board of Registration in Medicine. I understand that the Board of Registration in Medicine will not accept any such information, records or documents forwarded by me.

A photocopy or facsimile of this authorization shall be as valid as the original and shall be valid up to one year from the date signed.

Alice G. Sondheimer
 Applicant's Signature

12 May 99
 Date of Signature

SONDHEIMER, ALICE, G.
 Applicant's Printed Last Name, First Name, Middle Initial, Suffix (e.g., Jr.)

 Applicant's Date of Birth (month/day/year)

DATE 4/7/00
INITIAL: AF
FEE: \$50.00 CHECK

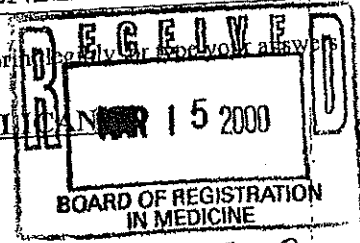
Application #: 9211
Date Approved: 4/7/00

Commonwealth of Massachusetts - Board of Registration in Medicine
Ten West Street, Third Floor, Boston, Massachusetts 02111

RENEWAL APPLICATION - LIMITED LICENSE

IMPORTANT: Please read the accompanying instructions before completing this form, and print legibly or typewrite.

SECTIONS "A" AND "C" ON PAGE 2 ARE TO BE COMPLETED BY APPLICANT



SECTION A:

1. Name: (Last) SONDHEIMER (First) ALICE Telephone Number: _____ (MI) 9
2. Mailing Address: _____ City: _____ State: _____ Zip: _____
3. Name of Training Hospital: BRIGHAM'S WOMEN'S
4. Current Limited License Number: 99-9211-03
5. Other states (abbreviations) where you are now licensed to practice medicine. Indicate whether full license (F) or residency or training license (L). (F) (L) (F) (L) (F) (L)

SECTION B: To be completed by program director.

Has the physician been subject to past or pending disciplinary action in this program?

I hereby certify that the above-named physician is in good standing in the training program.

Print Name: Robert L. Barbieri, M.D. Date: 3/4/2000
Signature of Program Director: [Signature] Telephone: 617 732 4260

To be completed and signed by the designated official of the institution at which the applicant has received an appointment.

This certifies that Alice Sondheimer has been appointed

to the position of: Intern Resident Fellow as a PGY 1

Hospital Name: Brigham & Women's Hosp. Specialty: OB/Gyn

Beginning Date: 06/30/99 Anticipated Completion Date of Training: 06/30/2003

Is the program accredited by the ACGME? Yes No
If no, is there an approved ACGME program in applicant's specialty? Yes No

Designated Official: Betty Simpkins Shawn Vanner, Manager Telephone: 732 4722

Designated Official's Signature: [Signature] (Title) Graduate Medical Education Date: 03/07/00

NAME: SONDHEIMER, ALICE G.

SECTION C: Read the instructions. Check either YES or NO to each question. Do not answer N/A.
If you answer YES to any of these questions, you must provide details on Limited Supplement attached.

YES NO

SINCE YOUR LAST RENEWAL

Note: These questions apply only since your last renewal.

16. Have you been terminated, granted a leave of absence, withdrawn or had to repeat a year in a postgraduate training program?
17. Have you been denied the privilege of taking or finishing an examination or have you been accused of cheating and/or improper conduct during an examination?
18. Have you, for any reason, been denied a medical license, whether full, limited or or temporary or have you withdrawn an application for medical licensure?
19. Have you voluntarily surrendered a license to practice medicine or any healing art?
20. Are any formal disciplinary charges pending against you, or do you have knowledge of any pending investigation into your professional competence or conduct by any governmental authority, health care facility, group practice or professional medical society or association (international, national, state or local)? (See definition).
21. Has any disciplinary action been taken against you for violation of laws, rules, by-laws or standards of practice by any governmental authority, health care facility, group practice, or professional medical society or association (international, national, state or local)? (See definition).
22. Have you been denied medical staff membership, or advancement in medical staff status, or has such denial been recommended by a standing medical staff committee or governing body?
23. Have you, for any reason, withdrawn an application for hospital privileges or appointment?
24. Have you voluntarily relinquished medical staff membership?
25. Has your medical staff membership, medical privileges or medical staff status at any hospital been limited, suspended, revoked, not renewed or subject to probationary conditions or has processing toward any of those ends been instituted or recommended by a medical staff committee or governing board?
26. Have you been charged with any criminal offense, other than a minor traffic offense?
27. Has your privilege to possess, dispense or prescribe controlled substances been suspended, revoked, denied, restricted or surrendered, or have you been called before or warned by any state or other jurisdiction including a federal agency regarding such privileges?
28. Has any medical malpractice claim been made against you, whether or not a lawsuit was filed in relation to the claim?
29. Has any lawsuit, other than a medical malpractice suit, which is related to your competency to practice medicine, or your professional conduct in the practice of medicine, been filed against you or has such a suit been settled, adjudicated or otherwise resolved?

NAME: SONDHEIMER, ALICE G

CONFIDENTIAL MEDICAL INFORMATION

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SINCE YOUR LAST RENEWAL:

Note: These questions apply only since your last renewal.

YES NO

- 30. Have you been diagnosed with or treated for a medical condition which in any way currently limits or impairs your ability to practice medicine or to function as a physician?
- 31. Do you currently have a medical condition which in any way limits or impairs your ability to practice medicine or to function as a physician?
- 32. Have you engaged in the use of chemical substances with the result that your ability to practice medicine is currently limited or impaired?
- 33. Have you refused to submit to a test to determine whether you had consumed and/or were under the influence of chemical substances?
- 34. Are you currently engaged in the illegal use of drugs or misuse of prescription drugs?
- 35. Have you voluntarily modified or otherwise limited your scope of practice of medicine for any reason other than a medical condition?

If your responses to Questions 16-35 change while your application is pending, you must notify the Board of the new information immediately. Please note that your license expires at the end of the academic year and must be renewed. A limited licensee may practice medicine only at the institution or its affiliates. With a limited license you are not allowed to "moonlight" under any circumstances.

Pursuant to M.G.L. c. 62C, § 49A, I certify under the penalties of perjury that, to the best of my knowledge and belief, I have filed any Massachusetts state tax returns and paid any Massachusetts state taxes that are required under law. (Note: This applies even if you reside out of the state or out of the country.)

Pursuant to M.G.L. c. 119, § 51A, I certify under the penalties of perjury that I will fulfill my obligation to report abuse or neglect of children. I will read the Board's regulations, 243 C.M.R. 1.00 through 3.00. To the best of my knowledge, I meet the qualifications for limited licensure in Massachusetts.

I certify under the penalties of perjury that all information on this form (front and back, and all attached pages) is true, to the best of my knowledge.

Applicant's Signature: _____

Date: 2/28/00



COMMONWEALTH OF MASSACHUSETTS--BOARD OF REGISTRATION IN MEDICINE
10 WEST STREET, BOSTON, MA 02111 - (617) 727-3086

AUTHORIZATION FOR RELEASE OF INFORMATION, DOCUMENTS AND RECORDS

I, ALICE GRACE SONDHEIMER
(type/print your complete name)

request and authorize every person, institution, professional licensing board of any state in which I hold or may have held a license to practice my profession, hospital, clinic, government agency, (local, state, federal or foreign), law enforcement agency, or other third parties and organizations, and their representatives to release information, records, transcripts, and other documents, concerning my professional qualifications and competency, ethics, character, and other information pertaining to me to the Massachusetts Board of Registration in Medicine.

I further request and authorize that the requested information, documents and records be sent directly to:

Board of Registration in Medicine
10 West Street, Boston, MA 02111
Attention: Licensing

Immunity and Release

I hereby extend absolute immunity to, and release, discharge, and hold harmless from any and all liability: 1) the Board of Registration in Medicine, its agents, representatives, directors and officers; 2) other agencies, institutions, hospitals and clinics providing information, their representatives, directors and officers; and 3) any third parties and organizations for any acts, communications, reports, records, transcripts, statements, documents, recommendations or disclosures involving me, made in good faith and without malice, requested or received by the Board of Registration in Medicine.

By my signature below, I acknowledge that information, documents and records required to be furnished by another organization, educational institution, hospital, individual or any person or groups of persons must be sent directly by the persons to the Board of Registration in Medicine. I understand that the Board of Registration in Medicine will not accept any such information, records or documents forwarded by me.

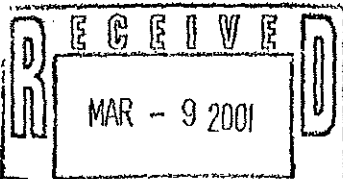
A photocopy or facsimile of this authorization shall be as valid as the original and shall be valid up to one year from the date signed.

[Signature]
Applicant's Signature

2/28/00
Date of Signature

SONDHEIMER ALICE G
Applicant's Printed Last Name, First Name, Middle Initial, Suffix (e.g., Jr.)

Applicant's Date of Birth (month/day/year)



Application #: 9211
Date Approved: 3/13/01

DATE: 3/13/01

INITIAL: CD
FEE: \$50.00

Commonwealth of Massachusetts - Board of Registration in Medicine
10 West Street, Third Floor, Boston, Massachusetts 02111 - www.massmedboard.org

RENEWAL APPLICATION - LIMITED LICENSE

IMPORTANT: Please read the accompanying instructions before completing this form, and print legibly or type your answers.

SECTIONS "A" AND "C" ON PAGE 2 ARE TO BE COMPLETED BY APPLICANT.

SECTION A:

- Name: (Last) MARK (First) ALICE (MI) G
Telephone Number: _____
- Mailing Address: _____
City: _____ State: _____ Zip: _____
- Name of Training Hospital: BWH/MGH
- Current Limited License Number: 99-9211-03
- Other states (abbreviations) where you are now licensed to practice medicine. Indicate whether full license (F) or residency or training license (L). _____ (F) (L) _____ (F) (L) _____ (F) (L)

SECTION B: To be completed by program director.

Has the physician been subject to past or pending disciplinary action in this program?

I hereby certify that the above-named physician is in good standing in the training program.

Print Name: Robert L. Barbieri, M.D. Date: 2/23/01

Signature of Program Director: [Signature] Telephone: 617-732-4265

To be completed and signed by the designated official of the institution at which the applicant has received an appointment.

This certifies that Alice G. Mark, M.D. has been appointed
(Name of Applicant)

to the position of: Intern Resident Fellow as a PGY _____

Hospital Name: Brigham and Women's Hospital Specialty: OB/GYN

Beginning Date: 6/20/99 Anticipated Completion Date of Training: 6/30/03

Is the program accredited by the ACGME?
If no, is there an approved ACGME program in applicant's specialty?
 Yes No Yes No

Designated Official: Mary Albertini, Physician Services Telephone: 617-732-9430
(Print Name) (Title)

Designated Official's Signature: [Signature] Date: 3/8/01

NAME: ALICE MARK

SECTION C: Read the instructions. Check either YES or NO to each question. Do not answer N/A. If you answer YES to any of these questions, you must provide details on Limited Supplement attached.

YES NOTHESE QUESTIONS APPLY ONLY SINCE YOUR LAST RENEWAL

16. Have you been terminated, granted a leave of absence, withdrawn or had to repeat a year in a postgraduate-training program?
17. Have you been denied the privilege of taking or finishing an examination or have you been accused of cheating and/or improper conduct during an examination?
18. Have you, for any reason, been denied a medical license, whether full, limited or or temporary or have you withdrawn an application for medical licensure?
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26. Have you been charged with any criminal offense, other than a minor traffic offense?
27. Has your privilege to possess, dispense or prescribe controlled substances been suspended, revoked, denied, restricted or surrendered, or have you been called before or warned by any state or other jurisdiction including a federal agency regarding such privileges?
28. Has any medical malpractice claim been made against you, whether or not a lawsuit was filed in relation to the claim?
29. Has any lawsuit, other than a medical malpractice suit, which is related to your competency to practice medicine, or your professional conduct in the practice of medicine, been filed against you or has such a suit been settled, adjudicated or otherwise resolved?

NAME: ALICE MARK

Page 3 of 3

CONFIDENTIAL MEDICAL INFORMATION

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THESE QUESTIONS APPLY ONLY SINCE YOUR LAST RENEWAL

YES NO

- 30. Have you been diagnosed with or treated for a medical condition which in any way currently limits or impairs your ability to practice medicine or to function as a physician?
- 31. Do you currently have a medical condition which in any way limits or impairs your ability to practice medicine or to function as a physician?
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Pursuant to M.G.L. c. 62C, § 49A, I certify under the penalties of perjury that, to the best of my knowledge and belief, I have filed any Massachusetts state tax returns and paid any Massachusetts state taxes that are required under law and that I have complied with all laws of the Commonwealth related to withholding and remitting child support. (Note: This applies even if you reside out of the state or out of the country.)

Pursuant to G.L. c. 112, § 1A, I will fulfill my obligation to report abuse or neglect of children as required by G.L. c. 119, § 51A.

I will read the Board's regulations, 243 C.M.R. 1.00 through 3.00. To the best of my knowledge, I meet the qualifications for limited licensure in Massachusetts.

I certify under the penalties of perjury that all information on this form (front and back, and all attached pages) is true, to the best of my knowledge.

Applicant's Signature: _____



Date: 2 / 22 / 01



COMMONWEALTH OF MASSACHUSETTS--BOARD OF REGISTRATION IN MEDICINE
 10 WEST STREET, BOSTON, MA 02111 - (617) 727-3086

AUTHORIZATION FOR RELEASE OF INFORMATION, DOCUMENTS AND RECORDS

I, ALICE GRACE MARK
 (type/print your complete name)

request and authorize every person, institution, professional licensing board of any state in which I hold or may have held a license to practice my profession, hospital, clinic, government agency, (local, state, federal or foreign), law enforcement agency, or other third parties and organizations, and their representatives to release information, records, transcripts, and other documents, concerning my professional qualifications and competency, ethics, character, and other information pertaining to me to the Massachusetts Board of Registration in Medicine.

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By my signature below, I acknowledge that information, documents and records required to be furnished by another organization, educational institution, hospital, individual or any person or groups of persons has been sent to me directly from the primary source in a sealed enveloped and that none of the seals have been broken.

A photocopy or facsimile of this authorization shall be as valid as the original and shall be valid up to one year from the date signed.

[Handwritten Signature]
 Applicant's Signature

2/22/01
 Date of Signature

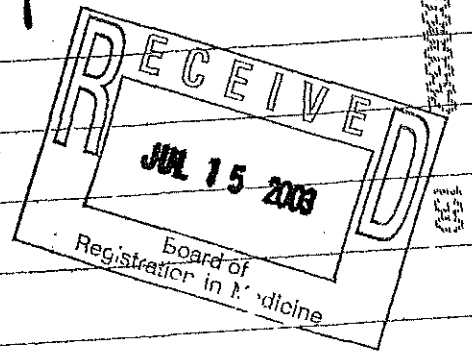
ALICE G. M. MARK, ALICE, G.
 Applicant's Printed Last Name, First Name, Middle Initial, Suffix (e.g., Jr.)

 Applicant's Date of Birth (month/day/year)

7/15/03

Please give me two copies of
~~Alice~~ my license

216999



Alice G. Mark MD

COMPLETED

A large, stylized handwritten signature in black ink, appearing to be "Alice G. Mark".

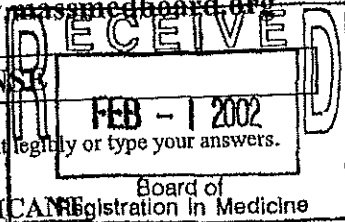
216999

#1010
cme
2/5/02

Application #: 9211
Date Approved: 2/5/02

Commonwealth of Massachusetts - Board of Registration in Medicine
10 West Street, Third Floor, Boston, Massachusetts 02111 - www.massmedboard.org

RENEWAL APPLICATION - LIMITED LICENSE



IMPORTANT: Please read the accompanying instructions before completing this form, and print legibly or type your answers.

SECTIONS "A" AND "C" ON PAGE 2 ARE TO BE COMPLETED BY APPLICANT

SECTION A:

- 1. Name: (Last) MARK (First) ALICE (MI) S
Telephone Number: _____
- 2. Mailing Address: _____
City: _____ State: _____ Zip: _____
- 3. Name of Training Hospital: BWH
- 4. Current Limited License Number: 99-9211-03
- 5. Other states (abbreviations) where you are now licensed to practice medicine. Indicate whether full license (F) or residency or training license (L).
 (F) (L) (F) (L) (F) (L)

SECTION B: To be completed by program director.

Has the physician been subject to past or pending disciplinary action in this program?
 I hereby certify that the above-named physician is in good standing in the training program.
 Print Name: Robert Barbieri, M.D. Date: 1/24/02
 Signature of Program Director: [Signature] Telephone: 617-732-4265

To be completed and signed by the designated official of the institution at which the applicant has received an appointment.

This certifies that Alice Mark, MD (Name of Applicant) has been appointed to the position of: Intern Resident Fellow as a PGY 4

Hospital Name: Brigham + Women's Hospital Specialty: Ob/Gyn

Beginning Date: 6/20/99 Anticipated Completion Date of Training: 6/30/03

Is the program accredited by the ACGME: Yes No
 If no, is there an approved ACGME program in applicant's specialty? Yes No

Designated Official: Jill Bradshaw Cred Coord Telephone: 7329445
 Designated Official's Signature: [Signature] (Title) Jill Bradshaw Date: 1/31/02

NAME:

Alice S. Mark

Page 2 of 3

SECTION C: Read the instructions. Check either YES or NO to each question. Do not answer N/A.
If you answer YES to any of these questions, you must provide details on Limited Supplement attached.

THESE QUESTIONS APPLY ONLY SINCE YOUR LAST RENEWAL

YES NO

16. Have you been terminated, granted a leave of absence, withdrawn or had to repeat a year in a postgraduate-training program?
17. Have you been denied the privilege of taking or finishing an examination or have you been accused of cheating and/or improper conduct during an examination?
18. Have you, for any reason, been denied a medical license, whether full, limited or temporary or have you withdrawn an application for medical licensure?
19. Have you voluntarily surrendered a license to practice medicine or any healing art?
20. Are any formal disciplinary charges pending against you, or do you have knowledge of any pending investigation into your professional competence or conduct by any governmental authority, health care facility, group practice or professional medical society or association (international, national, state or local)? (See definition).
21. Has any disciplinary action been taken against you for violation of laws, rules, by-laws or standards of practice by any governmental authority, health care facility, group practice, or professional medical society or association (international, national, state or local)? (see definition).
22. Have you been denied medical staff membership, or advancement in medical staff status, or has such denial been recommended by a standing medical staff committee or governing body?
23. Have you, for any reason, withdrawn an application for hospital privileges or appointment?
24. Have you voluntarily relinquished medical staff membership?
25. Has your medical staff membership, medical privileges or medical staff status at any hospital been limited, suspended, revoked, not renewed or subject to probationary conditions or has processing toward any of those ends been instituted or recommended by a medical staff committee or governing board?
26. Have you been charged with any criminal offense, other than a minor traffic offense?
27. Has your privilege to possess, dispense or prescribe controlled substances been suspended, revoked, denied, restricted or surrendered, or have you been called before or warned by any state or other jurisdiction including a federal agency regarding such privileges?
28. Has any medical malpractice claim been made against you, whether or not a lawsuit was filed in relation to the claim?
29. Has any lawsuit, other than a medical malpractice suit, which is related to your competency to practice medicine, or your professional conduct in the practice of medicine, been filed against you or has such a suit been settled, adjudicated or otherwise resolved?

NAME: Alice B. Mark

CONFIDENTIAL MEDICAL INFORMATION

Before completing the following questions, refer to the instructions for definitions and additional information. If answering "yes" to any of the questions, you must provide details on the Limited License Supplement. For purposes of the following questions, "currently" does not mean on the day of, or even the weeks or months preceding the completion of this application. It means recently enough to have an impact on one's functioning as a licensee, or within the past two years.

THESE QUESTIONS APPLY ONLY SINCE YOUR LAST RENEWAL

YES NO

- 30. Have you been diagnosed with or treated for a medical condition which in any way currently limits or impairs your ability to practice medicine or to function as a physician?
- 31. Do you currently have a medical condition which in any way limits or impairs your ability to practice medicine or to function as a physician?
- 32. Have you engaged in the use of chemical substances with the result that your ability to practice medicine is currently limited or impaired?
- 33. Have you refused to submit to a test to determine whether you had consumed and/or were under the influence of chemical substances?
- 34. Are you currently engaged in the illegal use of drugs or misuse of prescription drugs?
- 35. Have you voluntarily modified or otherwise limited your scope of practice of medicine for any reason other than a medical condition?

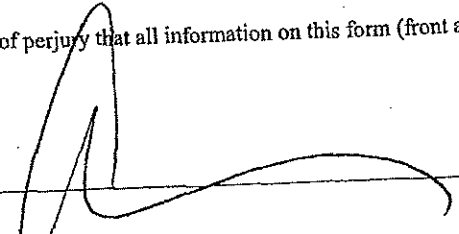
If your responses to Questions 16-35 change while your application is pending, you must notify the Board of the new information immediately. Please note that your license expires at the end of the academic year and must be renewed. A limited licensee may practice medicine only at the institution or its affiliates. With a limited license you are not allowed to "moonlight" under any circumstances.

Pursuant to M.G.L. c. 62C, § 49A, I certify under the penalties of perjury that, to the best of my knowledge and belief, I have filed any Massachusetts state tax returns and paid any Massachusetts state taxes that are required under law and that I have complied with all laws of the Commonwealth related to withholding and remitting child support. (Note: This applies even if you reside out of the state or out of the country.)

Pursuant to G.L. c. 112, § 1A, I will fulfill my obligation to report abuse or neglect of children as required by G.L. c. 119, §51A.

I will read the Board's regulations, 243 C.M.R. 1.00 through 3.00. To the best of my knowledge, I meet the qualifications for limited licensure in Massachusetts.

I certify under the penalties of perjury that all information on this form (front and back, and all attached pages) is true, to the best of my knowledge.

Applicant's Signature: 

Date: 1/9/02



COMMONWEALTH OF MASSACHUSETTS--BOARD OF REGISTRATION IN MEDICINE
10 WEST STREET, BOSTON, MA 02111 - (617) 727-3086

AUTHORIZATION FOR RELEASE OF INFORMATION, DOCUMENTS AND RECORDS

I, ALICE GRACE MARK
(type/print your complete name)

request and authorize every person, institution, professional licensing board of any state in which I hold or may have held a license to practice my profession, hospital, clinic, government agency, (local, state, federal or foreign), law enforcement agency, or other third parties and organizations, and their representatives to release information, records, transcripts, and other documents, concerning my professional qualifications and competency, ethics, character, and other information pertaining to me to the Massachusetts Board of Registration in Medicine.

I further request and authorize that the requested information, documents and records be sent directly to:

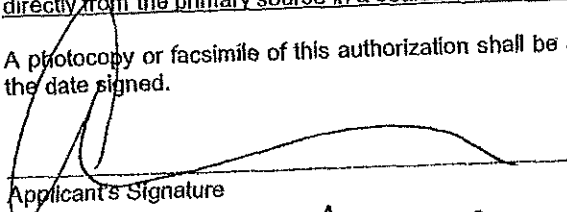
Board of Registration in Medicine
10 West Street, Boston, MA 02111
Attention: Licensing

Immunity and Release

I hereby extend absolute immunity to, and release, discharge, and hold harmless from any and all liability: 1) the Board of Registration in Medicine, its agents, representatives, directors and officers; 2) other agencies, institutions, hospitals and clinics providing information, their representatives, directors and officers; and 3) any third parties and organizations for any acts, communications, reports, records, transcripts, statements, documents, recommendations or disclosures involving me, made in good faith and without malice, requested or received by the Board of Registration in Medicine.

By my signature below, I acknowledge that information, documents and records required to be furnished by another organization, educational institution, hospital, individual or any person or groups of persons has been sent to me directly from the primary source in a sealed enveloped and that none of the seals have been broken.

A photocopy or facsimile of this authorization shall be as valid as the original and shall be valid up to one year from the date signed.


Applicant's Signature

01/09/02
Date of Signature

MARK, ALICE, G.
Applicant's Printed Last Name, First Name, Middle Initial, Suffix (e.g., Jr.)

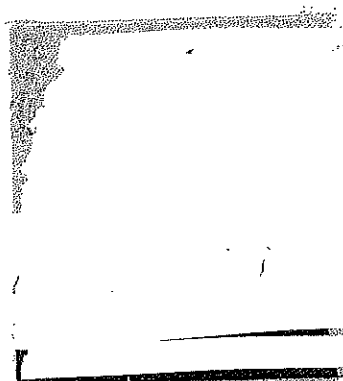
Applicant's Date of Birth

CERTIFICATE OF MORAL AND PROFESSIONAL CHARACTER

INSTRUCTIONS TO THE APPLICANT: This form must be signed by a physician legally authorized to practice medicine in the United States. Someone who has known you for a substantial period of time and is not a relative should execute this statement. The Board of Registration in Medicine prefers statements from physicians licensed to practice in Massachusetts.

PHOTOGRAPH

At
Yr
pr



Signature of applicant

I certify that the photograph above is a genuine likeness of the maker of the signature above.

Signature of Notary

SHAWN M. VANNER
Notary Public

My Commission Expires July 29, 2005

My commission expires

CERTIFICATION OF MORAL AND PROFESSIONAL CHARACTER

This certifies that I have been personally acquainted with the physician named below:

Alice Grace MARK
(name of applicant)

for 4 years. I believe that the above named physician is of good moral character and worthy of confidence and recommend him/her to the Massachusetts Board of Registration in Medicine.

ROBERT BARBIERI

Signature of Certifying Physician

48484

MA

License Number

State

ROBERT BARBIERI
Type or print name clearly

Address: 75 FRANCIS ST City:

BOSTON MA

State:

MA

Zip: 02115

Telephone: (617) 732 4265

Date: 2/21/03

Instructions to the certifying physician: Return the completed form to the applicant in a sealed envelope with your signature across the seal.

Seal Verified

DATE:

3/4/03

INITIALS:

AG



Commonwealth of Massachusetts Board of Registration in Medicine
 560 Harrison Avenue, Suite #G-4, Boston, MA 02118 - (617) 654-9810 <http://www.massmedboard.org>

Physician Registration Renewal Application

Before proceeding, please read the instruction booklet. Copy this form and all attachments for your own records; you will need copies for credentialing and other purposes. This completed renewal form with attachments must be returned in the green envelope at least 4 weeks before your renewal date.

RECEIVED
JUL 15 2003
 board of
 Registration in Medicine

- Remit \$400.00 for renewal fee (non-refundable).
- Add late fee of \$25.00, if necessary.
- Return renewal application in GREEN envelope.
- Enclose check with coupon in BLUE envelope.

Please review carefully the following information for accuracy and completeness. Make any corrections or alterations as required. All questions must be answered or your renewal will be delayed.

1. Current Status: Active Registration No.: 216999 Renewal Date: 09/02/2003

If you want to change your current status, please check one of the following boxes to indicate your new status: (Check only one)

- Active Retiring (see instructions) Inactive (see instructions) Do not wish to renew

Please make corrections (print)

2. Other Name(s), if any, under which you were licensed:

3. A) Mailing/Business Address:
 Alice G Mark

B) Home Address:

Home Phone:

Business Phone: (617)732-6660

Other Name(s) Name Change (enter name below)

Mailing Address: _____ State: _____
 City/Town: _____
 Zip: _____ Country: _____

Business Address: _____ State: _____
 City/Town: _____
 Zip: _____ Country: _____
 Business Telephone: (____) _____

Home Address: _____ State: _____
 City/Town: _____
 Zip: _____ Country: _____
 Home Telephone: (____) _____

PLEASE NOTE: Only one address can be a P.O. box. The mailing address cannot be a P.O. Box.

4. a) Date of Birth: _____ Sex: F
 c) SS# _____

5. a) Name of Medical School:
 Columbia Univ. College of Physicians & Surgeons
 b) Year Graduated: 1999 c) Degree: M.D.

6. Specialty Code(s) (See Table 1)

Code(s)	Hours per Week in Mass.
08G	40
0	0

7. Current American Board of Medical Specialties Certification (See Table 2)
 Code: 0G Code: _____

8. Drug License Numbers, if any:
 a) Federal (DEA): pending
 b) Massachusetts: _____

9. a) Other states where you are now licensed to practice (Abbr.)

 b) States where you were previously licensed (Abbr.)

10. List all current health care facilities at which you are affiliated or have completed the credentialing process for the provision of patient care. (Supply the codes from Table 3 and place a check mark next to those health care facilities where you have admitting privileges (AP). Next to each facility, write the approximate percentage of patient care hours that you provide in each facility). _____ No affiliations.

Facility Code: 921 ✓ (AP) 100 % Facility Code: _____ / _____ (AP) _____ %
 Facility Code: _____ / _____ (AP) _____ % Facility Code: _____ / _____ (AP) _____ %
 If 999, print name(s): _____

PRINT YOUR LAST NAME: MARK LICENSE NUMBER: 216999

11. My medical malpractice insurance is covered by Insurance Carrier Letter of Credit
Insurer's name. (Required): CRICO Policy dates: From: 1/1/03 To: 12/31/03
Alternatively, indicate as follows: I am registering with Active status but I am not covered by medical malpractice insurance because I am: Check One: Not involved in direct/indirect patient care in Massachusetts A government employee.
 Otherwise exempt Please explain exemption: no coverage 7/1/03 - 9/1/03. Resumes 9/1/03
12. What is your principal work setting? (See Table 4) 1 0 If you are affiliated with a healthcare facility or credentialed for the provision of patient care you must complete question #10 on page 1 and list your affiliations.
13. Care of patients in Massachusetts (see instruction booklet).
1) Average weekly hours involved in: A) inpatient care 20 hrs/wk B) outpatient care 20 hrs/wk
2) What is the approximate percentage of your patient care hours in primary care? 25 %

PART A - QUESTIONS REFER ONLY TO THE PAST TWO (2) YEARS (SEE INSTRUCTIONS)

Questions 14 through 22 refer to the period since you signed your last renewal application. Check either YES or NO to each question. Provide details on Form R for all YES answers (except question 22). Refer to instructions for additional information and definitions. ALL questions in this section must be answered. Do not answer NA or the form will be incomplete and delay your renewal.

YES	NO
-----	----

14. **CLAIMS MADE (New or Pending):** Has any medical malpractice claim been made against you that has not yet been finally settled or adjudicated, whether or not a lawsuit was filed in relation to the claim?
15. **CLAIMS (Resolved):** Has any medical malpractice claim that has been made against you been settled, adjudicated, or otherwise resolved, whether or not a lawsuit was filed in relation to the claim?
16. Has any lawsuit, other than a medical malpractice suit, which is related to your competency to practice medicine, or your professional conduct in the practice of medicine, been filed against you or been settled, adjudicated or otherwise resolved?
17. Have you been charged with any criminal offense?
18. Have you been charged with or disciplined for any violation of laws, rules, by-laws or standards of practice of any governmental authority, health care facility, group practice or professional society or association?
19. Has your privilege to possess, dispense or prescribe controlled substances been suspended, revoked, denied, restricted by, or surrendered to any state or federal agency?
20. Have you withdrawn an application for a medical license or been denied a medical license for any reason?
21. Has any professional liability insurance provider restricted, limited, terminated, imposed a surcharge or co-payment, or placed any condition related to professional competency or conduct on your coverage, or have you voluntarily restricted, limited or terminated your insurance coverage in response to an inquiry by a professional liability insurance provider?
22. **CME CERTIFICATION:** Have you completed your CME requirements preceding your renewal date? Yes No
 CME Waiver. CME waiver form must be submitted at least 30 days prior to license expiration date.
CME EXEMPTION: Check one: Inactive status Residency/Fellowship training (See instructions).
See Instructions for CME waiver or exemptions. Do not submit documentation of your CMEs with application.
- Pursuant to G.L. c. 112, Sec 1A, I understand my obligations to report abuse or neglect of children under G.L. c. 119, Sec. 51A and the punishment for failure to comply.
 - Pursuant to G.L. c. 112, Sec. 2, I will not charge to or collect from a Medicare beneficiary more than the Medicare fee schedule amount.
 - Pursuant to G.L. c. 62C, 49A, I certify that I have complied with all laws of the Commonwealth related to the filing of Massachusetts state tax returns and payment of all Massachusetts state taxes; reporting of employees and contractors under G.L. c. 62E; and withholding and remitting child support pursuant to G.L. c. 119A. (See instructions).

I hereby certify under the penalties of perjury that all information on this Renewal Application, Part B and Form R is true.

Signature: [Signature]

Date: 7/11/03

YOU MUST SIGN AND INCLUDE PART B, WITH YOUR RENEWAL APPLICATION
Board Regulations require that you notify the Board, in writing, of any change of address

MAKE A COPY OF YOUR APPLICATION AND ALL ATTACHMENTS BEFORE MAILING.

PRINT NAME AND NUMBER: Last Name: _____ License Number: _____

CONFIDENTIAL MEDICAL INFORMATION

PART B

Questions 23 and 24 refer to the period since you signed your last renewal application. Check either YES or NO (NOT N/A) to each question. Provide details for all YES answers in space below. Before completing the following questions, refer to the instruction booklet for definitions and additional information.

YES NO

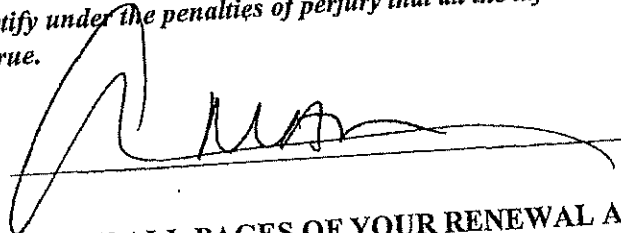
IN THE PAST TWO (2) YEARS:

23. Have you been diagnosed with or do you have a medical condition which in any way limits or impairs your ability to practice medicine? If your answer is "yes," set forth the specifics of your condition and any related treatment, including dates and diagnoses.

24. Have you engaged in the use of any chemical substance(s) which in any way interfered with your ability to practice medicine? If you have obtained medical treatment related to your use of chemical substances, set forth the specifics of the treatment, including dates and diagnoses.

YOU MUST SIGN AND INCLUDE PART B WITH YOUR RENEWAL APPLICATION

I hereby certify under the penalties of perjury that all the information on this Renewal Application, Part B and Form R is true.

Signature:  _____ Date: 7 / 11 / 03

COPY ALL PAGES OF YOUR RENEWAL APPLICATION BEFORE MAILING

Massachusetts Physician Renewal Application

License No.: 216999

Physician Name: Alice G Mark

PART A

1) Current Status: Active

Renewal Due Date: 08/05/2005

Birth Date: _____

If you want to change your current status, please check one of the following boxes to indicate your new status:
(Check only one). (See Renewal Instructions, page 3.)

- Active
 Retiring
 Inactive
 Do not wish to renew

2) Addresses & Contact Information. Please confirm your addresses and make changes, if necessary. You are required to notify the Board of Registration in Medicine within 30 days of any change of address. Home and Business addresses **CANNOT** be a Post Office Box.

2a) MAILING ADDRESS

48 Cedarwood Road
Jamaica Plain, MA 02130

Please make corrections (print)

Mailing Address: _____
 City/Town: _____ State: _____
 Zip: _____ Country: _____

Check here to change this address

2b) HOME ADDRESS

Home Address: _____
 City/Town: _____ State: _____
 Zip: _____ Country: _____
 Home Telephone: () _____

Phone: _____

Check here to change this address

2c) BUSINESS ADDRESS

B&W's Hospital - Dept. of Ob/Gyn
75 Francis Street
Boston, MA 02115

Business Address: _____
 City/Town: _____ State: _____
 Zip: _____ Country: _____
 Business Telephone: () _____

Phone: (617)732-6660 Ext. 34579

Check here to change this address

3) E-mail Address: _____

4) Fax Number: 617-983-4196

5) Specialties (See Renewal Instructions, page 4.)	Delete?	Additional specialties:
Obstetrics and Gynecology	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	

6) Current American Board of Medical Specialties (ABMS) or American Osteopathic Association (AOA) Information.
(See enclosed instructions and Renewal Instructions, page 4.)

List Certifying Board(s) below:		Update General Certificates and Subspecialty Certificates below. Please add additional Certifications as required.	
Board Name	ABMS or AOA	Certificate/Subspecialty	Correct? Delete?
Obstetrics & Gynecology	ABMS	Obstetrics and Gynecology	<input checked="" type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/> <input type="checkbox"/>

08/21/05:ST

9

Massachusetts Physician Renewal Application

License No.: 216999

Physician Name: Alice G Mark

(See Renewal Instructions, page 4.)

7) Drug License Numbers, if any:

- a) Massachusetts:
- b) Federal (DEA):
- c) Federal (DEA) XS:

Please make corrections as necessary

8a) Other states where you are now licensed to practice (Abbr.)

8b) States where you were previously licensed (Abbr.)

9) What is your principal work setting? (See Renewal Instructions, page 4.)

Principal Work Setting: Hospital

Change to: _____

Please enter the approximate number of work hours at your principal work setting: 30

10) List all current health care facilities where you are affiliated or have completed the credentialing process for the provision of patient care. (Supply the name of the health care facility from Reference Table 5 on Page 16 of the Instruction booklet). Next to each facility, write your staff category at that facility (Admitting, Active, Courtesy, Associate or Consulting), and the approximate number of hours of patient care that you provide at that facility. Include any affiliations with on-line prescribing services or companies. Please provide all information for additional facilities on a separate sheet, if necessary.

No Affiliations

Please enter the approximate number of work hours for each Health Care Facility below:

Health Care Facility (See Renewal Instructions, page 4.)	Delete?	Staff Category		Approximate # Hours per Week
		Current	Change	
Brigham & Women's Hospital	<input type="checkbox"/>	X		30
Southern Jamaica Plain Health Center	<input type="checkbox"/>	X		30
Women's Health Services 822 Boylston	<input type="checkbox"/>	X		5
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			

11) Care of patients in Massachusetts (See Renewal Instructions, page 4.)

Average weekly hours involved in: a) inpatient care 20 hrs/wk

Change to: 30 hrs/wk

b) outpatient care 20 hrs/wk

Change to: 30 hrs/wk

12) Medical Liability Insurance Information (See Renewal Instructions, page 5.)

My medical liability insurance is provided through: (check one)

Insurance Carrier (complete below)

Current Insurance Carrier: CRICO

Change to: _____

Policy dates: From 1/1/05 To 12/31/05
(required)

Letter of Credit subject to Board approval (attach a copy)

I am registering with Active status but I am not required to have medical liability insurance because I am:

Check one:

- Not involved with direct or indirect patient care in Massachusetts
- Government Employee Federal Tort Claims Act (FTCA)
- Otherwise exempt (Please explain): _____

Massachusetts Physician Renewal Application

License No.: 216999

Physician Name: Alice G Mark

13) Do you perform any surgery in your office? (See Renewal Instructions, page 5.) Yes No
 If Yes, please complete Form PCA-O "Office Based Surgery"

In questions 14-21, the phrase "time period" refers to the following: all time from the day you signed your last license renewal/application, to the day you sign this renewal application, inclusive. (See Renewal Instructions, page 5.)

You must check either YES or NO to each question. Provide details on Form R if you answer "YES" to any questions. Refer to Renewal Instructions for additional information and definitions. ALL questions in this section must be answered.

YES NO

	YES	NO
14) CLAIMS MADE a) New: Has any medical malpractice claim been made against you during this time period, whether or not a lawsuit was filed on that claim? b) Pending: Are there any unresolved malpractice claims against you today, any claims that have not been finally settled or finally adjudicated?		
15) CLAIMS PAID Has any medical malpractice claim against you (whether or not a lawsuit was filed on that claim) been resolved, settled, or adjudicated during this time period?		
16) OTHER CIVIL LAWSUITS Question 16 refers to claims or actions related to your competency to practice medicine or your professional conduct in the practice of medicine. a) New: Have there been any lawsuits, other than medical malpractice claims, been filed against you during this time period? b) Resolved: Have you resolved, settled or adjudicated any lawsuits, other than medical malpractice claims, during this time period?		
17) CRIMINAL CHARGES a) Have you been charged with any criminal offense during this time period? b) Are there any criminal charges pending against you today? c) Have any criminal offenses/charges against you been resolved during this time period?		
18) Have you been charged with or disciplined for any violation of laws, rules, by-laws or standards of practice of any governmental authority, health care facility, group practice or professional society or association?		
19) Has your privilege to possess, dispense or prescribe controlled substances been suspended, revoked, denied, restricted by, or surrendered to any state or federal agency?		
20) Have you withdrawn an application for a medical license, allowed a license application to become obsolete or have you been denied a medical license for any reason?		
21) Has any medical liability insurance carrier restricted, limited, terminated, imposed a surcharge or co-payment, or placed any condition related to professional competency or conduct on your coverage, or have you voluntarily restricted, limited or terminated your insurance coverage in response to an inquiry by a medical liability insurance carrier?		

22) CME CERTIFICATION:

- a) Have you completed your CME requirements preceding your renewal date? Yes No
- b) If no, are you requesting a CME waiver?
- Check to request CME Waiver. A CME waiver request form must be submitted at least 30 days prior to your license expiration date. (See Renewal Instructions, page 8.)
- c) If you are exempt from CME requirements, check reason for exemption. (See Renewal Instructions, page 8.)
- CME EXEMPTION:** (check one) Inactive Status Residency/Fellowship training

Massachusetts Physician Renewal Application

Physician Name: Alice G Mark

License No.: 216999

CONFIDENTIAL MEDICAL INFORMATION

05/21/05: SM 12

PART B

When answering Questions 23-24, refer to the time period beginning on the day you signed your last license renewal with this Board through and including the day you sign this renewal application.
(See Renewal Instructions, page 9.)

YES NO

23) Have you been diagnosed with or do you have a medical condition which in any way limits or impairs your ability to practice medicine? If your answer is "yes," set forth the specifics of your condition and any related treatment, including dates and diagnoses (see Renewal Instructions, page 9.)

24) Have you engaged in the use of any chemical substance(s) which in any way interfered with your ability to practice medicine? If you have obtained medical treatment related to your use of chemical substances, set forth the specifics of the treatment, including dates and diagnoses.

Under penalties of perjury, I declare that I have examined this renewal application and all its accompanying instructions, forms and statements, and to the best of my knowledge and belief, the information contained herein is true, correct, and complete.

Signature: _____

Date: 5 / 23 / 05

MAKE A COPY OF YOUR APPLICATION AND ALL ATTACHMENTS BEFORE MAILING, FOR YOUR RECORDS, FOR CREDENTIALING AND OTHER PURPOSES.

Massachusetts Physician Renewal Application

License No.: 216999

Physician Name: Alice G Mark

PHYSICIAN PROFILE

- I have reviewed my Physician Profile at profiles.massmedboard.org and confirm that the information is accurate.
- I have reviewed my Physician Profile and attached a copy of the Profile with corrections.
- My status is Inactive and I do not have a Physician Profile. (See Renewal Instructions, page 10.)

CERTIFICATIONS

- 1) I certify that I have complied with my obligations to report abuse or neglect of children pursuant to G.L. c. 119, sec. 51A, and I understand the punishment for failure to comply.
- 2) I certify that I have complied with my obligations to report abuse or neglect of disabled persons pursuant to G.L. c. 19C, sec. 10, and I understand the punishment for failure to comply.
- 3) I certify that I have complied with my obligations to report abuse, neglect or financial exploitation of elderly persons pursuant to G.L. c. 19A, sec. 15, and I understand the punishment for failure to comply.
- 4) I certify that I have complied with my obligations to report the treatment of wounds, burns and other injuries pursuant to G.L. c. 112, sec. 12A.
- 5) I certify that I have complied with my obligations to report the treatment of victims of rape or sexual assault pursuant to G.L.c. 112, sec. 12A 1/2.
- 6) I certify that I have complied with my obligations to report a physician to the Board of Medicine, pursuant to G.L. c. 112, sec. 5F, when I have a reasonable basis to believe that person violated any provisions of G.L. c. 112, sec. 5 or any Board regulation.
- 7) I certify that I have complied my obligations related to charging and collecting fees from Medicare beneficiaries in accordance with the Medicare fee schedule, and I understand my obligations under G.L. c. 112, sec. 2.
- 8) I certify that I have complied with my obligations to file Massachusetts tax returns and to pay Massachusetts taxes, and I understand that, pursuant to G.L. c. 62C, sec. 49A, my license shall not be issued or renewed unless I make these certifications under penalties of perjury.
- 9) I certify that I have complied with my obligations related to the reporting of employees and contractors pursuant to G.L. c. 62E.
- 10) I certify that I have complied with my obligations related to the withholding and remitting of child support pursuant to G.L. c. 119A.
- 11) I certify that I have complied with my obligations to file an Incident Report with the Board when certain adverse events occur in my private office, pursuant to G.L. c. 112 sec. 5 and 243 C.M.R. 3.00 et seq., and I understand that the Patient Care Assessment (PCA) programs at the health care facilities where I practice report certain Major Incidents to the Board.

Under penalties of perjury, I declare that I have examined this renewal application and all its accompanying instructions, forms and statements, and to the best of my knowledge and belief, the information contained herein is true, correct, and complete. I authorize the Board of Registration in Medicine to access any and all criminal case information on me held by the Massachusetts Criminal History Systems Board.

Signature: _____

Date: 6/16/05

MAKE A COPY OF YOUR APPLICATION AND ALL ATTACHMENTS BEFORE MAILING, FOR YOUR RECORDS, FOR CREDENTIALING AND OTHER PURPOSES.

Massachusetts Physician Renewal Application

Physician Name: Alice G Mark, M.D.

License No.: 216999

06/25/07 91
10 01

PART A

1) Current Status: Active

Renewal Due Date: 08/05/2007

Birth Date:

If you want to change your current status, please check one of the following boxes to indicate your new status:
Check only one: (See Renewal Instructions, page 3.)

- Active
 Retiring
 Inactive
 Do not wish to renew

2) Addresses & Contact Information. Please confirm your addresses and make changes, if necessary. You are required to notify the Board of Registration in Medicine within 30 days of any change of address. Home and Business addresses CANNOT be a Post Office Box.

2a) MAILING ADDRESS

Please make corrections (print)

Mailing Address: _____
 City/Town: _____ State: _____
 Zip: _____ Country: _____

Check here to change this address

2b) HOME ADDRESS

Home Address: _____
 City/Town: _____ State: _____
 Zip: _____ Country: _____
 Home Telephone: (____) _____

Home address cannot be a Post Office Box

Phone: _____

Check here to change this address

2c) BUSINESS ADDRESS

B&W's Hospital - Dept. of OB/GYN
 75 Francis Street
 Boston, MA 02115

RECEIVED
 JUN 22 2007
 Board of Registration
 in Medicine

Phone: (617)732-6660 Ext. 34579

Check here to change this address

Business Address: _____
 City/Town: _____ State: _____
 Zip: _____ Country: _____
 Business Telephone: (____) _____

Business address cannot be a Post Office Box

3) E-mail Address: _____

4) Fax Number: (617)983-4196

Correct your E-mail and Fax Number below:

5) Specialties (See Renewal Instructions, page 4.)	Delete?	List Additional Specialties:
Obstetrics and Gynecology	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	

6) Current American Board of Medical Specialties (ABMS) or American Osteopathic Association (AOA) Information. (See enclosed instructions and Renewal Instructions, page 4.)

List Certifying Board(s) below:	Update General Certificates and Subspecialty Certificates below. Please add additional Certifications as required.		
Board Name	ABMS or AOA	Certificate/Subspecialty	Delete?
Obstetrics & Gynecology	ABMS	Obstetrics and Gynecology	<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Massachusetts Physician Renewal Application

License No.: 216999

Physician Name: Alice G Mark, M.D.

(See Renewal Instructions, page 4.)

7) Drug License Numbers

- a) Massachusetts: _____
 b) Federal (DEA): _____
 c) Federal (DEA) XS: _____

Corrections: _____

Please make corrections as necessary

8) Other states where you are now licensed to practice

9) States where you were previously licensed

10) List all work sites in Massachusetts, including health care facilities (where you are credentialed), private offices, clinics, nursing homes, etc. For the names of the health care facilities, refer to Reference Table 4 on page 18 of the Renewal Instruction booklet. Include any affiliations with Internet-based prescribing services or companies. Please provide all information on all work sites, attaching a separate sheet, if necessary.

List the names of all work sites in Massachusetts (See above and description on page 4.)	Location (City or Town)	State	Delete?
Brigham & Women's Hospital			<input type="checkbox"/>
Southern Jamaica Plain Health Center	Jamaica Plain	MA	<input type="checkbox"/>
Women's Health Services	Chestnut Hill	MA	<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

11) Care of patients in Massachusetts (See Renewal Instructions, page 4.)

Average weekly hours involved in: a) inpatient care 30 hrs/wk Change to: _____ hrs/wk
 b) outpatient care 30 hrs/wk Change to: _____ hrs/wk

12) Medical Liability Insurance Information (See Renewal Instructions, page 5.)

Check one. Locum tenens must list policy dates. My medical liability insurance is provided through:

Insurance Carrier (complete below)

Current Insurance Carrier: CRICO

Policy dates: From 1/1/07 To 12/31/07 Change to: _____

Type of Policy: Claims made with tail coverage Occurrence Policy

(Enclose a copy of the certificate of insurance or the face sheet)

Letter of Credit subject to Board approval (Attach a copy.)

I am registering with Active status but I am not required to have medical liability insurance because I am:

- Check one: Not involved with direct or indirect patient care in Massachusetts
 A Government Employee under Federal Tort Claims Act (FTCA)
 Otherwise exempt (Please explain): _____

13) Do you perform any surgery in your Massachusetts office? (See Renewal Instructions, page 5.) Yes No
 If Yes, please complete Form PCA-O "Office Based Surgery" Form on page 8.

Massachusetts Physician Renewal Application

Physician Name: Alice G Mark, M.D.

License No.: 216999

In questions 14-21, the phrase "time period" refers to the following -- all time from the day you signed your last license Renewal Application to the day you sign this Renewal Application. (See Renewal Instructions, page 5.)

You must check either YES or NO to each question. Provide details on Form R if you answer "YES" to any questions. Refer to Renewal Instructions for additional information and definitions.

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		YES	NO
14) CLAIMS MADE a) NEW: Have you received notification of a claim, whether or not a lawsuit was filed on that claim, or has any medical malpractice claim been made against you during this time period? (see above). b) PENDING: Are there any unresolved malpractice claims against you today, i.e., any claims that have not been finally settled or finally adjudicated?			
15) CLAIMS CLOSED Has any medical malpractice claim against you (whether or not a lawsuit was filed on that claim) been resolved, settled, or adjudicated during this time period?			
16) OTHER CIVIL LAWSUITS Question 16 refers to claims or actions related to your competency to practice medicine or your professional conduct in the practice of medicine. a) New: Have there been any claims, other than medical malpractice claims, filed against you during this time period? b) Resolved: Have you resolved, settled or adjudicated any lawsuits, other than medical malpractice claims, during this time period?			
17) CRIMINAL CHARGES a) Have you been charged with any criminal offense during this time period? b) Have any criminal offenses/charges against you been resolved during this time period? c) Are there any criminal charges pending against you today? d) Are any Applications for Issuance of Process pending against you?			
18) INVESTIGATIONS AND DISCIPLINARY ACTIONS a) Have you withdrawn an application to any governmental authority, health care facility, group practice, employer or professional association? b) Have you ever taken a leave of absence from any health care facility, group practice or employer? c) Have you been the subject of an investigation by any governmental authority, health care facility, group practice, employer or professional association? d) Have you been the subject of a disciplinary action taken by any governmental authority, health care facility, group practice, employer or professional association?			
19) Have your privileges to possess, dispense or prescribe controlled substances been suspended, revoked, denied, restricted by, or surrendered to any state or federal agency?			
20) Have you withdrawn an application for a medical license, allowed a license application to become obsolete or have you been denied a medical license for any reason?			
21) Has any medical liability insurance carrier restricted, limited, terminated, imposed a surcharge or co-payment, or placed any condition related to professional competency or conduct on your coverage, or have you voluntarily restricted, limited or terminated your insurance coverage in response to an inquiry by a medical liability insurance carrier?			

22) CME CERTIFICATION:

a) Have you completed your CME requirements preceding your renewal date? Yes No

b) If no, are you requesting a CME waiver? Yes No

A CME waiver request form must be submitted at least 30 days prior to your license expiration date.

c) If you are exempt from CME requirements, check reason for exemption. (See Renewal Instructions, page 8.)

CME EXEMPTION: (check one) Inactive Status Residency/Fellowship training

Massachusetts Physician Renewal Application

Physician Name: Alice G Mark, M.D.

License No.: 216999

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CONFIDENTIAL MEDICAL INFORMATION

PART B

When answering Questions 23-24, refer to the time period beginning on the day you signed your last license renewal with this Board through and including the day you sign this renewal application. (See Renewal Instructions, page 10.)

YES NO

23) Do you have a medical condition that interferes in any way or limits your ability to practice medicine? If your answer is "Yes," set forth the specifics of your condition and any related treatment, including dates and diagnoses (See Renewal Instructions, page 10.)

24) Have you used any chemical substance(s) which in any way interferes with your ability to practice medicine? If you have obtained medical treatment related to your use of chemical substances, set forth the specifics of the treatment, including dates and diagnoses.

Massachusetts Physician Renewal Application

Physician Name: Alice G Mark, M.D.

License No.: 216999

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PART C

PHYSICIAN PROFILE

Check One:

- I have reviewed my Physician Profile at <http://profiles.massmedboard.org> and confirm that the information is accurate. (Please note that if you changed or corrected your business address, business phone number, practice specialty, board certification and/or hospital affiliations on your renewal application, your Physician Profile will also be updated.)
- I have reviewed my Physician Profile and attached a copy of the Profile with corrections.
- My status is Inactive and I do not have a Physician Profile. (*See Renewal Instructions, page 11.*)

CERTIFICATIONS

- 1) I certify that I have complied with my obligations to report abuse or neglect of children pursuant to G.L. c. 119, sec. 51A, and I understand the punishment for failure to comply.
- 2) I certify that I have complied with my obligations to report abuse or neglect of disabled persons pursuant to G.L. c. 19C, sec. 10, and I understand the punishment for failure to comply.
- 3) I certify that I have complied with my obligations to report abuse, neglect or financial exploitation of elderly persons pursuant to G.L. c.19A, sec. 15, and I understand the punishment for failure to comply.
- 4) I certify that I have complied with my obligations to report the treatment of wounds, burns and other injuries pursuant to G.L. c. 112, sec. 12A.
- 5) I certify that I have complied with my obligations to report the treatment of victims of rape or sexual assault pursuant to G.L. c. 112, sec. 12A 1/2.
- 6) I certify that I have complied with my obligations to report a physician to the Board of Medicine, pursuant to G.L. c. 112, sec. 5F, when I have a reasonable basis to believe that person violated any provisions of G.L. c. 112, sec. 5 or any Board regulation.
- 7) I certify that I have complied with my obligations related to charging and collecting fees from Medicare beneficiaries in accordance with the Medicare fee schedule, and I understand my obligations under G.L. c. 112, sec. 2.
- 8) I certify that I have complied with my obligations to file Massachusetts tax returns and to pay Massachusetts taxes, and I understand that, pursuant to G.L. c. 62C, sec. 49A, my license shall not be issued or renewed unless I make these certifications under penalties of perjury.
- 9) I certify that I have complied with my obligations related to the reporting of employees and contractors pursuant to G.L. 62E.
- 10) I certify that I have complied with my obligations related to the withholding and remitting of child support pursuant to G.L. c.119A.
- 11) I certify that I have complied with my obligations to file an Incident Report with the Board when certain adverse events occur in my private office, pursuant to G.L. c. 112 sec. 5 and the Patient Care Assessment Regulations, 243 C.M.R. 3.00 *et seq.* I understand that the Patient Care Assessment (PCA) programs at the health care facilities where I practice report certain Major Incidents to the Board.
- 12) I certify that I have complied with my obligations to disclose my ownership interest in any partnership, corporation, firm or other legal entity to which I have referred a patient for physical therapy services pursuant to G.L. c. 112, sec. 12AA.

Under penalties of perjury, I declare that I have examined this renewal application and all its accompanying instructions, forms and statements, and to the best of my knowledge and belief, the information contained herein is true, correct, and complete. As an applicant for renewal of a license to practice medicine, I understand that a criminal record check may be conducted for conviction and pending criminal case information from the Criminal History Systems Board only and that it will not necessarily disqualify me from licensure.

Signature: _____

Date: 6 / 20 / 07

MAKE A COPY OF YOUR APPLICATION AND ALL ATTACHMENTS BEFORE MAILING. YOU MUST RETAIN A COPY OF YOUR APPLICATION FOR YOUR RECORDS, FOR CREDENTIALING AND FOR OTHER PURPOSES.



Massachusetts Board of Registration in Medicine
560 Harrison Avenue, Suite G-4
Boston, MA 02118
617-654-9810
www.massmedboard.org

05/25/07 91 100

Dear Colleague:

As you may know, the Health Insurance Portability and Accountability Act (HIPAA) mandates the use of the National Practitioner Identifier (NPI), a unique identifier for health care providers. The NPI program is overseen by the Centers for Medicare and Medicaid Services (CMS) under the Department of Health and Human Services. Under the final HIPAA NPI rule, all individual and organization covered providers will be required to obtain a NPI by May 23, 2007. Without this number, you may be ineligible for reimbursement from federally-funded benefits programs. As a condition for renewal of your license, you must complete the NPI form on the attached page.

The Massachusetts Board of Registration in Medicine (Board) is assisting physicians to obtain their NPI numbers. In addition to providing this service for physicians, the Board is the designated repository for electronic storage and dissemination of the NPI number. By having your NPI in this central repository, we hope to reduce the amount of administrative duplication in your office.

Please follow the instructions on the NPI form. If you already have a NPI number, you may enter it in the space provided. If you have not yet submitted an application for a NPI number, you may request that the Board apply for the NPI number on your behalf. You must sign and date the NPI form to authorize the Board to provide the NPI to authorized entities. Should you need any assistance in completing the NPI form, please contact the NPI coordinator at (617) 654-9810.

I would also like to take this opportunity to thank you for your continued service to the citizens of the Commonwealth.

Sincerely,

A handwritten signature in cursive script, appearing to read "Martin C. Crane".

Martin C. Crane, M.D.
Board Chair

Please complete the NPI form on the following page.

Massachusetts Physician Renewal Application

Physician Name: Alice G Mark, M.D.

License No.: 216999

NATIONAL PROVIDER IDENTIFIER (NPI)

The primary purpose of the NPI is to uniquely identify health care providers as "health care providers" in HIPAA standard transactions. The NPI will replace all other identifiers assigned to health care providers, such as those assigned by health plans, government programs and health care purchasers for purposes of conducting these business transactions. Under the final HIPAA NPI Rule, all individual and organization covered providers will be required to obtain an NPI by May 23, 2007.

In order for your license to be renewed you must take one of the following actions:

- Option 1:** Supply the Board of Registration in Medicine with your valid NPI. You can apply for an NPI directly by using the NPES web site at www.NPES.cms.hhs.gov.
- Option 2:** Certify you have personally applied for your NPI and you have not received it yet. Once you have received your NPI Number, you must notify the Board. Please complete the NPI form at the Board's web site at www.massmedboard.org.
- Option 3:** Certify another authorized institution has applied for an NPI on your behalf and you have not received it yet (supply institution's name). Once you have received your NPI Number, you must notify the Board by completing the NPI form at the Board's website (see Option 2).
- Option 4:** Authorize the Board of Registration in Medicine to apply for an NPI on your behalf.
- Option 5:** If your license status is INACTIVE, you may elect not to obtain an NPI number.

Check the appropriate box below, supply appropriate information, and sign the bottom of the page.

- My current NPI is:

1	9	8	7	6	1	3	1	9	6
---	---	---	---	---	---	---	---	---	---
- I have personally applied for an NPI. (You must provide your NPI number to the Board when received.)
- I have applied for an NPI using a third party (enter name): _____ (follow instructions for Option 3)
- By checking this option and signing the bottom of this page, I hereby authorize the Board to apply for an NPI on my behalf.
- As an *inactive* physician, I do not wish to obtain an NPI.

HIPAA TAXONOMY CODES

Please provide the HIPAA taxonomy (specialty) codes (refer to Renewal Instructions, page 21 for more information). In addition to providing the taxonomy code, please indicate your specialty in the space provided (Taxonomy Description). The primary provider taxonomy code is required if you authorize BORIM to apply for an NPI on your behalf.

	<u>Taxonomy Description (Print)</u>																														
Primary Provider Taxonomy: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>2</td><td>0</td><td>7</td><td>V</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>X</td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>	2	0	7	V	0	0	0	0	0	X																					08/94n
2	0	7	V	0	0	0	0	0	X																						
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NPI REQUIRED INFORMATION

In an ongoing effort to improve the quality of the information we collect, please review the following information and make corrections as necessary. **Please note:** This information is required if you authorize BORIM to apply for an NPI on your behalf.

Social Security Number: _____

State of Birth (if US): _____ Country of Birth (if outside the US): _____

Gender: Male Female

Penalties for Falsifying Information on the National Provider Identifier Application

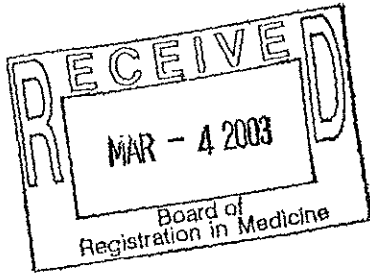
18 U.S.C. 1001 authorizes criminal penalties against an individual who in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry. Individual offenders are subject to fines of up to \$250,000 and imprisonment for up to five years. Offenders that are organizations are subject to fines of up to \$500,000. 18 U.S.C. 3571(d) also authorizes fines of up to twice the gross gain derived by the offender if it is greater than the amount specifically authorized by the sentencing statute.

Authorization for NPI Dissemination

Check one box: I authorize I do not authorize the Board of Registration in Medicine to provide my NPI number to any authorized hospital, health plan, or health organization.

Please sign and date to confirm that all of the information on this form is true and accurate.

Signature: _____ Date: 6/12/07



Application #: 216999
Date of Issue: _____

Commonwealth of Massachusetts - Board of Registration in Medicine
560 Harrison Avenue, Suite #G4, Boston, MA 02118 (617) 654-9810 - www.massmedboard.org

FULL LICENSE APPLICATION

Application Fee: Please enclose a check or money order in the amount of \$600.00 made payable to the Commonwealth of Massachusetts.

Check One: U.S./Canadian Graduate International Graduate

Legal Name (do not use nicknames or initials, unless they are part of your legal name)

MARK ALICE GRACE
Last Name (type or print clearly) First Middle Suffix (Jr., etc.)

M.D. D.O. Ph.D Other degree _____ Male Female

Other Name(s) Used - List any other name(s) you have used which may appear on your identifying documents, such as medical education and examination records. If not applicable, check here

SONDHEIMER ALICE GRACE
Entire Last Name (type or print clearly) First Middle Suffix (Jr., etc.)

Date of Birth: _____
Month Day Year

Social Security Number: _____

Place of Birth: _____
City State/Province/Territory Country if not USA

Home Address: _____
City State/Province/Territory Zip (or postal) Code

Business Address: 75 FRANCIS ST. DEPT OF OB-GYN
Number and Street
BOSTON MA 02115
City State/Province/Territory Zip (or postal) Code

Business Telephone: (617) 732-6660, ext. 34579 Home Telephone: _____

Preferred Mailing Address: Business Address Home Address

#1024
AEO 3/16/03

PRINT NAME: ALICE G. MARIC PAGE 2 OF 3

Pre-medical School

Facility: Swarthmore College Degree: BA From 09/01/1990 To 05/30/1994
Street: 500 College Ave City: Swarthmore State: PA

Facility: _____ Degree: _____ / / / /
Street: _____ City: _____ State: _____

Medical School

Facility: Columbia P&S Degree: MD From 09/01/1998 To 05/30/1999
Street: 630 W. 116th St City: NYC State: NY

Facility: _____ Degree: _____ / / / /
Street: _____ City: _____ State: _____

Date of medical school graduation: 05/30/1999

Note: U.S. graduates must include a written explanation for the duration of medical education longer than four (4) years, and for any breaks in medical education. International graduates must provide a written explanation for the duration of medical education longer than six (6) years and any breaks in medical education.

Postgraduate Education:

List all postgraduate training in chronological order from medical school to the present. Include the name and address of the facility, your position, e.g. PGY 1, 2, fellow, etc. and dates of affiliation. You must account for all periods of training or postgraduate work from the time you graduated from medical school.

Facility: Brigham's Women's Hospital Position: PGY 1-4 From 06/20/99 To 06/20/03
Street: 75 Francis St City: Boston State: MA

Facility: MGH Position: PGY 1-4 From 06/20/99 To 06/20/03
Street: 55 Fruit St City: Boston State: MA

Facility: _____ Position: _____ / / / /
Street: _____ City: _____ State: _____

Facility: _____ Position: _____ / / / /
Street: _____ City: _____ State: _____

Facility: _____ Position: _____ / / / /
Street: _____ City: _____ State: _____

SUPPLEMENT FORM

PRINT NAME: ALICE G. MARK DATE: 3 13 03

IMPORTANT NOTE: If you answer "yes" to any of these questions, you must provide the additional information on pages 4-10.

YES NO

QUESTIONS

1. Since your enrollment in college, have you been subject to any disciplinary action (see definition) at an academic institution?
2. Have you ever been terminated or granted a leave of absence by a medical school or medical post-graduate training program or have you ever withdrawn from a medical school or medical postgraduate training program or had to repeat a year of postgraduate training?
3. Have you ever applied for licensure or to sit for an examination or taken an examination under a different name? If so, previous name: _____
4. Since your enrollment in college, have you been denied the privilege of taking or finishing an examination or been accused of cheating and/or improper conduct during an examination?
5. Have you ever failed any of the following examinations: FLEX, any State Board examination, any part of the National Boards, any Step of the USMLE, NBOME, or have you failed to gain certification from the National Board of Medical Examiners or any foreign licensing or certification body?
- 6-A. Have you ever, for any reason, been denied a medical license, whether full, limited, temporary, or have you withdrawn an application for medical licensure?
- 6-B. Have you ever voluntarily surrendered a license to practice medicine or any healing art?
7. Have you ever, for any reason, lost American Board of Medical Specialty or been denied required recertification by one or more specialty boards?
- 8-A. Are any formal disciplinary charges pending against you, or do you have knowledge of any pending investigation into your professional competence or conduct by any governmental authority, health care facility, group practice or professional medical society or association (international, national, state or local)? (See definition).
- 8-B. Has any disciplinary action ever been taken against you for violation of laws, rules, by-laws, or standards of practice by any governmental authority, healthcare facility, group or professional medical society or association (national, state or local)?

Applicant's Signature: _____

Date: 3 13 03

YES NO

- 9-A. Have you ever voluntarily relinquished any medical staff membership?
- 9-B. Has your medical staff membership, medical privileges or medical staff status at any hospital been limited, suspended, revoked, not renewed or subject to probationary conditions or has processing toward any of those ends been instituted or recommended by a medical staff committee or governing board?
- 9-C. Have you ever been denied medical staff membership, or advancement in medical staff status, or has such denial been recommended by a standing medical staff committee or governing body?
- 9-D. Have you ever, for any reason, withdrawn an application for hospital privileges or appointment?
10. Have you ever been charged with any criminal offense, other than a minor traffic offense?
11. Has your privilege to possess, dispense or prescribe controlled substances ever been suspended, revoked, denied, restricted or surrendered, or have you ever been called before or warned by any state or other jurisdiction including a federal agency regarding such privileges?
12. Has any professional liability insurance provider ever restricted, limited, terminated, imposed a surcharge or co-payment, or placed any condition related to professional competency or conduct on your coverage or have you ever voluntarily restricted, limited or terminated your insurance coverage in response to any inquiry by a professional liability insurance provider?
13. Have you ever been the subject of any suspension or probation proceedings instituted Blue Cross or Blue Shield, Medicare, Medicaid, or any other medical Reimbursement plan; or have you ever been restricted from receiving payments from any Blue Cross or Blue Shield, Medicare, Medicaid (any state), or third party programs?
14. Have you ever had an application for membership as a participating provider rejected by any HMO/PPO/IPA or other prepaid health care plan or your contract as a participating provider terminated by any HMO/PPO/IPA or other prepaid plan?
- 15-A. In the past ten (10) years, has any medical malpractice claim been made against you, whether or not a lawsuit was filed in relation to the claim?
- 15-B. In the past ten (10) years, has any lawsuit, other than a medical malpractice suit, which is related to your competency to practice medicine, or your professional conduct in the practice of medicine, been filed against you or has such a suit been settled, adjudicated or otherwise resolved?

Applicant's Signature: _____

Date: 3/3/03

CONFIDENTIAL MEDICAL INFORMATION

Before completing the following questions, refer to the instructions for definitions and additional information. If answering "yes" to any of the questions, you must provide details on the supplemental pages for questions #16-A to 19. For purposes of the following questions, "currently" does not mean on the day of, or even the weeks or months preceding the completion of this application. It means recently enough to have an impact on one's functioning as a licensee, or within the past two years of this application.

YES NO

- 16-A. Since becoming a medical student, have you been diagnosed with or treated for a medical condition which in any way currently limits or impairs your ability to practice medicine or to function as a physician?
- 16-B. Do you currently have a medical condition which in any way limits or impairs your ability to practice medicine or to function as a physician?
- 17-A. Within the past two years, have you engaged in the use of chemical substances with the result that your ability to practice medicine is currently impaired or limited?
- 17-B. Have you ever refused to submit to a test to determine whether you had consumed and/or were under the influence of chemical substances?
18. Are you currently engaged in the illegal use of drugs or misuse of prescription drugs?
19. Within the past five years, have you voluntarily modified or otherwise limited your scope of practice of medicine for any reason other than a medical condition?

If your responses to Questions 1-19 change while your application is pending, you must immediately notify the Board of the new information.

Pursuant to M.G.L. c. 62C, § 49A, I certify under the penalties of perjury that, to the best of my knowledge and belief, I have filed any Massachusetts state tax returns and paid any Massachusetts state taxes that are required under law. (Note: This applies even if you reside out of the state or out of the country.)

Pursuant to G.L.c. 62C, § 49A, to the best of my knowledge and belief, I am in compliance with G.L.c. 119A relating to withholding and remitting Child Support.

Pursuant to M.G.L. c. 119, § 51A, I certify under the penalties of perjury that I will fulfill my obligation to report abuse or neglect of children. I will read the Board's regulations, 243 CMR 1.00 through 3.00. To the best of my knowledge, I meet the qualifications for full licensure in Massachusetts.

I certify under the penalties of perjury that all information on this form (front and back, and all attached pages) is true, to the best of my knowledge.

Applicant's Signature: _____

Date: 3/3/03

CURRICULUM VITAE

Part I: General Information

Date Prepared: March 3, 2003

Name: Alice G. Mark, M.D.

Office Address: Brigham and Women's Hospital
Department of Ob/Gyn
75 Francis Street
Boston, MA 02115

Home Address:

Phone:

E-Mail:

Place of Birth:

Education:

1990-1994 B.A., Religion, Swarthmore College, Swarthmore PA.

1995-1999 M.D., Columbia University College of Physicians & Surgeons, New York, NY.

Experience:

1994-1995 Teacher, English as a Second Language, Ghana International School, Accra, Ghana.

1995 Intern, National Health Service Corps, Plan de Salud del Valle, Frederick, Colorado.

1999 Fellow, Center for the Study of Society and Medicine, Luisa Guidotti Hospital, Mutoko, Zimbabwe.

Postdoctoral Training:

1999- present Intern and Resident, Obstetrics & Gynecology, Brigham and Women's Hospital/ Massachusetts General Hospital, Boston MA.

Licensure:

1999- present Massachusetts Limited License

Languages:

Fluent Spanish, intermediate French.

Awards and Honors:

- 1994 B.A., *magna cum laude*, Swarthmore College
- 1994 Phi Beta Kappa, Swarthmore College
- 1999 Fellowship in Human Rights and Medicine, Columbia University
- 1999 Alpha Omega Alpha, Columbia University
- 2002 Resident Teaching Award, Harvard Medical School

Part II: Research, Teaching and Clinical Contributions

Report of Presentations:

- Jan 2001 Reducing the risk of multiple gestation in ART. Brigham and Women's Hospital Grand Rounds. Advisor: Mark Hornstein, MD
- Jul 2001 Recurrent pregnancy loss. North Shore Medical Center / Salem Hospital Grand Rounds. Advisor: Joe Hill, M.D.
- Sep 2001 Medical therapy for female sexual dysfunction. Brigham and Women's Hospital Grand Rounds. Advisor: Jan Shifren, M.D.
- Jun 2002 Day 6 estradiol as a predictor of IVF success. Brigham and Women's Hospital Resident Research Day. Advisor: Elizabeth Ginsburg, M.D.
- Jan 2003 Second trimester abortions: a search for solutions. Brigham and Women's Hospital Grand Rounds.

Part III: Bibliography

Original Articles:

Mark AG, Shifren J. Medical therapy for female sexual dysfunction. Prim Care Update Ob/Gyns 2003; 10(1):40-43.

Abstracts:

Mark AG, Racowsky C, Jackson KV. Does time of year impact clinical outcomes in IVF? Poster presentation, ASRM, 2002.

Mark AG, Ginsburg ES, Jackson KV, Walsh BW, Racowsky C. Maximizing outcomes for poor responders to controlled ovarian hyperstimulation in IVF: the use of microdose flare GnRH agonist induction to gonadotropin stimulation in women with previous IVF failure. Fertil Steril 2001; 76(3): S231. Poster presentation, ASRM, 2001.

Greenberg J, Economy K, Mark A, Ringer S. In search of "true" birth asphyxia: labor characteristics associated with the asphyxiated term infant. Am J Obstet Gynecol 2001; 185(6):294. Oral presentation (Dr. Economy), SMFM, 2002.

Commonwealth of Massachusetts--Board of Registration in Medicine
560 Harrison Avenue, Suite #G-4, Boston, MA 02118

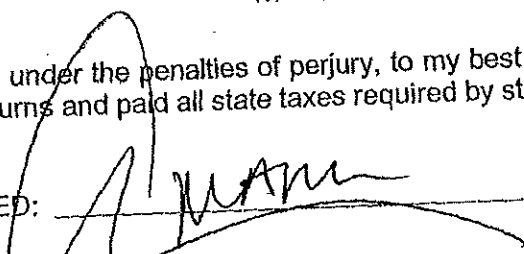
MEDICARE - TAX FORM

INSTRUCTIONS:

Please sign this form and return with your application. Massachusetts General Laws Chapter 62C, §49, requires that you complete this statement to obtain licensure to practice a profession:

I, ALICE G. MARU
(type or print name)

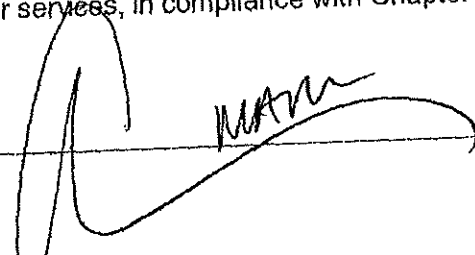
certify, under the penalties of perjury, to my best knowledge and belief, that I have filed all state tax returns and paid all state taxes required by state law.

SIGNED:  DATE: 3/3/03

Social Security Number: _____

Massachusetts General Laws Chapter 112, §5, and 243 CMR 2.04 (2) (k) require that you complete the following statement:

I will not charge to or collect from a Medicare beneficiary more than the Medicare "reasonable charge" for services, in compliance with Chapter 475 of the Acts of 1985.

SIGNED:  DATE: 3/3/03

Commonwealth of Massachusetts Board of Registration in Medicine
560 Harrison Avenue, Suite #G-4, Boston, MA 02118 (617) 654-9810
www.massmedboard.org

EVALUATION FORM

I hereby authorize the representatives or staff of the facility listed below to provide the Board of Registration in Medicine with any and all information requested in this evaluation form, whether such information is favorable or unfavorable, and I hereby release from any and all liability the named facility and/or any person for any and all acts performed in fulfilling this request, provided that such acts are performed in good faith and without malice.

Signature of applicant: [Signature] Date: 2/14/03

Please PRINT your name: Alice Grace MARK

Name of facility: Brigham's Women's Hospital State MA

INSTRUCTIONS TO THE CHIEF OF SERVICE OR PROGRAM DIRECTOR WHO MUST BE A PHYSICIAN: Please complete the questions below and return to the applicant with your name affixed across the envelope seal.

- How long have you known the applicant? From: 6/20/99 To: PRESENT
 - In what capacity: supervisory affiliate in practice colleague other: _____
 - Date(s) of applicant's affiliation at facility: From: 6/20/99 To: PRESENT
 - Applicant's Status: Intern Resident Fellow Staff Member Other _____
- Has the applicant's privileges to admit or treat patients ever been modified, suspended, reduced or revoked? No *Yes (if "yes" please explain below)

3. Please rate the following (if "BELOW AVERAGE" or "POOR", explain in detail on the back of this evaluation and/or attach a separate sheet)

	Superior	Above Average	Average	Below Average	Poor
Clinical knowledge		✓			
Clinical competency		✓			
Professional judgment		✓			
Character and ethics		✓			
Technical skills		✓			
Relationships with staff		✓			
Relationship with patients		✓			
Cooperativeness/ability to work with others		✓			

(Continued on page 2)

4. Has this applicant ever been the subject of disciplinary action or had staff privileges, employment or appointment at this hospital or facility voluntarily or involuntarily denied, suspended, revoked or has (s)he resigned from the medical staff in lieu of disciplinary action? If "yes" please explain below. NO YES

5. PLEASE COMMENT ON THE PHYSICIAN'S STRENGTHS OR WEAKNESSES AND/OR ANY OTHER INFORMATION THAT YOU MAY HAVE TO ASSIST IN THIS EVALUATION.

Excellent physician.

6. The above comments are based on the following:

- Close personal observation
- General impression
- A composite of previous evaluations by other physicians
- Other _____

7. **RECOMMENDATIONS:**

- I recommend Alice & Mark MD for licensure in Massachusetts.
- I recommend _____ for licensure in Massachusetts, with the following reservations _____
- I do not recommend _____ for licensure in Massachusetts.

I certify that at the time of completion of the above physician's training, and/or during my association with the physician, he/she was competent to practice medicine.

Signature: Rosetta B. D. (check one) M.D. or D.O.
Print Your Name: R. BAMBICHI MD Date: 2/20/03
Academic title or position: Chair Telephone: 617 732 5444

PLEASE RETURN THE COMPLETED EVALUATION TO THE APPLICANT IN A SEALED ENVELOPE WITH YOUR SIGNATURE AFFIXED ACROSS THE SEAL.

Commonwealth of Massachusetts Board of Registration in Medicine
560 Harrison Avenue, Suite #G-4, Boston, MA 02118 (617) 654-9810 www.massmedboard.org

POSTGRADUATE TRAINING VERIFICATION

APPLICANT'S AUTHORIZATION: I authorize the release of information from my postgraduate training program listed below, as requested by the Massachusetts Board of Registration in Medicine.

Date: 3/10/03

Applicant's Signature: [Signature]
Print or Type Name: Alice Grace Mark MD
Name of Institution: Brigham and Women's Hospital

INSTRUCTIONS TO THE PROGRAM DIRECTOR

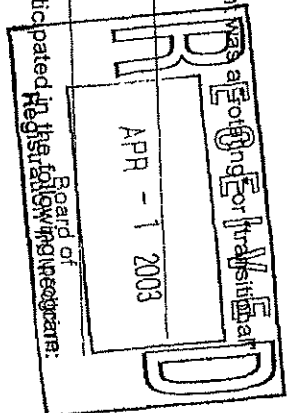
Please complete this form and forward it to the applicant in a sealed envelope, signed across the seal. If the department program, please submit documentation of the rotations, dates and hours of training.

Name of Institution: Brigham & Women's

If name of institution was different when applicant attended, please enter name: _____ participated in the following rotations:

Enrollment and Participation: Our records indicate that Alice G Mark MD participated in the following rotations:

Program Type (Internship, residency, fellowship)	PGY (1,2,3,4)	Department or type of specialty training	Dates Attended (MONTH/DAY/YEAR)		Completed (YES/NO)	Accredited By (ACGME, RSC, AOA or not accredited)
			FROM	TO		
<u>Intern</u>	<u>1</u>		<u>6/20/99</u>	<u>6/20/00</u>	<u>Y</u>	<u>ABME</u>
<u>Resident</u>	<u>2</u>		<u>7/1/00</u>	<u>6/30/01</u>	<u>Y</u>	
	<u>3</u>		<u>7/1/01</u>	<u>6/30/02</u>	<u>Y</u>	
	<u>4</u>		<u>7/1/02</u>	<u>6/30/03</u>	<u>Y</u>	



506910

APPLICANT'S NAME: Alice Grace Mark

Unusual Circumstances: The following questions apply to unusual circumstances that occurred during any part of the applicant's medical education. Please circle the appropriate response. If you answer yes to any of these questions, please enclose an explanation.

YES NO

QUESTIONS

1. Did the applicant take any leaves of absence or breaks from his/her post-graduate training?
2. Was the applicant ever placed on probation?
3. Was the applicant ever disciplined or under investigation?
4. Were any negative reports ever filed by instructors regarding the applicant?
5. Were any limitations or special requirements imposed on the applicant because of questions of academic incompetence or disciplinary problems?
6. During the applicant's participation, our postgraduate medical training was accredited by: ACGME Other: _____

COMMENTS: An excellent physician

Certification: I hereby certify that the above information is correct, to the best of my knowledge.

AFFIX INSTITUTIONAL SEAL HERE

Program Director's Signature: Robert Bell

Print Name: R Barbieri MD

Academic Title: Chair

Telephone: (417) 732 5444 Today's Date: 3/10/03

PLEASE RETURN THIS COMPLETED FORM TO THE APPLICANT IN A SEALED ENVELOPE WITH YOUR SIGNATURE ACROSS THE SEAL OF THE ENVELOPE.

(If the institution does not have a seal, this form must be notarized by a notary public).

03/07/03

MAR 7 2003
Board of Registration in Medicine
Commonwealth of Massachusetts

Commonwealth of Massachusetts Board of Registration in Medicine
(617) 654-9810 www.massmedboard.org
Suite #G-4, Boston, MA 02118
1560 Harrison Avenue

MEDICAL EDUCATION VERIFICATION

Please complete the waiver for release of information and forward this form to your university/medical school(s) or university

Waiver for Release of Information

APPLICANT INSTRUCTIONS: Please complete the waiver for release of information and forward this form to your university/medical school(s) or university of graduation for verification.

I authorize the medical school/university listed below to provide any and all information pertaining to my medical education at your institution. _____ Date of Birth: _____

Applicant's Signature: MARK ALICE Social Security No: _____
(Last name) (First Name) (Middle Initial)

Print or Type Name: MARK ALICE Social Security No: _____
(Please type or print name(s))

Other Name(s): SONDHEIMER Social Security No: _____
(Please type or print name(s))

Name of Medical School: COLUMBIA P.S. State or Province: NY

Address: _____

INSTRUCTIONS TO THE DEAN OR DESIGNATED OFFICIAL OF MEDICAL SCHOOL

Please complete this form and forward it, together with a copy of the official transcript (which indicates courses taken, dates and hours of attendance, and scores, grades, or evaluations) and mail it to the Board of Registration in Medicine.

APPLICANT'S EDUCATIONAL HISTORY

If name of institution was different from the above named institution when applicant attended, please enter name below: _____

Does your school have a premedical school education requirement? Yes No

Premedical Education: Does your school have a premedical school education requirement? Yes No
if "yes," indicate where the applicant completed premedical school.

Applicant's Undergraduate School: _____

Undergraduate School Address: _____
(Continued on page 2)

Medical Education Verification - 2

Enrollment and Participation: Our records indicate that Sondheimer

Alice
(First name)

G.
(Middle initial)

(type or print the applicant's name): _____ (Last name)

attended our medical school on the following dates (indicate the month, day and year in the section below):

ATTENDANCE DATES:	FROM	TO
<u>08 25 1975</u>	<u>07 10 1978</u>	<u>05 19 1999</u>
<u>09 03 1976</u>		
<u>06 30 1977</u>		

The applicant attended 160 total weeks of continuing on-campus education, not less than 32 weeks in each academic year and Medicine on (month/day/year) 05 19 1999

was awarded a degree in _____
 was NOT awarded degree. Please explain reason(s): _____

Unusual Circumstances: The following questions apply to unusual circumstances that occurred during any part of the applicant's medical education.

All questions must be answered. If you answer "YES" to any of the questions below, please enclose an explanation.

1. Did the applicant take any leaves of absence or breaks from his/her medical education?
2. Was the applicant ever placed on probation?
3. Was the applicant ever disciplined or under investigation?
4. Were any negative reports ever filed by instructors regarding the applicant?

COMMENTS: _____

AFFIX INSTITUTIONAL SEAL HERE
(if the institution does not have a seal, this form must be notarized) INTERNATIONAL MEDICAL SCHOOLS MUST ATTACH A COPY OF THE MEDICAL SCHOOL DIPLOMA AND A TRANSCRIPT OR PROVIDE AN EXPLANATION.

Signature: Carmen E. Sierra
Print Name: CARMEN E. SIERRA
Title: MANAGER
Date: 03 14 2000 Telephone: (212) 305-3992

Seal Verified 3/18/03 This form will not be accepted unless it is stamped with the institutional seal or notarized.

DATE: AC
INITIALS: _____

COMMONWEALTH OF MASSACHUSETTS--BOARD OF REGISTRATION IN MEDICINE

560 Harrison Avenue, Suite #G-4, Boston, MA 02118 (617) 654-9810 www.massmedboard.org

AUTHORIZATION FOR RELEASE OF INFORMATION, DOCUMENTS AND RECORDS

I, ALICE GRACE MARK
(type/print your complete name)

request and authorize every person, institution, professional licensing board of any state in which I hold or may have held a license to practice my profession, hospital, clinic, government agency, (local, state, federal or foreign), law enforcement agency, or other third parties and organizations, and their representatives to release information, records, transcripts, and other documents, concerning my professional qualifications and competency, ethics, character, and other information pertaining to me to the Massachusetts Board of Registration in Medicine.

I further request and authorize that the requested information, documents and records be sent directly to:

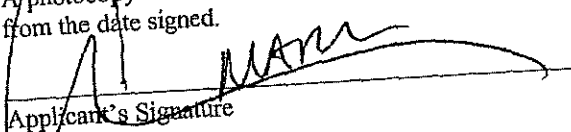
Board of Registration in Medicine
560 Harrison Avenue, Suite #G-4
Boston, Massachusetts 02118
Attention: Licensing

Immunity and Release

I hereby extend absolute immunity to, and release, discharge, and hold harmless from any and all liability: 1) the Board of Registration in Medicine, its agents, representatives, directors and officers; 2) other agencies, institutions, hospitals and clinics providing information, their representatives, directors and officers; and 3) any third parties and organizations for any acts, communications, reports, records, transcripts, statements, documents, recommendations or disclosures involving me, made in good faith and without malice, requested or received by the Board of Registration in Medicine.

By my signature below, I acknowledge that information, documents and records required to be furnished by another organization, educational institution, hospital, individual or any person or groups of persons has been sent to me directly from the primary source in a sealed envelope and that none of the seals have been broken. I understand that the Board of Registration in Medicine will not accept any such information, records or documents forwarded by me unless they are in sealed envelopes.

A photocopy or facsimile of this authorization shall be as valid as the original and shall be valid up to one year from the date signed.


Applicant's Signature

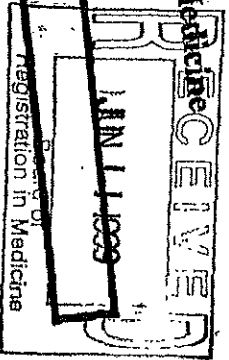
3/3/03
Date of Signature

MARK ALICE G.
Applicant's Printed Last Name, First Name, Middle Initial, Suffix (e.g., Jr.)

Applicant's Date of Birth (month/day/year)



Commonwealth of Massachusetts Board of Registration in Medicine
10 West Street, 3rd Floor, Boston, MA 02111 (617) 727-3086



MEDICAL EDUCATION VERIFICATION

I authorize the medical school/university listed below to provide any and all information pertaining to my medical education at your institution to the university of graduation for verification.

APPLICANT INSTRUCTIONS: Please complete the waiver for release of information and forward this form to your university/medical school(s) or university of graduation for verification.

Waiver for Release of Information

I authorize the medical school/university listed below to provide any and all information pertaining to my medical education at your institution to the Massachusetts Board of Registration in Medicine.

Applicant's Signature: Alice Grace Sandheimer

Print or Type Name: ALICE GRACE SANDHEIMER

Name of Medical School: COLUMBIA U. COLLEGE of PHYSICIANS & SURGEONS

Address: 630 W. 168th St

City: NY

State or Province: NY

Date of Birth: _____ Social Security No.: _____

INSTRUCTIONS TO THE DEAN OR DESIGNATED OFFICIAL OF MEDICAL SCHOOL: Please complete this form and forward it, together with a copy of the applicant's official transcript (which indicates courses taken, dates and hours of attendance, and scores, grades, or evaluations) directly to the Board of Registration in Medicine.

APPLICANT'S EDUCATIONAL HISTORY

If name of institution was different from the above named institution when applicant attended, please enter name below:

Premedical Education: Does your school have a premedical school? Yes No

If yes, indicate where the applicant completed premedical school: SWARTHMORE COLLEGE

Applicant's Undergraduate School: SWARTHMORE, PA

Undergraduate School Address: _____

Continued on back

Enrollment and Participation: Our records indicate that

ALICE GRACE SANDFELMER
(type/print applicant's name: last, first, middle, suffix)

attended our medical school on the following dates (indicate the month, day and year in the section below):

ATTENDANCE DATES:

FROM	TO	FROM	TO
8/28/95	6/7/96	7/1/98	5/19/99
9/3/96	6/11/97	1/1/99	1/1/99
6/30/97	6/26/98	1/1/99	1/1/99

The applicant attended 166 total weeks of continuing on-campus education, not less than 32 weeks in each academic year and on (month/day/year) MD 5/19/99

was awarded a degree in MD

was NOT awarded degree. Please explain reason(s):

Unusual Circumstances: The following questions apply to unusual circumstances that occurred during any part of the applicant's medical education. All questions must be answered. **IF YOU ANSWER "YES" TO ANY OF THE QUESTIONS BELOW, PLEASE ENCLOSE AN EXPLANATION.**

1. Did the applicant take any leaves of absence or breaks from his/her medical education?
2. Was the applicant ever placed on probation?
3. Was the applicant ever disciplined or under investigation?
4. Were any negative reports ever filed by instructors regarding the applicant?

COMMENTS:

AFFIX INSTITUTIONAL SEAL HERE
(if the institution does not have a seal, this form must be notarized)
INTERNATIONAL MEDICAL SCHOOLS MUST ATTACH A COPY OF THE MEDICAL SCHOOL DIPLOMA AND A TRANSCRIPT OR PROVIDE AN EXPLANATION.

Signature: Jessy Keikara
Print Name: Jessy Keikara
Title: Associate Director
Date: 6/8/99 Telephone: 213 305-3992



**Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application**

License No.: 216999

Physician Name: Alice G Mark, M.D.

License Expiration Date: 9/2/2009

Current Status: Active

1) **Activity Status:** Active

2) **Address & Contact Information**

Mailing Address:

Boston Medical Center
850 Harrison Avenue YACC 4S-39
Boston
Massachusetts - 02118
United States of America

Home Address:

Business Address:

Boston Medical Center
850 Harrison Avenue YACC 4S-39
Boston
Massachusetts - 02118
United States of America
(617) 414-7379

3) **Email Address:**

4) **Fax Number:** (617) 414-3766

5) **Specialties**
Obstetrics and Gynecology

6) **Current American Board of Medical Specialties (ABMS) or American Osteopathic Association (AOA) Information**

ABMS/AOA
ABMS

Board Name
Obstetrics & Gynecology

Certification
Obstetrics and Gynecology

Subspecialty

7) **Drug License Numbers**
Massachusetts

Federal (DEA)

Federal (DEA) XS

8) **Other states where you are now licensed to practice**
None Reported

9) **States where you were previously licensed**
None Reported

10) **Work Sites**

List of all work sites in Massachusetts, including health care facilities (where you are credentialed), private office, clinics, nursing homes, etc

WorkSite
Boston University Medical Ctr Hospital

Location
Boston, MA



Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application

License No.: 216999

Physician Name: Alice G Mark, M.D.

- 11) Care of patients in Massachusetts
Average weekly hours involved in: a) inpatient care 30 hrs/wk
b) outpatient care 30 hrs/wk

12) Medical Liability Insurance Information

Insurance Carrier
Boston Medical Insurance Co.

Policy Start Date
6/30/2009

Policy End Date
6/30/2010

Policy Type
Claims made with tail coverage

- 13) Do you perform any surgery in your Massachusetts office?

No

14) Claims Made

- a) New: Have you received notification of a claim, whether or not a lawsuit was filed on that claim, or has any medical malpractice claim been made against you during this time period?
b) Pending: Are there any unresolved malpractice claims against you today, i.e., any claims that have not been resolved, settled or adjudicated during this time period?

15) Claims Closed

Has any medical malpractice claim against you (whether or not a lawsuit was filed on that claim) been resolved, settled, or adjudicated during this time period?

16) Other Civil Lawsuits

Question 16 refers to claims or actions related to your competency to practice medicine or your professional conduct in the practice of medicine.

- a) New: Have there been any claims, other than medical malpractice claims, filed against you during this time period?
b) Resolved: Have you resolved, settled or adjudicated any lawsuits, other than medical malpractice claims, during this period?

17) Criminal Charges

- a) Have you been charged with any criminal offense during this period?
b) Have any criminal offenses/charges against you been resolved during this time period?
c) Are there any criminal charges pending against you today?
d) Are any Application of Issuance of Process pending against you?

18) Other Civil Lawsuits

- a) Have you withdrawn an application to any governmental authority, health care facility, group practice employer or professional association?
b) Have you ever taken a leave of absence from any health care facility, group practice or employer?
c) Have you been the subject of an investigation by any governmental authority, health care facility, group practice, employer or professional association?
d) Have you been the subject of a disciplinary action taken by any governmental authority, health care facility, group practice, employer or professional association?

- 19) Have your privileges to possess, dispense or prescribe controlled substances been suspended, revoked, denied, restricted by or surrendered to any state or federal agency?

- 20) Have you withdrawn an application for a medical license, allowed a license application to become obsolete or have you been denied a medical license for any reason?

- 21) Has any medical liability insurance carrier restricted, limited, terminated, imposed a surcharge or co-payment, or placed any condition related to professional competency or conduct on your coverage, or have you voluntarily restricted, limited or terminated your insurance coverage in response to an inquiry by a medical liability insurance carrier?



Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application

License No.: 216999

Physician Name: Alice G Mark, M.D.

- 22) Have you completed all CME requirements (100 hours of CME of which 10 hours must be in risk management. Requirement: 40 hours credit in Category 1 and 60 hours in Category 2) for this renewal period? (If you are in an approved Residency/Fellowship program, please answer Yes) Yes
- 23) Do you have a medical condition that interferes in any way or limits your ability to practice medicine?
- 24) Have you used any chemical substance(s) which in any way interferes with your ability to practice medicine?



Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application

License No.: 216999

Physician Name: Alice G Mark, M.D.

Compliance with Legal Responsibilities

Online profile:

I have reviewed my Physician Profile and confirm that the information is accurate.

- 1) I understand and agree to comply with my obligations to report abuse or neglect of children pursuant to M.G.L. c. 119 sec. 51A and I understand the punishment for failure to comply.
- 2) I understand and agree to comply with my obligations to report abuse or neglect of disabled persons pursuant to M.G.L. c. 19C sec. 10 and I understand the punishment for failure to comply.
- 3) I understand and agree to comply with my obligations to report abuse, neglect or Financial exploitation of elderly persons pursuant to M.G.L. c. 19A sec. 15 and I understand the punishment for failure to comply.
- 4) I understand and agree to comply with my obligations to report the treatment of wounds, burns and other injuries pursuant to M.G.L. c. 112 sec. 12A and I understand the punishment for failure to comply.
- 5) I understand and agree to comply with my obligations to report the treatment of victims of rape or sexual assault pursuant to M.G.L. c. 112 sec. 12A 1/2 and I understand the punishment for failure to comply.
- 6) I understand and agree to comply with my obligations to report a physical to the Board of Medicine pursuant to M.G.L. c. 112 sec. 5F, when I have a reasonable basis to believe that a person violated any provisions of M.G.L. c. 112 sec. 5 or any Board regulation.
- 7) I understand and agree to comply with my obligations related to charging and collecting fees from Medicare beneficiaries in accordance with the Medicare fee schedule, pursuant to M.G.L. c. 112 sec. 2.
- 8) I understand and have complied with my obligations to file Massachusetts tax returns and to pay Massachusetts taxes and I understand that, pursuant to M.G.L. c. 62C sec. 49A, my license shall not be issued or renewed unless I make this certification under penalties of perjury.
- 9) I understand and agree to comply with my obligations related to the reporting of the wages of employees and contractors pursuant to M.G.L. c. 62E Sec. 2.
- 10) I understand and agree to comply with my obligations related to the withholding and remitting of child support payments pursuant to M.G.L. c. 119A.
- 11) I understand and agree to comply with my obligations to file an Incident Report with the Board when certain adverse events occur in my private office, pursuant to M.G.L. c. 112 sec. 5 and 243 CMR 3.00 et seq. and I understand that the Patient Care Assessment (PCA) programs at the health care facilities where I practice report certain Major Incidents to the Board.
- 12) I understand and agree to comply with my obligations to disclose ownership interest in any partnership, corporation, firm or other legal entity to which I have referred a patient for physical therapy services, pursuant to M.G.L. c. 112 sec. 12AA.
- 13) I am aware of my obligations and responsibilities under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), including the requirement that I obtain and provide to the Board a National Provider Identifier (NPI) number.
- 14) I understand and am in compliance with HIPAA and all other federal and state obligations placed upon me as a physician.
- 15) I understand that as an applicant for a license renewal to practice medicine a criminal record check may be conducted for conviction and pending criminal case information only from the Criminal History Systems Board and that it will not necessarily disqualify me.

- I have reviewed the above statements and certify that I understand my requirement to comply with the responsibilities and obligations of each and agree to do so.
- Under penalties of perjury, I declare that I have examined this renewal application and all of its accompanying instructions, forms and statements, and to the best of my knowledge and belief, I certify that the information contained herein is true, accurate, and complete.



**Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application**

Physician Name: Alice G Mark, M.D.

License No.: 216999

Current Status: Active

License Expiration Date: 9/2/2011

1) **Activity Status:** Active

2) **Address & Contact Information**

Mailing Address:

Home Address: 5 Perrin Road
Brookline
Massachusetts - 02445
United States of America
(617) 216-7226 - 34579

Business Address:

3) **Email Address:**

4) **Fax Number:**

5) **Specialties**
Obstetrics and Gynecology

6) **Current American Board of Medical Specialties (ABMS) or American Osteopathic Association (AOA) Information**

ABMS/AOA	Board Name	Certification	Subspecialty
ABMS	Obstetrics & Gynecology	Obstetrics and Gynecology	

7) **Drug License Numbers**

Massachusetts	Federal (DEA)	Federal (DEA) XS

8) **Other states where you are now licensed to practice**
None Reported

9) **States where you were previously licensed**
None Reported

10) **Work Sites**
List of all work sites in Massachusetts, including health care facilities (where you are credentialed), private office, clinics, nursing homes, etc

WorkSite	Location
	None Reported



Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application

License No.: 216999

Physician Name: Alice G Mark, M.D.

11) Care of patients in Massachusetts
Average weekly hours involved in: a) inpatient care 0 hrs/wk
b) outpatient care 0 hrs/wk

12) Medical Liability Insurance Information
I am not required to have malpractice insurance.
Not involved with direct or indirect patient care in Massachusetts.

13) Do you perform any surgery in your Massachusetts office? No

14) Claims Made
a) New: Have you received notification of a claim, whether or not a lawsuit was filed on that claim, or has any medical malpractice claim been made against you during this time period?
b) Pending: Are there any unresolved malpractice claims against you today, i.e., any claims that have not been resolved, settled or adjudicated during this time period?

15) Claims Closed
Has any medical malpractice claim against you (whether or not a lawsuit was filed on that claim) been resolved, settled, or adjudicated during this time period?

16) Other Civil Lawsuits
Question 16 refers to claims or actions related to your competency to practice medicine or your professional conduct in the practice of medicine.
a) New: Have there been any claims, other than medical malpractice claims, filed against you during this time period?
b) Resolved: Have you resolved, settled or adjudicated any lawsuits, other than medical malpractice claims, during this period?

17) Criminal Charges
a) Have you been charged with any criminal offense during this period?
b) Have any criminal offenses/charges against you been resolved during this time period?
c) Are there any criminal charges pending against you today?
d) Are any Application of Issuance of Process pending against you?

18) Other Issues
a) Have you withdrawn an application to any governmental authority, health care facility, group practice employer or professional association?
b) Have you ever taken a leave of absence from any health care facility, group practice or employer?
c) Have you been the subject of an investigation by any governmental authority, including the Massachusetts Board of Registration in Medicine or any other state medical board, health care facility, group practice, employer or professional association?
d) Have you been the subject of any disciplinary action taken by any governmental authority, health care facility, group practice, employer or professional association?

19) Have your privileges to possess, dispense or prescribe controlled substances been suspended, revoked, denied, restricted by or surrendered to any state or federal agency?

20) Have you withdrawn an application for a medical license, allowed a license application to become obsolete or have you been denied a medical license for any reason?

21) Has any medical liability insurance carrier restricted, limited, terminated, imposed a surcharge or co-payment, or placed any condition related to professional competency or conduct on your coverage, or have you voluntarily restricted, limited or terminated your insurance coverage in response to an inquiry by a medical liability insurance carrier?



Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application

License No.: 216999

Physician Name: Alice G Mark, M.D.

22) Have you completed all CME requirements (100 hours of CME of which 10 hours must be in risk management. Requirement: 40 hours credit in Category 1 and 60 hours in Category 2) for this renewal period? (If you are in an approved Residency/ Fellowship program, or if you are renewing your license for the first time, please answer Yes) Yes



**Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application**

License No.: 216999

Physician Name: Alice G Mark, M.D.

23) Do you have a medical condition that interferes in any way or limits your ability to practice medicine?

24) Have you used any chemical substance(s) which in any way interferes with your ability to practice medicine?



Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application

License No.: 216999

Physician Name: Alice G Mark, M.D.

Compliance with Legal Responsibilities

Online profile:

I have reviewed my Physician Profile and confirm that the information is accurate.

- 1) I understand and agree to comply with my obligations to report abuse or neglect of children pursuant to M.G.L. c. 119 sec. 51A and I understand the punishment for failure to comply.
- 2) I understand and agree to comply with my obligations to report abuse or neglect of disabled persons pursuant to M.G.L. c. 19C sec. 10 and I understand the punishment for failure to comply.
- 3) I understand and agree to comply with my obligations to report abuse, neglect or Financial exploitation of elderly persons pursuant to M.G.L. c. 19A sec. 15 and I understand the punishment for failure to comply.
- 4) I understand and agree to comply with my obligations to report the treatment of wounds, burns and other injuries pursuant to M.G.L. c. 112 sec. 12A and I understand the punishment for failure to comply.
- 5) I understand and agree to comply with my obligations to report the treatment of victims of rape or sexual assault pursuant to M.G.L. c. 112 sec. 12A 1/2 and I understand the punishment for failure to comply.
- 6) I understand and agree to comply with my obligations to report a physician to the Board of Medicine pursuant to M.G.L. c. 112 sec. 5F, when I have a reasonable basis to believe that a person violated any provisions of M.G.L. c. 112 sec. 5 or any Board regulation.
- 7) I understand and agree to comply with my obligations related to charging and collecting fees from Medicare beneficiaries in accordance with the Medicare fee schedule, pursuant to M.G.L. c. 112 sec. 2.
- 8) I understand and have complied with my obligations to file Massachusetts tax returns and to pay Massachusetts taxes and I understand that, pursuant to M.G.L. c. 62C sec. 49A, my license shall not be issued or renewed unless I make this certification under penalties of perjury.
- 9) I understand and agree to comply with my obligations related to the reporting of the wages of employees and contractors pursuant to M.G.L. c. 62E Sec. 2.
- 10) I understand and agree to comply with my obligations related to the withholding and remitting of child support payments pursuant to M.G.L. c. 119A.
- 11) I understand and agree to comply with my obligations to file an Incident Report with the Board when certain adverse events occur in my private office, pursuant to M.G.L. c. 112 sec. 5 and 243 CMR 3.00 et seq. and I understand that the Patient Care Assessment (PCA) programs at the health care facilities where I practice report certain Major Incidents to the Board.
- 12) I understand and agree to comply with my obligations to disclose ownership interest in any partnership, corporation, firm or other legal entity to which I have referred a patient for physical therapy services, pursuant to M.G.L. c. 112 sec. 12AA.
- 13) I am aware of my obligations and responsibilities under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), including the requirement that I obtain and provide to the Board a National Provider Identifier (NPI) number.
- 14) I understand and am in compliance with HIPAA and all other federal and state obligations placed upon me as a physician.
- 15) I understand that as an applicant for a license renewal to practice medicine a criminal record check may be conducted for conviction and pending criminal case information only from the Criminal History Systems Board and that it will not necessarily disqualify me.

- I have reviewed the above statements and certify that I understand my requirement to comply with the responsibilities and obligations of each and agree to do so.
- Under penalties of perjury, I declare that I have examined this renewal application and all of its accompanying instructions, forms and statements, and to the best of my knowledge and belief, I certify that the information contained herein is true, accurate, and complete.

Dr. Alice G Mark

216 999

License Number: 216999

03/12/07

NATIONAL PROVIDER IDENTIFIER (NPI)

The primary purpose of the NPI is to uniquely identify health care providers as "health care providers" in HIPAA standard transactions. The NPI will replace all other identifiers assigned to health care providers, such as those assigned by health plans, government programs and health care purchasers for purposes of conducting these business transactions. Under the final HIPAA NPI Rule, all individual and organization covered providers will be required to obtain an NPI by May 23, 2007.

In order for your license to be renewed you must take one of the following actions:

- Option 1: Supply the Board of Registration in Medicine with your valid NPI. You can apply for an NPI directly by using the NPPES web site at www.NPPES.cms.hhs.gov.
- Option 2: Certify you have personally applied for your NPI and you have not received it yet. Once you have received your NPI Number, you must notify the Board. Please complete the NPI form at the Board's web site at www.massmedboard.org.
- Option 3: Certify another authorized institution has applied for an NPI on your behalf and you have not received it yet (supply institution's name). Once you have received your NPI Number, you must notify the Board by completing the NPI form at the Board's website (see Option 2).
- Option 4: Authorize the Board of Registration in Medicine to apply for an NPI on your behalf.
- Option 5: If your license status is INACTIVE, you may elect not to obtain an NPI number.

Check the appropriate box below, supply appropriate information, and sign the bottom of the page.

- My current NPI is:

1	9	8	2	6	1	3	1	9	6
---	---	---	---	---	---	---	---	---	---
- I have personally applied for an NPI. (You must provide your NPI number to the Board when received.)
- I have applied for an NPI using a third party (enter name): _____ (follow instructions for Option 3)
- By checking this option and signing the bottom of this page, I hereby authorize the Board to apply for an NPI on my behalf.
- As an inactive physician, I do not wish to obtain an NPI.

HIPAA TAXONOMY CODES

Please provide the HIPAA taxonomy (specialty) codes (refer to enclosed Taxonomy Code List). In addition to providing the taxonomy code, please indicate your specialty in the space provided (Taxonomy Description). The primary provider taxonomy code is required if you authorize BORIM to apply for an NPI on your behalf.

Primary Provider Taxonomy:

2	0	7	V	0	0	0	0	0	X

Provider Taxonomy: _____

Provider Taxonomy: _____

Taxonomy Description (Print)

Obstetrics & Gynecology

NPI REQUIRED INFORMATION

In an ongoing effort to improve the quality of the information we collect, please review the following information and make corrections as necessary. Please note: This information is required if you authorize BORIM to apply for an NPI on your behalf.

Social Security Number: _____

State of Birth (if US): _____

Country of Birth (if outside the US): _____

Gender: Male

Female

Penalties for Falsifying Information on the National Provider Identifier Application

18 U.S.C. 1001 authorizes criminal penalties against an individual who in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry. Individual offenders are subject to fines of up to \$250,000 and imprisonment for up to five years. Offenders that are organizations are subject to fines of up to \$500,000. 18 U.S.C. 3571(d) also authorizes fines of up to twice the gross gain derived by the offender if it is greater than the amount specifically authorized by the sentencing statute.

Authorization for NPI Dissemination

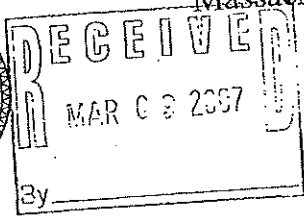
Check one box: I authorize I do not authorize the Board of Registration in Medicine to provide my NPI number to any authorized hospital, health plan, or health organization.

Please sign and date to confirm that all of the information on this form is true and accurate.

Signature: _____

Date: 3 / 7 / 07

999 219



Massachusetts Board of Registration in Medicine

560 Harrison Avenue, Suite G-4
Boston, MA 02118
617-654-9810
www.massmedboard.org

03/01/2007

Dr. Alice G Mark
48 Cedarwood Road
Jamaica Plain, MA 02130

Dear Colleague:

As you may know, the Health Insurance Portability and Accountability Act (HIPAA) mandates the use of the National Practitioner Identifier (NPI), a unique identifier for health care providers. The NPI program is overseen by the Centers for Medicare and Medicaid Services (CMS) under the Department of Health and Human Services. Under the final HIPAA NPI rule, all individual and organization covered providers will be required to obtain a NPI by May 23, 2007. Without this number, you may be ineligible for reimbursement from federally-funded benefits programs. As a condition for renewal of your license, you must complete the NPI form on the attached page.

The Massachusetts Board of Registration in Medicine (Board) is assisting physicians to obtain their NPI numbers. In addition to providing this service for physicians, the Board is the designated repository for electronic storage and dissemination of the NPI number. By having your NPI in this central repository, we hope to reduce the amount of administrative duplication in your office.

Please follow the instructions on the NPI form on the back of this letter. If you already have a NPI number, you must enter it in the space provided. If you have not yet submitted an application for a NPI number, you may request that the Board apply for the NPI number on your behalf, or you must indicate that it is being requested by another entity. You must check one of the boxes regarding NPI and you must sign and date the form to authorize the Board to provide the NPI number to authorized entities, although this is not required. Should you need any assistance in completing the NPI form, please contact the NPI coordinator at (617) 654-9810.

I would also like to take this opportunity to thank you for your continued service to the citizens of the Commonwealth.

Sincerely,

Martin C. Crane, M.D.
Board Chair

PLEASE COMPLETE NPI FORM ON THE BACK OF THIS LETTER AND RETURN TO THE BOARD IN THE GREEN ENVELOPE. PLEASE REMEMBER TO SIGN AND DATE THE FORM BEFORE MAILING. THANK YOU



Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application

License No.: 216999

Physician Name: Alice G Mark, M.D.

License Expiration Date: 9/2/2013

Current Status: Active

1) Activity Status: Active

2) Address & Contact Information

Mailing Address:

Home Address:

Business Address:

3) Email Address:

4) Fax Number:

5) Specialties
Obstetrics and Gynecology

6) Current American Board of Medical Specialties (ABMS) or American Osteopathic Association (AOA) Information

ABMS/AOA	Board Name	Certification	Subspecialty
ABMS	Obstetrics & Gynecology	Obstetrics and Gynecology	

7) Drug License Numbers
Massachusetts

Federal (DEA)

Federal (DEA) XS

8) Other states where you are now licensed to practice
None Reported

9) States where you were previously licensed
None Reported

10) Work Sites

List of all work sites in Massachusetts, including health care facilities (where you are credentialed), private office, clinics, nursing homes, etc

WorkSite

Location



Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application

License No.: 216999

Physician Name: Alice G Mark, M.D.

11) Care of patients in Massachusetts
Average weekly hours involved in:

- a) inpatient care 0 hrs/wk
b) outpatient care 5 hrs/wk

12) Medical Liability Insurance Information

Insurance Carrier
National Union Fire Ins Co of Pittsburgh

Policy Start Date
01/01/2013

Policy End Date
01/01/2014

Policy Type
Claims made with tail coverage

Yes

13) Do you perform any surgery in your Massachusetts office?

14) Claims Made

- a) New: Have you received notification of a claim, whether or not a lawsuit was filed on that claim, or has any medical malpractice claim been made against you during this time period?
b) Pending: Are there any unresolved malpractice claims against you today, i.e., any claims that have not been resolved, settled or adjudicated during this time period?

15) Claims Closed

Has any medical malpractice claim against you (whether or not a lawsuit was filed on that claim) been resolved, settled, or adjudicated during this time period?

16) Other Civil Lawsuits

Question 16 refers to claims or actions related to your competency to practice medicine or your professional conduct in the practice of medicine.

- a) New: Have there been any claims, other than medical malpractice claims, filed against you during this time period?
b) Resolved: Have you resolved, settled or adjudicated any lawsuits, other than medical malpractice claims, during this period?

17) Criminal Charges

- a) Have you been charged with any criminal offense during this period?
b) Have any criminal offenses/charges against you been resolved during this time period?
c) Are there any criminal charges pending against you today?
d) Are any Application of Issuance of Process pending against you?

18) Other Issues

- a) Have you withdrawn an application to any governmental authority, health care facility, group practice employer or professional association?
b) Have you ever taken a leave of absence from any health care facility, group practice or employer?
c) Have you been the subject of an investigation by any governmental authority, including the Massachusetts Board of Registration in Medicine or any other state medical board, health care facility, group practice, employer or professional association?
d) Have you been the subject of a disciplinary action taken by any governmental authority, health care facility, group practice, employer or professional association?

19) Have your privileges to possess, dispense or prescribe controlled substances been suspended, revoked, denied, restricted by or surrendered to any state or federal agency?

20) Have you withdrawn an application for a medical license, allowed a license application to become obsolete or have you been denied a medical license for any reason?

21) Has any medical liability insurance carrier restricted, limited, terminated, imposed a surcharge or co-payment, or placed any condition related to professional competency or conduct on your coverage, or have you voluntarily restricted, limited or terminated your insurance coverage in response to an inquiry by a medical liability insurance carrier?



Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application

License No.: 216999

Physician Name: Alice G Mark, M.D.

22) Have you completed all CPD requirements (100 hours of CPD of which 10 hours must be in risk management. Requirement: 40 hours credit in Category 1 and 60 hours in Category 2) for this renewal period? (If you are in an approved Residency/ Fellowship program, or if your are renewing your license for the first time, please answer Yes) Yes



**Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application**

License No.: 216999

Physician Name: Alice G Mark, M.D.

- 23) Do you have a medical condition that interferes in any way or limits your ability to practice medicine?
- 24) Have you used any chemical substance(s) which in any way interferes with your ability to practice medicine?



Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application

License No.: 216999

Physician Name: Alice G Mark, M.D.

Office Based Surgery

Please indicate your office Facility Classification under the MMS office Based Surgery Guidelines

You indicated that you are a Level II office

Provide a brief description of the types of surgery performed in your office.

Termination of pregnancy

Are you in compliance with all requirements of the MMS as defined by the MMS Office Based Surgery guidelines and endorsed by the Board of Registration in Medicine?

Yes



Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application

License No.: 216999

Physician Name: Alice G Mark, M.D.

Compliance with Legal Responsibilities

Online profile:

I have reviewed my Physician Profile and confirm that the information is accurate.

- 1) I understand and agree to comply with my obligations to report abuse or neglect of children pursuant to M.G.L. c. 119 sec. 51A and I understand the punishment for failure to comply.
- 2) I understand and agree to comply with my obligations to report abuse or neglect of disabled persons pursuant to M.G.L. c. 19C sec. 10 and I understand the punishment for failure to comply.
- 3) I understand and agree to comply with my obligations to report abuse, neglect or Financial exploitation of elderly persons pursuant to M.G.L. c. 19A sec. 15 and I understand the punishment for failure to comply.
- 4) I understand and agree to comply with my obligations to report the treatment of wounds, burns and other injuries pursuant to M.G.L. c. 112 sec. 12A and I understand the punishment for failure to comply.
- 5) I understand and agree to comply with my obligations to report the treatment of victims of rape or sexual assault pursuant to M.G.L. c. 112 sec. 12A 1/2 and I understand the punishment for failure to comply.
- 6) I understand and agree to comply with my obligations to report a physician to the Board of Medicine pursuant to M.G.L. c. 112 sec. 5F, when i have a reasonable basis to believe that a person violated any provisions of M.G.L. c. 112 sec. 5 or any Board regulation.
- 7) I understand and agree to comply with my obligations related to charging and collecting fees from Medicare beneficiaries in accordance with the Medicare fee schedule, pursuant to M.G.L. c. 112 sec. 2.
- 8) I understand and have complied with my obligations to file Massachusetts tax returns and to pay Massachusetts taxes and I understand that, pursuant to M.G.L. c. 62C sec. 49A, my license shall not be issued or renewed unless I make this certification under penalties of perjury.
- 9) I understand and agree to comply with my obligations related to the reporting of the wages of employees and contractors pursuant to M.G.L. c. 62E Sec. 2.
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- 12) I understand and agree to comply with my obligations to disclose ownership interest in any partnership, corporation, firm or other legal entity to which I have referred a patient for physical therapy services, pursuant to M.G.L. c. 112 sec. 12AA.
- 13) I am aware of my obligations and responsibilities under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), including the requirement that I obtain and provide to the Board a National Provider Identifier (NPI) number.
- 14) I understand and am in compliance with HIPAA and all other federal and state obligations placed upon me as a physician.
- 15) I understand that as an applicant for a license renewal to practice medicine a criminal record check may be conducted for conviction and pending criminal case information only from the Criminal History Systems Board and that it will not necessarily disqualify me.

I have reviewed the above statements and certify that I understand my requirement to comply with the responsibilities and obligations of each and agree to do so.

Under penalties of perjury, I declare that I have examined this renewal application and all of its accompanying instructions, forms and statements, and to the best of my knowledge and belief, I certify that the information contained herein is true, accurate, and complete.



Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application

License No.: 216999

Physician Name: Alice G Mark, M.D.

License Expiration Date: 9/2/2015

Current Status: Active

1) Activity Status: Active

2) Address & Contact Information

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Business Address:

3) Email Address:

4) Fax Number:

5) Specialties
Obstetrics and Gynecology

6) Current American Board of Medical Specialties (ABMS) or American Osteopathic Association (AOA)
Information

ABMS/AOA	Board Name	Certification	Subspecialty
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7) Drug License Numbers

Massachusetts	Federal (DEA)	Federal (DEA) XS

8) Other states where you are now licensed to practice
None Reported

9) States where you were previously licensed
None Reported

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List of all work sites in Massachusetts, including health care facilities (where you are credentialed), private office, clinics, nursing homes, etc

WorkSite	Location



Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application

License No.: 216999

Physician Name: Alice G Mark, M.D.

- 11) Care of patients in Massachusetts
Average weekly hours involved in: a) inpatient care 0 hrs/wk
b) outpatient care 5 hrs/wk

12) Medical Liability Insurance Information

Insurance Carrier	Policy Start Date	Policy End Date	Policy Type
National Union Fire Ins Co of Pittsburgh	01/01/2015	01/01/2016	Claims made with tail coverage

- 13) Do you perform any surgery in your Massachusetts office?

No

14) Claims Made

- a) New: Have you received notification of a claim, whether or not a lawsuit was filed on that claim, or has any medical malpractice claim been made against you during this time period?
b) Pending: Are there any unresolved malpractice claims against you today, i.e., any claims that have not been resolved, settled or adjudicated during this time period?

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d) Have you been the subject of a disciplinary action taken by any governmental authority, health care facility, group practice, employer or professional association?

- 19) Have your privileges to possess, dispense or prescribe controlled substances been suspended, revoked, denied, restricted by or surrendered to any state or federal agency?

- 20) Have you withdrawn an application for a medical license, allowed a license application to become obsolete or have you been denied a medical license for any reason?

- 21) Has any medical liability insurance carrier restricted, limited, terminated, imposed a surcharge or co-payment, or placed any condition related to professional competency or conduct on your coverage, or have you voluntarily restricted, limited or terminated your insurance coverage in response to an inquiry by a medical liability insurance carrier?



Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application

License No.: 216999

Physician Name: Alice G Mark, M.D.

22) Have you completed all of the CPD requirements for this renewal cycle? If you are renewing your license for the first time or participating in postgraduate training, please answer Yes.

Yes



Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application

License No.: 216999

Physician Name: Alice G Mark, M.D.

- 23) Do you have a medical condition that interferes in any way or limits your ability to practice medicine?
- 24) Have you used any chemical substance(s) which in any way interferes with your ability to practice medicine?



Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application

License No.: 216999

Physician Name: Alice G Mark, M.D.

25) Electronic Health Records Proficiency
I have demonstrated proficiency in the use of EHR by completion of 3 hours of a Category 1 EHR-related CPD course that discusses, at a minimum, the core and menu objectives and the Clinical Quality Measures for Meaningful Use.

26) Requirement to Complete Training in Recognizing and Reporting Child Abuse
Have you completed training to recognize and report suspected child abuse or neglect?

Yes



Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application

License No.: 216999

Physician Name: Alice G Mark, M.D.

Compliance with Legal Responsibilities

Online profile:

I have reviewed my Physician Profile and confirm that the information is accurate.

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- 3) I understand and agree to comply with my obligations to report abuse, neglect or Financial exploitation of elderly persons pursuant to M.G.L. c. 19A sec. 15 and I understand the punishment for failure to comply.
- 4) I understand and agree to comply with my obligations to report the treatment of wounds, burns and other injuries pursuant to M.G.L. c. 112 sec. 12A and I understand the punishment for failure to comply.
- 5) I understand and agree to comply with my obligations to report the treatment of victims of rape or sexual assault pursuant to M.G.L. c. 112 sec. 12A 1/2 and I understand the punishment for failure to comply.
- 6) I understand and agree to comply with my obligations to report a physician to the Board of Medicine pursuant to M.G.L. c. 112 sec. 5F, when I have a reasonable basis to believe that a person violated any provisions of M.G.L. c. 112 sec. 5 or any Board regulation.
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- 8) I understand and have complied with my obligations to file Massachusetts tax returns and to pay Massachusetts taxes and I understand that, pursuant to M.G.L. c. 62C sec. 49A, my license shall not be issued or renewed unless I make this certification under penalties of perjury.
- 9) I understand and agree to comply with my obligations related to the reporting of the wages of employees and contractors pursuant to M.G.L. c. 62E Sec. 2.
- 10) I understand and agree to comply with my obligations related to the withholding and remitting of child support payments pursuant to M.G.L. c. 119A.
- 11) I understand and agree to comply with my obligations to file an Incident Report with the Board when certain adverse events occur in my private office, pursuant to M.G.L. c. 112 sec. 5 and 243 CMR 3.00 et seq. and I understand that the Patient Care Assessment (PCA) programs at the health care facilities where I practice report certain Major Incidents to the Board.
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- 13) I am aware of my obligations and responsibilities under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), including the requirement that I obtain and provide to the Board a National Provider Identifier (NPI) number.
- 14) I understand and am in compliance with HIPAA and all other federal and state obligations placed upon me as a physician.
- 15) I understand that as an applicant for a license renewal to practice medicine a criminal record check may be conducted for conviction and pending criminal case information only from the Criminal History Systems Board and that it will not necessarily disqualify me.

I have reviewed the above statements and certify that I understand my requirement to comply with the responsibilities and obligations of each and agree to do so.

Under penalties of perjury, I declare that I have examined this renewal application and all of its accompanying instructions, forms and statements, and to the best of my knowledge and belief, I certify that the information contained herein is true, accurate, and complete.



Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application

License No.: 216999

Physician Name: Alice G Mark, M.D.

License Expiration Date: 9/2/2017

Current Status: Active

1) Activity Status: Active

2) Address & Contact Information

Mailing Address:

Home Address:

Business Address: 1090 Vermont Ave NW
Suite 1000
Washington
Massachusetts - 20005
United States of America
(202) 667-5881 - 295

3) Email Address:

4) Fax Number:

5) Specialties
Obstetrics and Gynecology

6) Current American Board of Medical Specialties (ABMS) or American Osteopathic Association (AOA) Information

ABMS/AOA	Board Name	Certification	Subspecialty
ABMS	Obstetrics & Gynecology	Obstetrics and Gynecology	

7) Drug License Numbers

Massachusetts

Federal (DEA)

Federal (DEA) XS

8) Other states where you are now licensed to practice
Texas

9) States where you were previously licensed
None Reported

10) Work Sites

List of all work sites in Massachusetts, including health care facilities (where you are credentialed), private office, clinics, nursing homes, etc

WorkSite	Location



Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application

License No.: 216999

Physician Name: Alice G Mark, M.D.

- 11) Care of patients in Massachusetts
Average weekly hours involved in:
- a) inpatient care 0 hrs/wk
 - b) outpatient care 5 hrs/wk

12) Medical Liability Insurance Information

Insurance Carrier
National Union Fire Ins Co of Pittsburgh

Policy Start Date
01/01/2017

Policy End Date
01/01/2018

Policy Type
Claims made with tail coverage

- 13) Do you perform any surgery in your Massachusetts office?

Yes

14) Claims Made

- a) New: Have you received notification of a claim, whether or not a lawsuit was filed on that claim, or has any medical malpractice claim been made against you during this time period?
- b) Pending: Are there any unresolved malpractice claims against you today, i.e., any claims that have not been resolved, settled or adjudicated during this time period?

15) Claims Closed

Has any medical malpractice claim against you (whether or not a lawsuit was filed on that claim) been resolved, settled, or adjudicated during this time period?

16) Other Civil Lawsuits

Question 16 refers to claims or actions related to your competency to practice medicine or your professional conduct in the practice of medicine.

- a) New: Have there been any claims, other than medical malpractice claims, filed against you during this time period?
- b) Resolved: Have you resolved, settled or adjudicated any lawsuits, other than medical malpractice claims, during this period?

17) Criminal Charges

- a) Have you been charged with any criminal offense during this period?
- b) Have any criminal offenses/charges against you been resolved during this time period?
- c) Are there any criminal charges pending against you today?
- d) Are any Application of Issuance of Process pending against you?

18) Other Issues

- a) Have you withdrawn an application to any governmental authority, health care facility, group practice employer or professional association?
- b) Have you taken a leave of absence from any health care facility, group practice or employer for reasons related to your competence to practice medicine?
- c) Have you been the subject of an investigation by any governmental authority, including the Massachusetts Board of Registration in Medicine or any other state medical board, health care facility, group practice, employer or professional association?
- d) Have you been the subject of a disciplinary action taken by any governmental authority, health care facility, group practice, employer or professional association?

- 19) Have your privileges to possess, dispense or prescribe controlled substances been suspended, revoked, denied, restricted by or surrendered to any state or federal agency?

- 20) Have you withdrawn an application for a medical license, allowed a license application to become obsolete or have you been denied a medical license for any reason?

- 21) Has any medical liability insurance carrier restricted, limited, terminated, imposed a surcharge or co-payment, or placed any condition related to professional competency or conduct on your coverage, or have you voluntarily restricted, limited or terminated your insurance coverage in response to an inquiry by a medical liability insurance carrier?



Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application

License No.: 216999

Physician Name: Alice G Mark, M.D.

22) Have you completed all of the CPD requirements for this renewal cycle? If you are renewing your license for the first time or participating in postgraduate training, please answer Yes.

Yes



Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application

License No.: 216999

Physician Name: Alice G Mark, M.D.

23) Do you have a medical condition that interferes in any way or limits your ability to practice medicine?

24) Have you used any chemical substance(s) which in any way interferes with your ability to practice medicine?



Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application

License No.: 216999

Physician Name: Alice G Mark, M.D.

Office Based Surgery

Please indicate your office Facility Classification under the MMS office Based Surgery Guidelines

You indicated that you are a Level II office

Provide a brief description of the types of surgery performed in your office.

1st and 2nd trimester abortion, Essure tubal sterilization

Are you in compliance with all requirements of the MMS as defined by the MMS Office Based Surgery guidelines and endorsed by the Board of Registration in Medicine?

Yes



Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application

License No.: 216999

Physician Name: Alice G Mark, M.D.

Compliance with Legal Responsibilities

Online profile:

- I have reviewed my Physician Profile and confirm that the information is accurate.
- 1) I understand and agree to comply with my obligations to report abuse or neglect of children pursuant to M.G.L. c. 119 sec. 51A and I understand the punishment for failure to comply.
 - 2) I understand and agree to comply with my obligations to report abuse or neglect of disabled persons pursuant to M.G.L. c. 19C sec. 10 and I understand the punishment for failure to comply.
 - 3) I understand and agree to comply with my obligations to report abuse, neglect or Financial exploitation of elderly persons pursuant to M.G.L. c. 19A sec. 15 and I understand the punishment for failure to comply.
 - 4) I understand and agree to comply with my obligations to report the treatment of wounds, burns and other injuries pursuant to M.G.L. c. 112 sec. 12A and I understand the punishment for failure to comply.
 - 5) I understand and agree to comply with my obligations to report the treatment of victims of rape or sexual assault pursuant to M.G.L. c. 112 sec. 12A 1/2 and I understand the punishment for failure to comply.
 - 6) I understand and agree to comply with my obligations to report a physician to the Board of Medicine pursuant to M.G.L. c. 112 sec. 5F, when I have a reasonable basis to believe that a person violated any provisions of M.G.L. c. 112 sec. 5 or any Board regulation.
 - 7) I understand and agree to comply with my obligations related to charging and collecting fees from Medicare beneficiaries in accordance with the Medicare fee schedule, pursuant to M.G.L. c. 112 sec. 2.
 - 8) I understand and have complied with my obligations to file Massachusetts tax returns and to pay Massachusetts taxes and I understand that, pursuant to M.G.L. c. 62C sec. 49A, my license shall not be issued or renewed unless I make this certification under penalties of perjury.
 - 9) I understand and agree to comply with my obligations related to the reporting of the wages of employees and contractors pursuant to M.G.L. c. 62E Sec. 2.
 - 10) I understand and agree to comply with my obligations related to the withholding and remitting of child support payments pursuant to M.G.L. c. 119A.
 - 11) I understand and agree to comply with my obligations to file an Incident Report with the Board when certain adverse events occur in my private office, pursuant to M.G.L. c. 112 sec. 5 and 243 CMR 3.00 et seq. and I understand that the Patient Care Assessment (PCA) programs at the health care facilities where I practice report certain Major Incidents to the Board.
 - 12) I understand and agree to comply with my obligations to disclose ownership interest in any partnership, corporation, firm or other legal entity to which I have referred a patient for physical therapy services, pursuant to M.G.L. c. 112 sec. 12AA.
 - 13) I am aware of my obligations and responsibilities under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), including the requirement that I obtain and provide to the Board a National Provider Identifier (NPI) number.
 - 14) I understand and am in compliance with HIPAA and all other federal and state obligations placed upon me as a physician.
 - 15) I understand that as an applicant for a license renewal to practice medicine a criminal record check may be conducted for conviction and pending criminal case information only from the Criminal History Systems Board and that it will not necessarily disqualify me.
- I have reviewed the above statements and certify that I understand my requirement to comply with the responsibilities and obligations of each and agree to do so.
- Under penalties of perjury, I declare that I have examined this renewal application and all of its accompanying instructions, forms and statements, and to the best of my knowledge and belief, I certify that the information contained herein is true, accurate, and complete.



**Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application**

License No.: 216999

Physician Name: Alice G Mark, M.D.

License Expiration Date: 9/2/2019

Current Status: Active

1) Activity Status: Active

2) Address & Contact Information

Mailing Address:

Home Address:

Business Address:

1090 Vermont Ave NW
Suite 1000
Washington
Massachusetts - 20005
United States of America
(202) 667-5881 - 295

3) Email Address:

4) Fax Number:

5) Specialties
Obstetrics and Gynecology

6) Current American Board of Medical Specialties (ABMS) or American Osteopathic Association (AOA) Information

ABMS/AOA	Board Name	Certification	Subspecialty
ABMS	Obstetrics & Gynecology	Obstetrics and Gynecology	

7) Drug License Numbers

Massachusetts	Federal (DEA)	Federal (DEA) XS

8) Other states where you are now licensed to practice
Texas

9) States where you were previously licensed
None Reported

10) Work Sites

List of all work sites in Massachusetts, including health care facilities (where you are credentialed), private office, clinics, nursing homes, etc

WorkSite	Location



**Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application**

License No.: 216999

Physician Name: Alice G Mark, M.D.

11) Care of patients in Massachusetts
Average weekly hours involved in: a) inpatient care 0 hrs/wk
b) outpatient care 5 hrs/wk

12) Medical Liability Insurance Information

Insurance Carrier National Union Fire Ins Co of Pittsburgh	Policy Start Date 01/01/2019	Policy End Date 01/01/2020	Policy Type Claims made with tail coverage
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13) Do you perform any surgery in your Massachusetts office? No

14) Claims Made
a) New: Have you received notification of a claim, whether or not a lawsuit was filed on that claim, or has any medical malpractice claim been made against you during this time period?
b) Pending: Are there any unresolved malpractice claims against you today, i.e., any claims that have not been resolved, settled or adjudicated during this time period?

15) Claims Closed
Has any medical malpractice claim against you (whether or not a lawsuit was filed on that claim) been resolved, settled, or adjudicated during this time period?

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Question 16 refers to claims or actions related to your competency to practice medicine or your professional conduct in the practice of medicine.
a) New: Have there been any claims, other than medical malpractice claims, filed against you during this time period?
b) Resolved: Have you resolved, settled or adjudicated any lawsuits, other than medical malpractice claims, during this period?

17) Criminal Charges
a) Have you been charged with any criminal offense during this period?
b) Have any criminal offenses/charges against you been resolved during this time period?
c) Are there any criminal charges pending against you today?
d) Are any Application of Issuance of Process pending against you?

18) Other Issues
a) Have you withdrawn an application to any governmental authority, health care facility, group practice employer or professional association?
b) Have you taken a leave of absence from any health care facility, group practice or employer for reasons related to your competence to practice medicine?
c) Have you been the subject of an investigation by any governmental authority, including the Massachusetts Board of Registration in Medicine or any other state medical board, health care facility, group practice, employer or professional association?
d) Have you been the subject of a disciplinary action taken by any governmental authority, health care facility, group practice, employer or professional association?

19) Have your privileges to possess, dispense or prescribe controlled substances been suspended, revoked, denied, restricted by or surrendered to any state or federal agency?

20) Have you withdrawn an application for a medical license, allowed a license application to become obsolete or have you been denied a medical license for any reason?

21) Has any medical liability insurance carrier restricted, limited, terminated, imposed a surcharge or co-payment, or placed any condition related to professional competency or conduct on your coverage, or have you voluntarily restricted, limited or terminated your insurance coverage in response to an inquiry by a medical liability insurance carrier?



Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application

License No.: 216999

Physician Name: Alice G Mark, M.D.

22) Have you completed all of the CPD requirements for this renewal cycle? If you are renewing your license for the first time or participating in postgraduate training, please answer Yes.

Yes



**Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application**

License No.: 216999

Physician Name: Alice G Mark, M.D.

23) Do you have a medical or physical condition that currently impairs your ability to practice medicine?

24) Have you engaged in the use of any chemical substance(s) with the result that your ability to practice medicine is currently impaired?



Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application

License No.: 216999

Physician Name: Alice G Mark, M.D.

25) MassHealth Enrollment Status

I am already enrolled with MassHealth as a fully participating provider or a nonbilling provider.

26) Domestic Violence and Sexual Violence Training Requirement

Have you completed training and education on the issue of domestic violence and sexual violence?

Yes



Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application

License No.: 216999

Physician Name: Alice G Mark, M.D.

Compliance with Legal Responsibilities

Online profile:

I have reviewed my Physician Profile and confirm that the information is accurate.

- 1) I understand and agree to comply with my obligations to report abuse or neglect of children pursuant to M.G.L. c. 119 sec. 51A and I understand the punishment for failure to comply.
- 2) I understand and agree to comply with my obligations to report abuse or neglect of disabled persons pursuant to M.G.L. c. 19C sec. 10 and I understand the punishment for failure to comply.
- 3) I understand and agree to comply with my obligations to report abuse, neglect or Financial exploitation of elderly persons pursuant to M.G.L. c. 19A sec. 15 and I understand the punishment for failure to comply.
- 4) I understand and agree to comply with my obligations to report the treatment of wounds, burns and other injuries pursuant to M.G.L. c. 112 sec. 12A and I understand the punishment for failure to comply.
- 5) I understand and agree to comply with my obligations to report the treatment of victims of rape or sexual assault pursuant to M.G.L. c. 112 sec. 12A 1/2 and I understand the punishment for failure to comply.
- 6) I understand and agree to comply with my obligations to report a physician to the Board of Medicine pursuant to M.G.L. c. 112 sec. 5F, when I have a reasonable basis to believe that a person violated any provisions of M.G.L. c. 112 sec. 5 or any Board regulation.
- 7) I understand and agree to comply with my obligations related to charging and collecting fees from Medicare beneficiaries in accordance with the Medicare fee schedule, pursuant to M.G.L. c. 112 sec. 2.
- 8) I understand and have complied with my obligations to file Massachusetts tax returns and to pay Massachusetts taxes and I understand that, pursuant to M.G.L. c. 62C sec. 49A, my license shall not be issued or renewed unless I make this certification under penalties of perjury.
- 9) I understand and agree to comply with my obligations related to the reporting of the wages of employees and contractors pursuant to M.G.L. c. 62E Sec. 2.
- 10) I understand and agree to comply with my obligations related to the withholding and remitting of child support payments pursuant to M.G.L. c. 119A.
- 11) I understand and agree to comply with my obligations to file an Incident Report with the Board when certain adverse events occur in my private office, pursuant to M.G.L. c. 112 sec. 5 and 243 CMR 3.00 et seq. and I understand that the Patient Care Assessment (PCA) programs at the health care facilities where I practice report certain Major Incidents to the Board.
- 12) I understand and agree to comply with my obligations to disclose ownership interest in any partnership, corporation, firm or other legal entity to which I have referred a patient for physical therapy services, pursuant to M.G.L. c. 112 sec. 12AA.
- 13) I am aware of my obligations and responsibilities under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), including the requirement that I obtain and provide to the Board a National Provider Identifier (NPI) number.
- 14) I understand and am in compliance with HIPAA and all other federal and state obligations placed upon me as a physician.
- 15) I understand that as an applicant for a license renewal to practice medicine a criminal record check may be conducted for conviction and pending criminal case information only from the Criminal History Systems Board and that it will not necessarily disqualify me.
- 16) By signing this form, I am providing my consent for the Massachusetts Board of Registration in Medicine and, where relevant, their supervising state agencies and the Massachusetts Executive Office of Health and Human Services, and where relevant, its provider enrollment vendor, to obtain, read, copy, and share with each other information regarding my MassHealth application and enrollment status and Massachusetts licensure status.

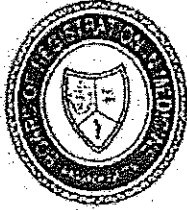


Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application

License No.: 216999

Physician Name: Alice G Mark, M.D.

- I have reviewed the above statements and certify that I understand my requirement to comply with the responsibilities and obligations of each and agree to do so.
- Under penalties of perjury, I declare that I have examined this renewal application and all of its accompanying instructions, forms and statements, and to the best of my knowledge and belief, I certify that the information contained herein is true, accurate, and complete.



Commonwealth of Massachusetts Board of Registration in Medicine

COMPLAINT FORM

Return this form to: Consumer Protection Coordinator
Board of Registration in Medicine
200 Harvard Mill Square, Suite 330
Wakefield, MA 01880
Fax: (781) 876-8381

Please type or print legibly in ink. You may use the attached lined page to explain your complaint or attach your own paper to this form. Any additional information you would like to submit with your complaint must be in paper or electronic form and will not be returned. Do not send objects, tapes, or X-rays. If you have any questions, please call our Consumer Protection Unit at (781) 876-8200.

PHYSICIAN INFORMATION (one physician for each Complaint Form)

last name	Mark	first name	Alice	middle initial	
street address	1090 Vermont Ave, NW		Washington DC	20005	zip code
physician's medical specialty	Ob/Gyn		2026675881	telephone number	

PATIENT INFORMATION

<input type="checkbox"/> male	<input checked="" type="checkbox"/> female	last name	MIA	first name		middle initial	
street address				city		state	zip code
date of birth:				daytime telephone number:			
location of treatment: <input type="checkbox"/> Office <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home <input type="checkbox"/> Clinic <input type="checkbox"/> Other							
date(s) the incident(s) described in the complaint happened:							
length of time the patient has been under the physician's care:							

COMPLAINANT INFORMATION (Complete ONLY if different from the patient information)

NOTE: The Board will not communicate the patient's confidential medical information to you without legal proof that you are authorized to receive the information.

<input type="checkbox"/> male	<input checked="" type="checkbox"/> female	last name		first name		middle initial	
street address				city		state	zip code
your relationship to the patient:		None		daytime telephone number:		None	

ACKNOWLEDGEMENT

I acknowledge that, by submitting this complaint and signing this form, the Board of Registration in Medicine may (1) obtain medical records and other information relating to this complaint, and/or (2) refer my complaint to other appropriate regulatory or law enforcement authorities. I understand that the Board may provide a copy of my complaint and all attachments to the physician.

Complainant's signature _____ Date 11/30/19

Physician's Name: Alice Mark

Complainant's Name: _____

Briefly describe your complaint

See enclosed.

Multiple horizontal lines for writing, mostly blank.

To view a High Resolution & Color copy of this fax:

1. Go to www.hellofax.com/HighRes

2. Enter Access Code:

34d4ab2c86

131.19

Consumer Protection Coordinator
Board of Registration in Medicine
200 Harvard Mill Square, Suite 330
Wakefield, MA 01880

Dear Complaint Dept.,

My complaint is against the license of Alice G. Mark, M.D., License Number 216999.

At all times material hereto, Alice Mark, represented and held herself out to be an Obstetrician/Gynecologist ("hereinafter "OB/GYN"), physician and surgeon, skilled in treatment of various illnesses and conditions, and, in particular, represented to Ms. [redacted] that she was knowledgeable, competent and qualified to perform an abortion procedure her in February of 2016.

On or about February 4, 2016, [redacted], then twenty-one (21) years old and of limited financial means, presented to Alice Mark for a first-term surgical abortion.

On or about that date, A. Mark confirmed the ten (10) week gestational age of the pregnancy, performed the surgical abortion procedure with the assistance of ultrasound guidance (due to difficulty with dilation), then purportedly conducted a gross tissue examination of the removed products, declared the pregnancy "terminated" and discharged / [redacted]

The standard(s) of medical care applicable to the average qualified OB/GYN at that time provided that an OB/GYN conducting an abortion procedure confirm that the abortion was in fact completed and that all products of conception removed via examination employing the flotation of tissue and backlighting, pathological examination ultrasound and/or other diagnostic procedure(s).

The standard(s) of medical care applicable to the average qualified OB/GYN at that time further provided that an OB/GYN conducting an abortion procedure in a case such as Ms. [redacted] where ultrasound guidance is required due to difficulty with dilation, confirm that abortion was in fact completed and that all products of conception removed via ultrasound, pathological examination and/or other heightened diagnostic testing.

Moreover, the standard(s) of medical care applicable to the average qualified OB/Gyn also provided that an OB/GYN conducting a gross tissue exam of the evacuated contents following an abortion procedure properly perform the exam and actually visualize a gestational sac and other items in the contents.

The standard(s) of medical care applicable to the average qualified OB/GYN further provided that an OB/GYN conduct a follow up consultation or examination with a patient within one (1) to two (2) weeks of an abortion procedure, to confirm that the patient is suffering signs and symptoms suggestive of retained products of conception, and/or to return the patient's calls.

On or before her discharge from Planned Parenthood on February 4, 2016, Alice Mark, and/or other providers at Planned Parenthood, obtained and recorded [redacted]'s correct phone number, and advised her that A. Mark and/or Planned Parenthood would call her to obtain her status, and/or to schedule a follow-up appointment, within two (2) weeks or sooner.

Neither A. Mark or anyone else at Planned Parenthood ever advised [redacted] that prolonged bleeding and severe abdominal pain/cramping could be a sign that she had retained products of conception.

During the days following the February 4, 2016 procedure, [redacted] suffered significant and continuous bleeding, abdominal pain and cramping.

Notwithstanding that Planned Parenthood had correctly recorded [redacted] phone number on or before February 4, 2016, neither A. Mark or anyone else from Planned Parenthood ever called her to obtain her post-abortion status, or to schedule a follow-up appointment.

Moreover, [redacted] repeated phone call messages to Alice Mark and Planned Parenthood during the two (2) week period following her procedure were never returned.

Her debilitating symptoms having not resolved, and having received no reply from Alice Mark and/or others at Planned Parenthood in response to her repeated phone calls and/messages, [redacted] presented at the CIA Cambridge Hospital Emergency Department on/or about March 15, 2016, where she was examined and treated by [redacted] (MD).

Upon her presentation, Dr. [redacted] noted that [redacted] was "status post-abortion Planned Parenthood last month", and that she suffered from, inter alia,

"heavy vaginal bleeding" and "lower abdominal cramping"; he further confirmed her vaginal bleeding and blood clots via a pelvic exam.

At the time of the presentation at CHA Cambridge Hospital, the standard of medical care applicable to the average qualified emergency physician, and/or general physician, required that an OB/GYN consultation and/or an ultrasound, or other diagnostic testing, be ordered when a patient presented with the symptoms and signs exhibited by [redacted], in order to determine retained products of conception.

Notwithstanding her confirmed symptoms and recent medical history, which raised strong suspicion of retained products of conception, Dr. Mularella discharged [redacted] from the hospital with an incomplete diagnosis and without ruling out retained products of conception via ultrasound or other diagnostic testing and/or seeking an OB/GYN consultation, all of which were available on-campus at Cambridge Hospital and/or at others CHA campuses or affiliated institutions.

As a result of Dr. [redacted]'s failure to properly diagnose and treat [redacted] condition, the retained products of conception were left inside [redacted] uterus, causing her great pain and morbidity.

Her symptoms having not abated, [redacted] ultimately presented at the Massachusetts General Hospital (MGH) Emergency Department on April 4, 2016, where a gynecological consultation summarily advised the need for an ultrasound, which in turn revealed to [redacted] for the first time, the the abortion procedure at Planned Parenthood had resulted in substantial retained products of conception; [redacted] received appropriate medical treatment at MGH and was discharged.

At the time(s) of her care and treatment of [redacted], a physician-patient relationship existed between Alice Mark and [redacted].

At all times material hereto, Alice Mark owed to [redacted] a duty to exercise to reasonable care and skill of the average, qualified OB/GYN in treating and caring for which included confirming that the abortion was in fact complete and that there were retained products of conception.

Alice Mark negligently breached this duty of care in failing to properly perform a first-term abortion upon [redacted] in failing to confirm that the procedure was

complete, in failing to confirm the absence of retained products of conception in failing to properly perform a sufficient gross tissue examination to determine that the abortion was complete and that there was no retained products of conception via ultrasound (which was available and had been used in the procedure flotation of tissue, backlighting, pathology and/or other diagnostic procedures.

Alice Mark, also negligently performed the gross tissue examination that was purportedly made, as retained products of conception would not ordinary occur in the absence of such negligence, and there is no other explanation for the retained products of conception in this case (Edwards v. Boland, 41 Mass. App. Ct. 375 (1996) rev. denied 423 Mass. 1113).

Alice Mark, further negligently breached this duty of care in failing to properly follow up with the Ms. after the abortion procedure, in failing to schedule a follow-up appointment with her, in failing to return phone calls, and/or causing someone else at Planned Parenthood to return her calls, and in failing to advise of the symptoms and signs of retained products of conception.

As a direct and proximate result of said acts and omissions of the Alice Mark, Ms. suffered significant pain, mental anguish and disability, was deprived of a favorable medical outcome, and suffered unnecessary hospitalization and medical expense.

These acts and/or omissions constitute negligence and were a proximate cause of injuries and damages to Ms.

Mark owed the the victim a duty to act as reasonably prudent healthcare provider in his care and treatment of Ms.

Mark was negligent in failing to adhere to the applicable standard of care in the care and treatment of victims; and, this negligence was a direct and proximate cause of the injuries and damages sustained by her patient

Mark was negligent and fell below the applicable standard of medical care by failing to properly care for

Mark is an Associate Medical Director at National Abortion Federation which makes it further disappointing. Mark falls far short of being an expert.

Mark is also licensed in Texas starting around Sept. 2016.

Mark has had numerous lawsuits against her previously:

Okoli, ppa et al v Mark, MD et al, Docket: SUCV2008-01652 in Suffolk Superior Court.

Elias et al v Phillips RN et al, Docket: SUCV2009-03477 in Suffolk Superior Court.

One of these is on her profile as an "above average payment".

Mark's expatient: _____ is nowing suing her in Suffolk county court:

1984CV00119 _____ vs. Mark, M.D., Alice et al.
Ms. _____ attorney is]

DIRECT LINE [_____]

Mark is a direct threat to the pubic's health and safety. She has violated the Health Code for physicians. Mark is incompetent, negligent and has created a health problem that didn't exist.

Thank you very much.

Very truly yours,

Enclosure:

- lawsuit
- 2 other lawsuit docket sheets
- Mark Profile
- Texas profile

Commonwealth of Massachusetts
SUFFOLK SUPERIOR COURT
Case Summary
Civil Docket

Elias et al v Phillips RN et al

Details for Docket: SUCV2009-03477

Case Information

Docket Number: SUCV2009-03477
Filing Date: 08/17/2009
Status Date: 08/11/2014
Lead Case: NA

Caption:
Case Status:
Session:
Case Type:

Elias et al v Phillips RN et al
Disposed: by Settlement
Civil B, 3 Pemberton Sq, Boston
Most

Tracking Deadlines

TRK: A
Service Date: 11/15/2009
Rule 15: 11/10/2010
Final PTC: 02/03/2012
Answer Date: 12/15/2009

Discovery: 08/07/2011
Disposition: 08/01/2012
Rule 12/19/20: 01/14/2010
Rule 56: 10/06/2011
Jury Trial: NO

Case Information

Docket Number: SUCV2009-03477
Filing Date: 08/17/2009
Status Date: 08/11/2014
Lead Case: NA

Caption:
Case Status:
Session:
Case Type:

Elias et al v Phillips RN et al
Disposed: by Settlement
Civil B, 3 Pemberton Sq, Boston
Medical malpractice

Tracking Deadlines

TRK: A
Service Date: 11/15/2009
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Answer Date: 12/15/2009

Discovery: 08/07/2011
Disposition: 08/01/2012
Rule 12/19/20: 01/14/2010
Rule 56: 10/06/2011
Jury Trial: NO

Parties Involved

6 Parties Involved in Docket: SUCV2009-03477

Party Involved:	Cape MD	Role:	Defendant
Last Name:		First Name:	Alison Douglas
Address:		Address:	
City:		State:	
Zip Code:		Zip Ext:	

AOTC Information Center

Telephone:

Party Involved:		Role:	Defendant
Last Name:	Mark MD	First Name:	Alice G
Address:		Address:	
City:		State:	
Zip Code:		Zip Ext:	
Telephone:			

Party Involved:		Role:	Defendant
Last Name:	Phillips RN	First Name:	Michelle
Address:		Address:	
City:		State:	
Zip Code:		Zip Ext:	
Telephone:			

Party Involved:		Role:	Plaintiff
Last Name:	Elias	First Name:	Jhad
Address:		Address:	
City:		State:	
Zip Code:		Zip Ext:	
Telephone:			

Party Involved:		Role:	Plaintiff
Last Name:	Elias	First Name:	Rachel
Address:		Address:	
City:		State:	
Zip Code:		Zip Ext:	
Telephone:			

Party Involved:		Role:	Plaintiff
Last Name:	Elias	First Name:	Trinity
Address:		Address:	
City:		State:	
Zip Code:		Zip Ext:	
Telephone:			

Attorneys Involved

9 Attorneys Involved for Docket: SUCV2009-03477

Attorney Involved:

Last Name: O'Brien
Address: 197 1st Avenue
City: Needham
Zip Code: 02494
Telephone: 781-433-9813
Fascimile: 781-433-9818

Firm Name: GOGA01

First Name: Colin K.
Address: Suite 330
State: MA
Zip Ext: 2878
Tel Ext:

Representing: Phillips RN, Michelle (Defendant)

Attorney Involved:

Last Name: Meyer, Jr
Address: 100 City Hall Plaza
City: Boston
Zip Code: 02108
Telephone: 617-720-4447
Fascimile: 617-720-1229

Firm Name: LUBI01

First Name: Andrew C.
Address: 4th Floor
State: MA
Zip Ext:
Tel Ext:

Representing: Elias, Trinity (Plaintiff)

Attorney Involved:

Last Name: Goganian
Address: 197 First Ave.
City: Needham
Zip Code: 02494
Telephone: 781-433-9812
Fascimile: 781-433-9818

Firm Name: GOGA01

First Name: Amy E
Address: Suite 330
State: MA
Zip Ext:
Tel Ext:

Representing: Cape MD, Alison Douglas (Defendant)

Attorney Involved:

Last Name: Goganian
Address: 197 First Ave.
City: Needham
Zip Code: 02494
Telephone: 781-433-9812
Fascimile: 781-433-9818

Firm Name: GOGA01

First Name: Amy E
Address: Suite 330
State: MA
Zip Ext:
Tel Ext:

Representing: Mark MD, Alice G (Defendant)

Attorney Involved:

Firm Name: GOGA01

Last Name: Gogonian
Address: 197 First Ave.
City: Needham
Zip Code: 02494
Telephone: 781-433-9812
Fascimile: 781-433-9818

First Name: Amy E.
Address: Suite 330
State: MA
Zip Ext:
Tel Ext:
Representing: Phillips RN, Michelle (Defendant)

Attorney Involved:
Last Name: O'Brien
Address: 197 1st Avenue
City: Needham
Zip Code: 02494
Telephone: 781-433-9813
Fascimile: 781-433-9818

Firm Name: GOGA01
First Name: Colin K.
Address: Suite 330
State: MA
Zip Ext: 2878
Tel Ext:
Representing: Cape MD, Alison Douglas (Defendant)

Attorney Involved:
Last Name: O'Brien
Address: 197 1st Avenue
City: Needham
Zip Code: 02494
Telephone: 781-433-9813
Fascimile: 781-433-9818

Firm Name: GOGA01
First Name: Colin K.
Address: Suite 330
State: MA
Zip Ext: 2878
Tel Ext:
Representing: Mark MD, Alice G (Defendant)

Attorney Involved:
Last Name: Novotny
Address: 100 City Hall Plaza
City: Boston
Zip Code: 02108
Telephone: 617-720-4447
Fascimile: 617-720-1229

Firm Name: LUB101
First Name: Benjamin R
Address: 4th Floor
State: MA
Zip Ext:
Tel Ext:
Representing: Elias, Trinity (Plaintiff)

Attorney Involved:
Last Name: Zahka
Address: 100 City Hall Plaza
City: Boston
Zip Code: 02108
Telephone: 617-720-4447

Firm Name: LUB101
First Name: Karen A.
Address: 4th floor
State: MA
Zip Ext:
Tel Ext:

AOTC Information Center

Fascimile: 617-720-1229

Representing: Elias, Trinity (Plaintiff)

Calendar Events

21 Calendar Events for Docket: SUCV2009-03477

No.	Event Date:	Event Time:	Calendar Event:	SES:	Event Status:
1	03/08/2010	09:00	Malpractice tribunal	A	Event held as scheduled
2	12/12/2012	14:00	Conf: final pre-trial	B	Event not held-joint request
3	12/18/2012	14:00	Conf: final pre-trial	B	Event held as scheduled
4	01/07/2013	14:00	Conference: Trial Assignment	B	Event not held-joint request
5	09/03/2013	09:00	TRIAL: by jury	B	Event not held-req of Defendant
6	05/07/2014	14:00	Conference: Final Trial Conference	B	Event held as scheduled
7	05/08/2014	14:00	Conference: Final Trial Conference	A	Event held as scheduled
8	05/12/2014	09:00	TRIAL: by jury	A	Trial begins
9	05/12/2014	09:00	TRIAL: by jury	B	Event canceled not re-scheduled
10	05/13/2014	09:00	TRIAL: by jury	A	Event continues over Multiple Days
11	05/14/2014	09:00	TRIAL: by jury	A	Event continues over Multiple Days
12	05/15/2014	09:00	TRIAL: by jury	A	Event continues over Multiple Days
13	05/16/2014	09:00	TRIAL: by jury	A	Event continues over Multiple Days
14	05/19/2014	09:00	TRIAL: by jury	A	Event continues over Multiple Days
15	05/20/2014	09:00	TRIAL: by jury	A	Event continues over Multiple Days
16	05/21/2014	09:00	TRIAL: by jury	A	Event continues over Multiple Days
17	05/22/2014	09:00	TRIAL: by jury	A	Event continues over Multiple Days
18	05/23/2014	09:00	TRIAL: by jury	A	Event continues over Multiple Days
19	05/27/2014	09:00	TRIAL: by jury	A	Event continues over Multiple Days
20	05/28/2014	09:00	TRIAL: by jury	A	Event held as scheduled
21	06/26/2014	14:00	Conf: settlement	B	Event held as scheduled

Full Docket Entries

111 Docket Entries for Docket: SUCV2009-03477

Entry Date: Paper No: Docket Entry:

08/17/2009	1	Complaint
08/17/2009		Origin 1, Type 806, Track A
08/17/2009	2	Civil action cover sheet filed (\$25,000.00)
11/03/2009	3	SERVICE RETURNED: Alison Douglas Cape MD(Defendant) (in hand on
11/03/2009	3	10/13/09)
11/03/2009	4	SERVICE RETURNED: Alice G Mark MD(Defendant) (in hand on 10/13/09)
11/10/2009	5	SERVICE RETURNED: Michelle Phillips RN(Defendant)(first class mail)
11/20/2009	6	ANSWER by Michelle Phillips RN to COMPLAINT (claim of trial by jury
11/20/2009	6	reqstd) (all issues)
11/20/2009	7	ANSWER by Alison Douglas Cape MD to COMPLAINT (claim of trial by jury
11/20/2009	7	reqstd) (all issues)
11/20/2009	8	ANSWER by Alice G Mark MD to COMPLAINT (claim of trial by jury
11/20/2009	8	reqstd) (all issues)
11/20/2009	9	Request for medical malpractice tribunal filed by Michelle Phillips
11/20/2009	9	RN, Alison Douglas Cape MD, Alice G Mark MD
12/18/2009	10	Defendants' MOTION to obtain medical records of Rachel Elias and
12/18/2009	10	Trinity Elias from Brigham and Women's Hospital (w/o opp)
12/28/2009		Motion (P#10) ALLOWED (Elizabeth M. Fahey, Justice) Notices mailed
12/28/2009		12/24/2009 (entered 12/27/09)
12/28/2009	11	ORDERd on application of defts to inspect Brigham & Women's Hospital
12/28/2009	11	medical records of plff Trinity Elias (Fahey,J) (entered 12/22/09)
12/28/2009	12	ORDER on application of defts to inspect Brigham & Women's Hospital
12/28/2009	12	medical records of plff Rachel Elias (Fahey,J) (entered 12/22/09)
03/03/2010	13	Offer of proof of plff
03/10/2010	14	Medical malpractice tribunal report: as to Trinity Elias et al v.
03/10/2010	14	Michelle Phillips RN that there is sufficient evidence to raise a
03/10/2010	14	legitimate question as to liability appropriate for judicial inquiry.
03/10/2010	14	(Paul Troy, Justice.) (entered 3/8/10)
03/10/2010	15	Medical malpractice tribunal report: as to Trinity Elias et al v.
03/10/2010	15	Alison Douglas Cape MD that there is sufficient evidence to raise a
03/10/2010	15	legitimate question as to liability appropriate for judicial inquiry.
03/10/2010	15	(Paul Troy, Justice.) Copies mailed 3/9/2010 (entered 3/8/10)
03/10/2010	16	Medical malpractice tribunal report: as to Trinity Elias et al v.
03/10/2010	16	Alice G. Mark MD that there is sufficient evidence to raise a
03/10/2010	16	legitimate question as to liability appropriate for judicial inquiry.
03/10/2010	16	(Paul Troy, Justice.) Copies mailed 3/9/2010 (entered 3/8/10)
08/16/2011	17	Defendants' Assented to MOTION to obtain certified medical records of
08/16/2011	17	Plaintiffs, Rachel Elias and Trinity Elias (w/o opposition)
08/19/2011		Motion (P#17) ALLOWED as assented to (see order) (Linda E. Giles,
08/19/2011		Justice) Notices mailed 8/18/2011
08/19/2011	18	ORDER for hospital records from Caritas Home Care (Linda E. Giles,
08/19/2011	18	Justice)
10/20/2011	19	Stipulation of Dismissal (filed 10/19/11) as to Counts V, VIII, XIV,
10/20/2011	19	XVII XXII and XXVI with prejudice and without costs JUDGMENT entered

10/20/2011	19	on docket pursuant to Mass R Civ P 58(a) as amended and notice sent
10/20/2011	19	to parties pursuant to Mass R Civ P 77(d)
12/07/2012	20	Parties' joint MOTION to continue Pretrial Conference filed & ALLOWED
12/07/2012	20	on 12/6/12. Counsel are to confer and agree on a date in December
12/07/2012	20	prior to 12/21/12 (Elizabeth Fahey, Justice) notices mailed 12/6/12
12/19/2012	21	Joint pre-trial memorandum filed
06/12/2013	22	Defendants' MOTION to continue Trial, filed & ALLOWED on 6/11/13 for
06/12/2013	22	the reasons stated and assented to. The trial date is continued to
06/12/2013	22	5/12/14. (Linda Giles, Justice) notices mailed 6/12/13
05/06/2014	23	Plaintiffs' emergency MOTION to for Recusal of the Trial Judge.
05/08/2014	24	Plaintiffs' MOTION in limine to preclude any evidence and/or
05/08/2014	24	reference to various irrelevant matters
05/08/2014	25	Request of pliffs for jury instructions
05/08/2014	26	Court received Special questions to the jury
05/08/2014	27	Defendants' Michelle Phillips RN's MOTION for leave additional voir
05/08/2014	27	dire questions
05/08/2014	28	Court received Defts' witness list
05/08/2014	29	Defendants' MOTION in limine to exclude all testimony by pliffs'
05/08/2014	29	proposed expert witness Howard Cohn MD about his alleged peer review
05/08/2014	29	activities
05/08/2014	30	Defts' MOTION in limine to exclude all evidence concerning
05/08/2014	30	performance of abortions and related services
05/08/2014	31	Defts' MOTION in limine to exclude all evidence of other lawsuits
05/08/2014	31	against them
05/08/2014	32	Defendants' MOTION in limine to exclude all reference in pliffs'
05/08/2014	32	counsel's opening statement to spoliation of evidence and limiting
05/08/2014	32	questioning on the subject
05/08/2014	33	Defendants' MOTION in limine to bar all testimony by pliffs proposed
05/08/2014	33	expert witnesses Carolyn Crawford MD and Howard Cohen MD concerning
05/08/2014	33	Trinity Elias' future employability
05/08/2014	34	Defendant Michelle Phillips RN's MOTION in limine to bar reference
05/08/2014	34	without prior permission to experts' malpractice insurer, or th
05/08/2014	34	payment of their fees in this case by an insurer, or to defts'
05/08/2014	34	insurance
05/23/2014		Motion (P#31) ALLOWED (Wilkins,J) Notices mailed 5/23/2014 (entered
05/23/2014		5/8/14)
05/23/2014		Motion (P#32) ALLOWED (Wilkins,J)) Notices mailed 5/23/2014 (entered
05/23/2014		5/8/14)
05/23/2014		Motion (P#24) ALLOWED (Linda E. Giles, Justice) Notices mailed
05/23/2014		5/23/2014 (entered 5/8/14)
05/23/2014		Motion (P#34) LLOWED (Wilkins,J) Notices mailed 5/23/2014 (entered
05/23/2014		5/8/14)
05/23/2014		Motion (P#30) ALLOWED Wilkins,J) , Justice) Notices mailed 5/23/2014
05/23/2014		(entered 5/8/14)

05/28/2014	35	Defendants' MOTION for Directed Verdicts, filed & DENIED on 5/27/14
05/28/2014	35	(Douglas Wilkins, Justice) notices mailed 5/27/14
05/30/2014	36	Plaintiffs' Proposed Voir Dire (filed 5/8/14)
05/30/2014	37	Plaintiffs' Proposed Witness list (filed 5/8/14)
05/30/2014	38	Plaintiffs' MOTION in limine to preclude any evidence and/or
05/30/2014	38	reference to irrelevant and unrelated causes of abruption (filed
05/30/2014	38	5/21/14)
05/30/2014	39	Defendants' Proposed Verdict Slip (filed 5/22/14)
05/30/2014	40	Defendants' Proposed Jury instructions (filed 5/22/14)
05/30/2014	41	Plaintiffs' supplemental request for jury instruction (filed 5/23/14)
05/30/2014	42	Plaintiffs' MOTION in limine to preclude speculative causes of Rachel
05/30/2014	42	Elias' injuries (filed 5/23/14)
06/02/2014	43	FINDINGS OF "CAUSE" AND ORDER GRANTING LEAVE Pursuant to
06/02/2014	43	Mass.R.Proff.Resp.3.5(d) (see P#43 for order) (Wilkins, J.) (dated
06/02/2014	43	5/30/14) notice sent 6/2/14
06/26/2014	44	Motion of plff to Appoint co-Guardians ALLOWED (Giles J) Notice sent
06/26/2014	44	6/27/14
06/26/2014	45	Petition for Approval of Settlement for a minor (Giles J) Notice sent
06/26/2014	45	6/27/14
08/11/2014	46	Stipulation of Dismissal (filed 8/4/14) as to plffs vs defts with
08/11/2014	46	prejudice and without costs JUDGMENT entered on docket pursuant to
08/11/2014	46	Mass R Civ P 58(a) as amended and notice sent to parties pursuant to
08/11/2014	46	Mass R Civ P 77(d)

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Physician Profile

Alice G. Mark, M.D.

Disclaimer

Physician Information

Except for the License information, this information has been reported by Dr. Mark.

License Number	216999	Accepting New Patients	Yes
License Status	Active	Accepts Medicaid	Yes
License Issue Date	4/16/2003	Translation Services Available	Spanish
License Expiration Date	9/2/2019	Insurance Plans Accepted	Blue Cross Blue Shield, BMC HealthNet Plan, Harvard Pilgrim Health Care, Masshealth, Neighborhood Health Plan, Tufts Health Plan
Primary Work Setting	Hospital	Hospital Affiliations	None Reported
Business Address	1090 Vermont Ave NW Suite 1000 Washington, MA 20005 United States of America	NPI Number	1982613196
Business Telephone	(202) 667-5881		

Both The Joint Commission and the National Committee on Quality Assurance consider the Massachusetts Board of Registration to be a primary source provider for license status information.

Education & Training

The Education and Training information was verified as of the License Issue Date above.

Medical School	Columbia Univ. College of Physicians & Surgeons
Graduation Date	5/19/1999
Post Graduate Training	Brigham & Women's Hospital, Resident (7/1/1999 - 6/20/2003) Boston Medical Center, Fellow:Obstetrics and Gynecology (7/1/2008 - 7/1/2010)

Specialty

This information has been reported by Dr. Mark.

Area of Specialty	Obstetrics and Gynecology
-------------------	---------------------------

Board Certifications

This information has been reported by Dr. Mark.

American Board of Medical Specialties (ABMS)		
Board Name	General Certification	Subspecialty
Obstetrics & Gynecology	Obstetrics and Gynecology	

Honors and Awards

This information has been reported by Dr. Mark.

- Alpha Omega Alpha
- Phi Beta Kappa(1994)
- Partners in Excellence(2007)
- Harvard Medical School Resident Teaching Award(2002)
- Gold Humanism Honor Society(2010)

Professional Publications

Board of Registration in Medicine - Physician Profile

This information has been reported by Dr. Mark.

Maxwell LM, Voetogbe G, Paul M, Mark AG. (2015). Does the type of abortion provider influence contra
 Mark AG, Wolf M, Edelman A, Castleman L. (2015). What can obstetrician/gynecologists do to support a
 Mark AG, Edelman A, Borgatta L. (2015). Second Trimester postabortion care for ruptured membranes. f
 Mark AG, Sonalkar S, Borgatta L. (2013). One-year continuation of the etonogestrel contraceptive im
 Borgatta L, Roncari D, Sonalkar S, Mark A, Hou MY, Finneseth M, & Vragovic O. (2012). Mifepristone v
 Benson J, Anderson K, Brahm D, Mark A, Aiode A, Griffen R. (2016). What Contraception do women use

Malpractice Information

Some studies have shown that there is no significant correlation between malpractice history and a physician's competence. At the same time, the Board believes that consumers should have access to malpractice information. In these profiles, the Board has given you information about both the malpractice history of the physicians currently practicing in the physician's specialty and the individual physician's history of payments. The Board has placed payment amounts into three statistical categories: below average, average, and above average, based on the payments made by physicians currently practicing in the physician's specialty. To make the best health care decisions, you should view this information in perspective. You could miss an opportunity for high quality care by selecting a physician based solely on malpractice history.

When considering malpractice data, please keep in mind:

- Malpractice histories tend to vary by specialty. Some specialties are more likely than others to be the subject of litigation.
- This report reflects malpractice payments made in Massachusetts reported to the Board by Massachusetts medical malpractice insurers. You should take into account how long the physician has been in practice when considering the number of payments made.
- The incident causing the malpractice claim may have happened years before a payment is finally made. Sometimes, it takes a long time for a malpractice lawsuit to move through the legal system.
- Some physicians work primarily with high risk patients. These physicians may have malpractice histories that are higher than average because they specialize in cases of patients who are at very high risk for problems.
- Settlement of a claim may occur for a variety of reasons which do not necessarily reflect negatively on the professional competence or conduct of the physician. A payment in settlement of a medical malpractice action or claim should not be construed as creating a presumption that medical malpractice has occurred.

The payment average(s) below reflect payments made by physicians currently practicing in the specialty. You may wish to discuss information provided in this report, and malpractice generally, with your physician.

The categorization of malpractice payments reflects how that payment compares with payments made in that specialty by physicians with an active license, not physicians licensed at the time the payment was made.

Details for Payments in Obstetrics and Gynecology Specialty

Date	Category of Payment
5/19/2011	Above Average

1203 physicians currently hold an active license with a reported specialty of Obstetrics and Gynecology.
 293 physicians have malpractice payments in the specialty of Obstetrics and Gynecology.

Disciplinary and/or Massachusetts Criminal Actions

Massachusetts Criminal Convictions, Pleas and Admissions

The Board has no record of felony or serious misdemeanor convictions regarding Dr. Mark.

Health Care Facility Discipline

The Board has no record of health care facility discipline regarding Dr. Mark.

Massachusetts Board Discipline

Dr. Mark has not been disciplined by the Board.

Out of State Board Discipline

The Board has no record of out of state discipline regarding Dr. Mark.

Board of Registration in Medicine - Physician Profile

Instructions for obtaining public information about a physician are available at our [public information page](#). Questions about a physician's Profile may be submitted to pr_profiles@state.ma.us. You may also contact the Massachusetts Board of Registration in Medicine, 250 Harvard Mall Square, Suite 330, Wakefield, MA 01880. Phone 781-876-8200 for public information about a physician or questions about a physician's Profile. Detailed information about Massachusetts Board disciplinary actions on physicians may be found at our [Disciplinary and Other Board Action](#) page.

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PUBLIC VERIFICATION / PHYSICIAN PROFILE

PHYSICIAN

NAME: ALICE GRACE MARK MD

DATE: 01/28/2019

THE INFORMATION IN THIS BOX HAS BEEN VERIFIED
BY THE TEXAS MEDICAL BOARD

Date of Birth: 1972

License Number: R0071 Full Medical License

Issuance Date: 09/15/2016

Expiration Date of Physician's Registration Permit: 11/30/2019

Registration Status: ACTIVE

Registration Date: 09/26/2016

Disciplinary Status: NONE

Disciplinary Date: NONE

Licensure Status: NONE

Licensure Date: NONE

Medical School of Graduation:

At the time of licensure, TMB verified the physician's graduation from medical school as follows:
COLUMBIA UNIV COLL OF PHYS AND SURG, NEW YORK

Medical School Graduation Year: 1999

TMB Filings, Actions and License Restrictions

The Texas Medical Board has the following board actions against this physician. (This may include any formal complaints filed by TMB, as well as petitions and/or responses related to licensure contested matters, at the State Office of Administrative Hearings.)

NONE

Investigations by TMB of Medical Malpractice

Section 164.201 of the Act requires that the board review information relating to a physician against whom three or more malpractice claims have been reported within a five year period. Based on these reviews, the following investigations were conducted with the listed resolutions.

NONE

Status History

Status history contains entries for any updates to the individual's registration, licensure or disciplinary status types (beginning with 1/1/78, when the board's records were first automated). Entries are in reverse chronological order; new entries of each type supersede the previous entry of that same type.

These records do not display status type. Should you have any questions, please contact our Customer Information Center at 512-305-7030 or verific@lmb.state.tx.us

Status Code: AC
Description: ACTIVE

Effective Date: 09/26/2016

Status Code: LI
Description: LICENSE ISSUED

Effective Date: 09/15/2016

THE INFORMATION IN THIS BOX WAS REPORTED BY THE LICENSEE AND HAS NOT BEEN VERIFIED BY THE TEXAS MEDICAL BOARD

Gender: FEMALE

Current Primary Practice Address:
1055 COMMONWEALTH AVENUE
BOSTON, MA 02215

Years of Active Practice in the U.S. or Canada:
The physician reports that he/she has actively practiced medicine in the United States or Canada for 13 year(s).

Years of Active Practice in Texas:
The physician reports that, of the above years he/she has actively practiced in the State of Texas for 0 year(s).

Specialty Board Certification
The physician reports that he/she holds the following specialty certifications issued by a board that is a member of the American Board of Medical Specialties or the Bureau of Osteopathic Specialists:

NONE

Primary Specialty
The physician reports his/her primary practice is in the area of OBSTETRICS AND GYNECOLOGY.

Secondary Specialty
The physician did not report a secondary practice area.

Name, Location and Graduation Date of All Medical Schools Attended
Name: COLUMBIA UNV COLL OF PHYS AND SURG, NEW YORK
Location:
Graduation Date: 06/1999

Graduate Medical Education In The United States Or Canada

Program Name: BRIGHAM AND WOMEN'S/MASS GENERAL HOSPITAL
Location: BOSTON, MA Begin Date: 07/1999
Type: RESIDENCY End Date: 06/2003
Specialty: OBSTETRICS AND GYNECOLOGY

Program Name: BOSTON UNIVERSITY
Location: BOSTON, MA Begin Date: 07/2008
Type: FELLOWSHIP End Date: 06/2010
Specialty: FAMLY PLANNING

Hospital Privileges

The physician reports that he/she has hospital privileges in the following in the State of Texas:

NONE

Utilization Review

The physician did not report whether he/she provides utilization review:

NONE REPORTED

Patient Services

Accessibility: The physician reports that the patient service area is not accessible to persons with disabilities as defined by federal law.

Language Translation Services: The physician reports that the following language translation services are provided for patients: SPANSH

Medicaid Participant: The physician reports that he/she does not participate in the Medicaid program.

Awards, Honors, Publications and Academic Appointments

Optional Information

The physician may optionally report descriptions of up to five such honors and has reported the following:

NONE

Malpractice Information

Section 154.006(b)(16) of the Act requires that a physician profile display a description of any medical malpractice claim against the physician, not including a description of any offers by the physician to settle the claim, for which the physician was found liable, a jury awarded monetary damages to the claimant, and the award has been determined to be final and not subject to further appeal. The physician has the following reportable claims.

Description: NONE

Criminal History

Self-Reported Criminal Offenses: The physician is required to report a description of (1) "any conviction for an offense constituting a felony, a Class A or Class B misdemeanor, or a Class C misdemeanor involving moral turpitude" and (2) "any charges reported to the board to which the physician has pleaded no contest, for which the physician is the subject of deferred adjudication or pretrial diversion, or in which sufficient facts of guilt were found and the matter was continued by a court of competent jurisdiction."

The physician has reported the following:

Description: NONE

Criminal history information is also obtained by TMB from the Texas Department of Public Safety. Resulting action, if any, will be reported under the TMB Action and Non-Disciplinary Restrictions section above.

Disciplinary Actions By Other State Medical Boards

The physician has reported the following:

Description: NONE

Physician Assistant Supervision

Description: NONE

To obtain primary source verifications, click name.

Advanced Practice Nurse Delegation

Description: NONE

To obtain primary source verifications, click name.

Summary of all License/Permit Types

Issue Date:

09/15/2016

Type:

LICENSED PHYSICIAN



Trial Court Information Center

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Okoli, ppa et al v Mark, MD et al

Details for Docket: SUCV2008-01652

Case Information

Docket Number:	SUCV2008-01652	Caption:	Okoli, ppa et al v Mark, MD et al
Filing Date:	04/11/2008	Case Status:	Disposed: by Settlement
Status Date:	05/25/2011	Session:	Civil D, 3 Pemberton Sq, Boston
Lead Case:	NA	Case Type:	Most

Tracking Deadlines

TRK:	A	Discovery:	01/05/2011
Service Date:	07/10/2008	Disposition:	03/27/2011
Rule 15:	07/05/2009	Rule 12/19/20:	09/08/2008
Final PTC:	01/20/2011	Rule 56:	05/31/2010
Answer Date:	08/09/2008	Jury Trial:	YES

Case Information

Docket Number:	SUCV2008-01652	Caption:	Okoli, ppa et al v Mark, MD et al
Filing Date:	04/11/2008	Case Status:	Disposed: by Settlement
Status Date:	05/25/2011	Session:	Civil D, 3 Pemberton Sq, Boston
Lead Case:	NA	Case Type:	Medical malpractice

Tracking Deadlines

TRK:	A	Discovery:	01/05/2011
Service Date:	07/10/2008	Disposition:	03/27/2011
Rule 15:	07/05/2009	Rule 12/19/20:	09/08/2008
Final PTC:	01/20/2011	Rule 56:	05/31/2010
Answer Date:	08/09/2008	Jury Trial:	YES

[Docket Details:](#)

[Parties](#)

[Attorneys](#)

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COMMONWEALTH OF MASSACHUSETTS

SUFFOLK, ss.

SUFFOLK SUPERIOR COURT
CIVIL ACTION NO. 19-0119H

Plaintiff

vs.

COMPLAINT &
JURY DEMAND

ALICE MARK, MD,
 PLANNED PARENTHOOD LEAGUE OF
 MASSACHUSETTS, INC.,
 JOSHUA M. MULARELLA, MD,
 CAMBRIDGE PUBLIC HEALTH
 COMMISSION d/b/a CAMBRIDGE HEALTH
 ALLIANCE and CAMBRIDGE HEALTH
 ALLIANCE PHYSICIANS ORGANIZATION,
 Defendants

PARTIES

1. The plaintiff, / _____, is an individual residing in Chelsea, Suffolk County, Massachusetts.
2. The defendant, Alice Mark, MD, is a licensed practicing physician who at all times material hereto had a usual place of business at 1055 Commonwealth Avenue, Boston, Suffolk County, Massachusetts.
3. The defendant, Planned Parenthood League of Massachusetts, Inc. (hereinafter "Planned Parenthood"), is a Massachusetts corporation with a principal and/or usual place of

business at 1055 Commonwealth Avenue, Boston, Suffolk County, Massachusetts, that at all times material hereto provided pregnancy termination services.

4. The defendant, Joshua M. Mularella, MD, is a licensed practicing physician who at all times material hereto had a usual place of business at 1493 Cambridge Street, Cambridge, MA 02139.

5. The defendant, Cambridge Public Health Commission d/b/a Cambridge Health Alliance (hereinafter "CHA"), is an entity created by statute with a principal place of business at 1493 Cambridge Street in Cambridge, Middlesex County, Massachusetts, and a public employer within the meaning of G.L. c. 258, *et. seq.*, that at all times material hereto provided health care, through its employees, contractors and agents, to patients at its various campuses and affiliated locations, including CHA Cambridge Hospital.

6. The defendant, Cambridge Health Alliance Physicians Organization, Inc. (hereinafter "CHAPO"), is a Massachusetts corporation with a principal place of business at 1493 Cambridge Street in Cambridge, Middlesex County, Massachusetts, that at all times material hereto was wholly owned by, and/or affiliated with, CHA, and which employed, and/or contracted with, physicians who provided health care services at CHA campuses, including CHA Cambridge Hospital.

FACTS COMMON TO ALL COUNTS

7. At all times material hereto, Alice Mark, MD, represented and held herself out to be an Obstetrician/Gynecologist ("hereinafter "OB/GYN"), physician and surgeon, skilled in the treatment of various illnesses and conditions, and, in particular, represented to the plaintiff that she was knowledgeable, competent and qualified to perform an abortion procedure on her in February of 2016.
8. At all times material hereto, Joshua Mularella, MD, represented and held himself out to be a physician, skilled in the treatment of various illnesses and conditions, and, in particular, represented to the plaintiff that he was knowledgeable, competent and qualified to care and treat her in March of 2016.
9. On or about February 4, 2016, the plaintiff, then twenty-one (21) years old and of limited financial means, presented to Dr. Mark at Planned Parenthood in Boston, Massachusetts, for a first-term surgical abortion.
10. On or about that date, Dr. Mark confirmed the ten (10) week gestational age of the pregnancy, performed the surgical abortion procedure with the assistance of ultrasound guidance (due to difficulty with dilation), then purportedly conducted a gross tissue exam of the removed products, declared the pregnancy "terminated" and discharged the plaintiff.
11. The standard(s) of medical care applicable to the average qualified OB/GYN at that time provided that an OB/GYN conducting an abortion procedure in a clinic setting confirm that the abortion was in fact completed and that all products of conception removed via

examination employing the flotation of tissue and backlighting, pathological examination, ultrasound (hereinafter "US") and/or other diagnostic procedure(s).

12. The standard(s) of medical care applicable to the average qualified OB/GYN at that time further provided that an OB/GYN conducting an abortion procedure in a case such as the plaintiff's, where US guidance is required due to difficulty with dilation, confirm that the abortion was in fact completed and that all products of conception removed *via* US, pathological examination and/or other heightened diagnostic testing.

13. Moreover, the standard(s) of medical care applicable to the average qualified OB/GYN also provided that an OB/GYN conducting a gross tissue exam of the evacuated contents following an abortion procedure properly perform the exam and actually visualize a gestational sac and other items in the contents.

14. The standard(s) of medical care applicable to the average qualified OB/GYN further provided that an OB/GYN conduct a follow up consultation or examination with a patient within one (1) to two (2) weeks of an abortion procedure, to confirm that the patient is not suffering signs and symptoms suggestive of retained products of conception (hereinafter "RPOC"), and/or to return the patient's calls.

15. On or before her discharge from Planned Parenthood on February 4, 2016, Dr. Mark, and/or other providers at Planned Parenthood, obtained and recorded the plaintiff's correct phone number, and advised her that Dr. Mark and/or Planned Parenthood would call her to obtain her status, and/or to schedule a follow-up appointment, within two (2) weeks or sooner.

16. Neither Dr. Mark or anyone else at Planned Parenthood ever advised the plaintiff that prolonged bleeding and severe abdominal pain/cramping could be a sign that she had RPOC.
17. During the days following the February 4, 2016 procedure, the plaintiff suffered significant and continuous bleeding, abdominal pain and cramping.
18. Notwithstanding that Planned Parenthood had correctly recorded the plaintiff's phone number on or before February 4, 2016, neither Dr. Mark or anyone else from Planned Parenthood ever called her to obtain her post-abortion status, or to schedule a follow-up appointment.
19. Moreover, the plaintiff's repeated phone call messages to Dr. Mark and/or Planned Parenthood during the two (2) week period following her procedure were never returned.
20. Her debilitating symptoms having not resolved, and having received no reply from Dr. Mark and/or others at Planned Parenthood in response to her repeated phone calls and/or messages, the plaintiff presented at the CHA Cambridge Hospital Emergency Department on/or about March 15, 2016, where she was examined and treated by Joshua Mularella MD.
21. Upon her presentation, Dr. Mularella noted that the plaintiff was "status post abortion at Planned Parenthood last month", and that she suffered from, *inter alia*, "heavy vaginal bleeding" and "lower abdominal cramping"; he further confirmed her vaginal bleeding and blood clots *via* a pelvic exam.

22. At the time of the plaintiff's presentation at CHA Cambridge Hospital, the standard of medical care applicable to the average qualified emergency physician, and/or general physician, required that an OB/GYN consultation and/or an ultrasound, or other diagnostic testing, be ordered when a patient presented with the symptoms and signs exhibited by the plaintiff, in order to determine RPOC.

23. Notwithstanding her confirmed symptoms and recent medical history, which plainly raised a strong suspicion of RPOC, Dr. Mularella discharged the plaintiff from the hospital with an incomplete diagnosis and without ruling out RPOC *via* US or other diagnostic testing, and/or seeking an OB/GYN consultation, all of which were available on-campus at Cambridge Hospital and/or at others CHA campuses or affiliated institutions.

24. As a result of Dr. Mularella's failure to properly diagnose and treat the plaintiff's condition, the RPOC were left inside the plaintiff's uterus, causing her great pain and morbidity.

25. Her symptoms having not abated, the plaintiff ultimately presented at the MGH Emergency Department on April 4, 2016, where a gynecological consultation summary advised the need for an US, which in turn revealed to the plaintiff, for the first time, that the abortion procedure at Planned Parenthood had resulted in substantial RPOC; the plaintiff received appropriate medical treatment at MGH and was discharged.

26. On or about January 16, 2018, the plaintiff, in accordance with Massachusetts General Laws Chapter 258 § 4 and Chapter 231 § 60L, provided timely notice and presentment of the instant claims to the defendants. More than six (6) months thereafter no settlement has

been agreed to and no offer of settlement has been received. A copy of this notice and presentment is attached hereto as EXHIBIT A, sans attachments, and is incorporated herein pursuant to Mass. R. Civ. P. 10(c).

COUNT 1 - NEGLIGENCE vs. ALICE MARK, MD

27. The plaintiff repeats the allegations contained in all of the preceding paragraphs, and, by this reference, incorporates the same herein.

28. At the time(s) of her care and treatment of the plaintiff, a physician-patient relationship existed between Alice Mark, MD, and the plaintiff.

29. At all times material hereto, Alice Mark, MD, owed to the plaintiff a duty to exercise the reasonable care and skill of the average, qualified OB/GYN in treating and caring for her, which included confirming that the abortion was in fact complete and that there were no RPOC.

30. The defendant, Alice Mark, MD, negligently breached this duty of care in failing to properly perform a first-term abortion upon the plaintiff, in failing to confirm that the procedure was complete, in failing to confirm the absence of RPOC, in failing to properly perform a sufficient gross tissue examination to determine that the abortion was complete and that there was no RPOC, and in failing to confirm that the abortion was complete and that there was no RPOC *via* US (which was available and had been used in the procedure), flotation of tissue, backlighting, pathology and/or other diagnostic procedures.

31. The defendant, Alice Mark, MD, also negligently performed the gross tissue examination that was purportedly made, as RPOC would not ordinary occur in the absence of such negligence, and there is no other explanation for the RPOC in this case (Edwards v. Boland, 41 Mass. App. Ct. 375 (1996) rev. denied 423 Mass. 1113).

32. The defendant, Alice Mark, MD, further negligently breached this duty of care in failing to properly follow up with the plaintiff after the abortion procedure, in failing to schedule a follow-up appointment with her, in failing to return the plaintiff's phone calls, and/or causing someone else at Planned Parenthood to return her calls, and in failing to advise the plaintiff of the symptoms and signs of RPOC.

33. As a direct and proximate result of said acts and omissions of the Alice Mark, MD, the plaintiff suffered significant pain, mental anguish and disability, was deprived of a more favorable medical outcome, and suffered unnecessary hospitalization and medical expense.

WHEREFORE, the plaintiff prays judgment against the defendant, Alice Mark, MD, for the above described harms, with awards of damages, attorneys' fees, interest and costs.

COUNT 2 – NEGLIGENCE vs. PLANNED PARENTHOOD

34. The plaintiff repeats the allegations contained in all of the preceding paragraphs, and, by this reference, incorporates the same herein.

35. At all times material hereto, Planned Parenthood, and through its contractors, employees, agents and/or persons for whom Planned Parenthood was legally responsible, owed a duty to the plaintiff to provide appropriate medical care to her at Planned Parenthood in Boston.

36. At all times material hereto, Planned Parenthood, and through its contractors, employees, agents and/or persons for whom Planned Parenthood was legally responsible, negligently breached this duty of care by failing to provide proper care and treatment to the plaintiff, and in failing to implement procedures and protocols that would prevent RPOC, and/or ensure that a follow up consultation with the plaintiff was performed and her calls returned.

37. As a direct and proximate result of said acts and omissions of Planned Parenthood, by and through its contractors, employees, agents and/or persons for whom Planned Parenthood was legally responsible, the plaintiff suffered significant pain, mental anguish and disability, was deprived of a more favorable medical outcome, and suffered unnecessary hospitalization and medical expense.

WHEREFORE, the plaintiff prays judgment against the defendant Planned Parenthood, for the above described harms, with awards of damages, attorneys' fees, interest and costs.

COUNT 3 - NEGLIGENCE vs. JOSHUA MULARELLA, MD

38. The plaintiff repeats the allegations contained in all of the preceding paragraphs, and, by this reference, incorporates the same herein.

39. At the time(s) of his care and treatment of the plaintiff, a physician-patient relationship existed between Joshua Mularella, MD, and the plaintiff.

40. At all times material hereto, Joshua Mularella, MD, owed to the plaintiff a duty to exercise the reasonable care and skill of the average, qualified emergency and/or general physician in treating and caring for her, which included ordering an OB/GYN consultation and confirmation of RPOC *via* US or other diagnostic procedure(s) upon her presentation to Cambridge Hospital in March of 2016.

41. The defendant, Joshua Mularella, MD, negligently breached this duty of care in failing to properly diagnose the plaintiff's condition, in failing to order an OB/GYN consultation, in failing to order a US or other diagnostic testing for RPOC, and in discharging the plaintiff from the hospital.

42. As a direct and proximate result of said acts and omissions of Joshua Mularella, MD, the plaintiff suffered significant pain, mental anguish and disability, was deprived of a more favorable medical outcome, and suffered unnecessary hospitalization and medical expense.

WHEREFORE, the plaintiff prays judgment against the defendant, Joshua Mularella, MD, for the above described harms, with awards of damages, attorneys' fees, interest and costs.

COUNT 4 - NEGLIGENCE vs. CHA & CHAPO

43. The plaintiff repeats the allegations contained in all of the preceding paragraphs, and, by this reference, incorporates the same herein.

44. At all times material hereto, CHA and CHAPO, and through their contractors, employees, agents and/or persons for whom CHA and/or CHAPO were legally responsible, owed a duty to the plaintiff to provide appropriate medical care to her at CHA Cambridge Hospital.

45. At all times material hereto, CHA and CHAPO, and through their contractors, employees, agents and/or persons for whom CHA and/or CHAPO were legally responsible, negligently breached this duty of care by failing to provide proper oversight, supervision, care and treatment to the plaintiff, and in failing to provide a proper and correct diagnosis of her condition.

46. As a direct and proximate result of said acts and omissions of the defendants, by and through their contractors, employees, agents and/or persons for whom CHA and/or CHAPO were legally responsible, the plaintiff suffered significant pain, mental anguish and disability, was deprived of a more favorable medical outcome, and suffered unnecessary hospitalization and medical expense.

WHEREFORE, the plaintiff prays judgment against the defendants, CHA and/or CHAPO, for the above described harms, with awards of damages, attorneys' fees, interest and costs.

REQUESTS FOR RELIEF

Wherefore, the plaintiff requests that this court:

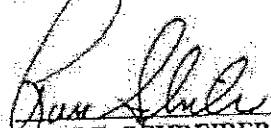
1. Enter judgment for the plaintiff on all counts of her complaint;
2. Award the plaintiff damages as determined at trial, including punitive damages and attorney's fees, plus interest and costs as provided by law; and
3. Grant the plaintiff such other relief as the court deems necessary, appropriate, equitable or just.

JURY DEMAND

The plaintiff demands a jury trial on all issues so triable.

The Plaintiff,

By her attorney,

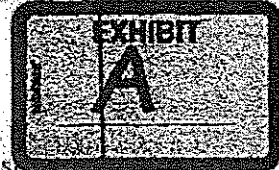


ROSS E. SCHREIBER
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 Boston, MA 02109
 (617) 742-1981
 res@schreiberlawboston.com

Dated: January 14th, 2019

THE SCHREIBER LAW FIRM LLC
BOSTON

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FILE COPY

ATTORNEY ROSS E. S...
DIRECT LINE 617.742.1981
rs@schreiberlawboston.com

January 16, 2018

Via Certified Mail

Joshua M. Mularella, MD
c/o CHA Everett Hospital
103 Garland Street
Everett, MA 02149

Via Certified Mail

Alice Mark, MD
c/o Planned Parenthood League of MA, Inc.
1055 Commonwealth Avenue
Boston, MA 02215

Via Certified Mail

Mr. Patrick Wardell
Chief Executive Officer
Cambridge Public Health Commission
d/b/a Cambridge Health Alliance
1493 Cambridge Street
Cambridge, MA 02139

Via Certified Mail

Jennifer Childs-Roshak, MD
President and Chief Executive Officer
Planned Parenthood League of MA, Inc.
1055 Commonwealth Avenue
Boston, MA 02215

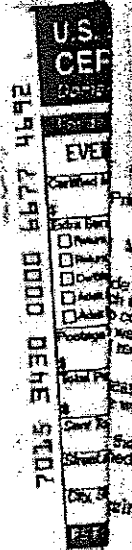
Via Certified Mail

Mr. David Porell
Chief Administrative Officer
Cambridge Health Alliance Physicians Organization
1493 Cambridge Street
Cambridge, MA 02139

Re: - Notice of Claim(s) Pursuant to G.L. c. 231 § 60L
& Presentment To Public Employer(s) Pursuant to G.L. c. 258 § 4

To the above-named parties:

Please be advised that this office represents Ms. [redacted] in connection with medical malpractice claims arising out of a negligent abortion procedure(s) performed by Dr. Alice Mark at Planned Parenthood on 02/04/2016, and for injuries caused by Dr. Joshua Mularella's negligent failure to subsequently diagnose and properly treat [redacted] at a Cambridge Health Alliance hospital on 03/15/2016.



Notwithstanding that this notice is being forwarded to Cambridge Health Alliance ("CHA"), and *ergo* to its wholly owned or controlled subsidiary/division, Cambridge Health Alliance Physicians Organization ("CHAPO"), as presentments pursuant to G.L. c. 258, § 4, the plaintiff contends that Dr. Mularella does *not* meet the criteria of a "public employee" for purposes of G.L. c. 258 § 2, et. seq. See, e.g., *Kelley v. Rossi*, 395 Mass. 659, 661-663 (1985). Similarly, insofar as Planned Parenthood is considered a "public employer" under the statute, the plaintiff contends that Dr. Mark also does not meet the public employee criteria.

In support of the claims stated herein, please find attached hereto the following materials, which are incorporated herein by this reference and which include, in accordance with G.L. c. 231 § 60L(f), all treatment records related to said claims:

- Exhibit 1 - Medical Records from Planned Parenthood;
- Exhibit 2 - Medical Records from CHA;
- Exhibit 3 - Medical Records from Massachusetts General Hospital; and
- Exhibit 4 - Letter from Therapist dated 01/03/2018.

Factual Basis For Claims

On February 4, 2016, Ms. [REDACTED], then twenty-one (21) years old and ten (10) weeks pregnant, underwent a first term abortion procedure at the Planned Parenthood facility at 1055 Commonwealth Avenue in Boston, Massachusetts. [See PP records]. Dr. Alice Mark performed the procedure. Upon her discharge that same day, [REDACTED] was advised by Planned Parenthood that they would call her later to set up a follow-up appointment. They never did.

Immediately following the procedure [REDACTED] experienced some vaginal bleeding. As time progressed, however, and even after two (2) weeks had passed, the bleeding became much more pronounced and constant, and included clots as large as a baseball. [REDACTED] called Planned Parenthood four or five times, but on each occasion she was directed to leave a voicemail, which she did. Her calls were never returned. Within three weeks of the procedure [REDACTED] had become so weak due to the prolonged heavy bleeding that she had to confine herself to bed. She suffered from debilitating fatigue and experienced fainting spells when attempting to walk or stand. She also experienced, *inter alia*, intense cramping and continuous lower abdominal pain during this time. She could not work or perform any kind of physical activity. As the weeks and month passed she became progressively more symptomatic.

On March 15, 2016, [REDACTED] concerned mother had her transported to the emergency department at Whidden Hospital (i.e., CHA Everett), where she was seen by Joshua M. Mularella, MD. [See CHA records]. Dr. Mularella noted that [REDACTED] was "status post abortion at Planned Parenthood last month", and was then experiencing "heavy vaginal bleeding" and "lower abdominal cramping." He further confirmed the vaginal bleeding and blood clots *via* a pelvic exam. Notwithstanding her symptoms and known post-abortion status, Dr. Mularella failed to perform or order a pelvic ultrasound ("US") and/or other diagnostic or clinical testing with respect to [REDACTED] condition. Nor did he order or seek a gynecological consultation. Instead, he simply diagnosed her with "dysfunctional uterine bleeding," and

advised her that her symptoms were "most likely due to the change in hormones following the abortion." He discharged her to home that same day.¹ Her symptomatology thereafter worsened and she continued to decline.

Her condition having not resolved, she presented at Massachusetts General Hospital ("MGH") on April 4, 2016, accompanied by her mother, "curled up in a ball" and with the same persistent symptoms. Her treatment providers there ordered a gynecology consultation and recognized the need for a pelvic US to confirm or rule out the existence of "retained products of conception." [See MGH records]. The pelvic US revealed a "complex heterogeneous endometrial echocomplex measuring up to 2 cm with internal vascular flow", indicative of retained products of conception ("RPOC").² [redacted] relates that her treatment providers at MGH advised her that about 3/4 of the fetus had been retained.³

This was the first time [redacted] was advised that the procedure at Planned Parenthood was incompletely performed, and it caused her severe emotional shock which has since been followed by a deep depression and mental anguish. [redacted] condition was managed at MGH with Misoprostol. She was hospitalized and discharged the next day. Thereafter [redacted] suffered the debilitating after-symptoms of the Misoprostol induced "second abortion", i.e., heavy bleeding and cramping, for a number of weeks. She became anemic and was treated at CHA hospital facilities. [CHA records]. Only in May of 2016 did her vaginal bleeding substantially diminish.

Applicable Standard(s) of Care, Deviations & Liability

At all times material hereto, the standard of care applicable to the average qualified Obstetrician/Gynecologist required Dr. Mark to remove all products of conception when performing the abortion procedure upon her patient, [redacted]. Similarly, the applicable standard(s) of care required Dr. Mark, and/or [redacted] other treatment providers at Planned Parenthood, to take all appropriate studies and examinations, including a properly performed ultrasound, to determine that all products of conception were in fact removed following the procedure, and/or to inspect and/or take a substantial inventory of the evacuated contents to ensure that she was not discharged therewith. The applicable standard(s) of care further required Dr. Mark, and/or [redacted] other treatment providers at Planned Parenthood, to follow up with [redacted] within two (2) weeks of the procedure to obtain a status on her post-abortion condition, and to evaluate her possible need for further treatment.

¹ Later CHA records dated April 22, 2016 summarize this encounter as follows: "[the patient] [w]ent to Whidden ED, 3/15/16, ED provider felt to be a heavy menses after TAB, no further studies done, and patient was discharged home."

² Blood tests also revealed low HGB/HCT levels, indicative of heavy and/or prolonged bleeding.

³ A CHA physician described the RPOC in a 4/13/16 note as "retained fetal parts."

14-05165-2000-0000

Dr. Mark deviated from these standards of care in failing to remove all products of conception, and in failing to take and/or properly perform post-procedure examinations and/or studies to confirm that all products of conception were in fact removed, and/or in failing to diagnose and/or treat [redacted]'s post-operative condition. Moreover, not only did Dr. Mark and Planned Parenthood fail to follow up with [redacted] in any way post-procedure, they never even returned her multiple phone calls and/or voice messages. Had Dr. Mark performed, *inter alia*, a proper post-procedure ultrasound, and/or a proper itemization of the removed products of conception, she would have been advised of the likelihood of substantial RPOC, and would have been able to immediately perform a second procedure and/or treat [redacted] medically. Similarly, had Dr. Mark or Planned Parenthood followed up with [redacted] in the weeks following the procedure, and/or returned her voicemails/calls, they would have been advised that she was suffering from symptomatology suggestive of RPOC, and could have had her return to the clinic and treated her medically, as was done at MGH months later. Unfortunately, and as a result of the deviations by Dr. Mark, and/or the other providers at Planned Parenthood, [redacted] was caused to suffer the retention of substantial products of conception to her harm and injury.

Similarly, at all times material hereto, the standard(s) of care applicable to the average qualified emergency and/or general physician required Dr. Mularella to order a gynecological consult and diagnostic testing, including ultrasound, with respect to [redacted]'s presentation and treatment on 03/15/2016 at the CHA hospital. The medical history known to Dr. Mularella at the time, and [redacted]'s clinical presentation and symptoms, would have advised the average qualified emergency or general physician that he or she should consult an OBGYN and verify or rule out RPOC as a diagnosis. Dr. Mularella's failure to do either was a gross deviation(s) that caused [redacted] to remain undiagnosed/untreated, and to unnecessarily continue to suffer the retention of substantial products of conception to her harm and injury. See, e.g., Shirk v. Kelsey, 617 N.E.2d 152 (Ill. App. 1993) (jury verdict for plaintiff sustained where evidence indicated that Dr. failed to utilize ultrasound or otherwise confirm that abortion was complete); see, also, generally Margaret Vroman, Medical Malpractice in Performance of Legal Abortion, 69 ALR4th 875, 880 (West Supp. 2017) ("courts have recognized potential liability where the abortion was performed incompletely and all of the products of conception were not removed").

Moreover, apart from the liability attaching to the individual negligence and medical malpractice of Dr. Mark and Dr. Mularella, Planned Parenthood League of MA, Inc., CHA, and/or CHAPO are all similarly potentially liable pursuant to G.L. c. 258 § 2, and/or common law principles of *respondeat superior*, (Dias v. Brigham Medical Associates, Inc., 438 Mass. 317, 319 (2002)), as well as for negligent supervision/training and/or hiring. See, e.g., Roe No. 1 v. Children's Hospital Medical Center, 469 Mass. 710, 714 (2014) ("there is little doubt that [hospital] had a duty to supervise and monitor [defendant's] conduct while he was employed as a physician there"); Copithorne v. Framingham Union Hospital, 401 Mass. 860 (1988) (hospital negligent in continuing MD's staff privileges after receiving notice of previous incidents of similar harms).

Damages

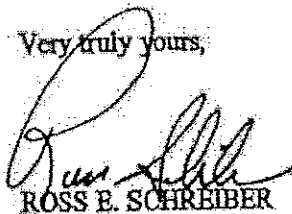
As a direct result of the negligently performed abortion by Dr. Mark, and Dr. Mularella's subsequent failure to timely diagnose and properly treat her condition, [redacted] was caused to suffer unnecessary physical pain, hospitalization(s), emotional distress and morbidity. To this day [redacted] continues to experience severe depression, anxiety and mental anguish from the memory of the shock that she suffered when being advised at MGH that the initial abortion had been incomplete. See Payton v. Abbot Labs, 386 Mass. 540 (1982) (Massachusetts recognizes a claim for negligent infliction of emotional distress against a physician); see, also, Ferrara v. Bernstein, 613 N.E.2d 542 (N.Y. 2d 1993) (plaintiff's emotional distress resulted from negligently performed abortion). Specifically, *inter alia*, she suffers from loss of appetite and sleeplessness due to recurrent nightmares, has suicidal thoughts and experiences stomach pain, headaches and chest pain/shortness of breath when the memory reappears. Her treating therapist further opines that this experience has contributed to, and/or severely exacerbated, [redacted]'s post-traumatic stress disorder symptoms. [See Gould Letter].

In view of the preceding, and given the circumstances present in this case, the egregiousness of the deviations and the seriousness of the injuries sustained, and with a view to facilitating a fair resolution of this matter, on behalf of [redacted] I am demanding \$200,000.00 to settle this case. See, e.g., Shirk v. Kelsey, 617 N.E.2d at 152 (after plaintiff's comparative negligence considered, jury awarded \$225,000.00 verdict); Bauman v. Bresnick, MD, et al., JVR No. 45866 available at 1985 WL 352836 (N.Y. Sup.) (\$200,000.00 plaintiff's verdict in incomplete abortion case, including award for emotional distress).

Please contact this office at your earliest possible convenience to discuss this matter. Please also forward any medical information release form(s) you wish [redacted] to execute, authorizing your access to her medical records. Notwithstanding that the potential public employers addressed herein have six (6) months in which to respond to this presentment under the statute, I would invite an earlier response(s). Needless to say, if the parties fail to respond to this presentment/notice within the respective statutory periods, I shall file the appropriate civil complaint on behalf of [redacted]. I also shall reserve the right to supplement this letter, and the exhibits hereto, in the future.

Thank you for your attention to this matter. I look forward to speaking with you soon.

Very truly yours,



ROSS E. SCHREIBER

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Prior 5/15/19
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CIVIL ACTION COVER SHEET		DOCKET NUMBER 19-0119H	Trial Court of Massachusetts The Superior Court	
PLAINTIFF(S): ADDRESS:		COUNTY Suffolk		
ATTORNEY: <u>Ross Schreiber</u> ADDRESS: <u>8 Fawcett Hall Marketplace, 3rd Floor</u> <u>Boston, MA 02109</u>		DEFENDANT(S): <u>Alba Mark, MD, Planned Parenthood League of Massachusetts, Inc.</u> <u>Joshua Mulanika, MD, Cambridge Public Health Commission c/o Cambridge Health Alliance and</u> <u>Cambridge Health Alliance Physicians Organization</u> ADDRESS: <u>1055 Commonwealth Avenue, Boston, MA (Dr. Mark and Planned Parenthood)</u> <u>1453 Cambridge Street, Cambridge, MA (Dr. Mulanika, CHA and CHAPO)</u>		
BBO: <u>639643</u>		TYPE OF ACTION AND TRACK DESIGNATION (see reverse side)		
CODE NO. <u>806</u>	TYPE OF ACTION (specify) <u>Medical Malpractice</u>	TRACK <u>A</u>	HAS A JURY CLAIM BEEN MADE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
"If 'Other' please describe: _____				
STATEMENT OF DAMAGES PURSUANT TO G.L. c. 212, § 3A				
The following is a full, itemized and detailed statement of the facts on which the undersigned plaintiff or plaintiff counsel relies to determine money damages. For this form, disregard double or treble damage claims; indicate single damages only.				
TORT CLAIMS (attach additional sheets as necessary)				
A. Documented medical expenses to date:				
1. Total hospital expenses				\$12,000.00
2. Total doctor expenses				
3. Total chiropractic expenses				
4. Total physical therapy expenses				\$51,000.00
5. Total other expenses (describe below)				
Treatment for emotional injury Subtotal (A):				
B. Documented lost wages and compensation to date				
C. Documented property damages to date				
D. Reasonably anticipated future medical and hospital expenses Treatment for emotional injury				\$42,000.00
E. Reasonably anticipated lost wages				\$4,500.00
F. Other documented items of damages (describe below)				
G. Briefly describe plaintiff's injury, including the nature and extent of injury: <small>Retained products of conception remaining after failed abortion at Planned Parenthood caused plaintiff to suffer substantial and debilitating pain and bleeding. Planned Parenthood failed to follow up with plaintiff and she was thereafter misdiagnosed at Cambridge Hospital, causing her to continue to suffer pain and bleeding until properly diagnosed at MGH two months after the procedure. Upon discovery of incomplete abortion plaintiff suffered shock and emotional injury, and had to undergo further treatment.</small>				TOTAL (A-F): \$
				\$15,500.00
CONTRACT CLAIMS (attach additional sheets as necessary)				
Provide a detailed description of claim(s):				TOTAL: \$
Signature of Attorney/Pro Se Plaintiff: X <u>Ross Schreiber</u>				Date: <u>1-14-2019</u>
RELATED ACTIONS: Please provide the case number, case name, and county of any related actions pending in the Superior Court.				
CERTIFICATION PURSUANT TO SJC RULE 1:18				
I hereby certify that I have complied with requirements of Rule 5 of the Supreme Judicial Court Uniform Rules on Dispute Resolution (SJC Rule 1:18) requiring that I provide my clients with information about court-connected dispute resolution services and discuss with them the advantages and disadvantages of the various methods of dispute resolution.				
Signature of Attorney of Record: X <u>Ross Schreiber</u>				Date: <u>1-14-2019</u>

<p>CIVIL TRACKING ORDER (STANDING ORDER 1-88)</p>	<p>DOCKET NUMBER 1984CV00119 <i>H</i></p>	<p>Trial Court of Massachusetts The Superior Court</p> 
<p>CASE NAME: vs. Alice Mark, M.D. et al</p>		<p>Michael Joseph Donovan, Clerk of Court</p>
<p>TC: File Copy</p>	<p>COURT NAME & ADDRESS Suffolk County Superior Court - Civil Suffolk County Courthouse, 12th Floor Three Pemberton Square Boston, MA 02108</p>	

TRACKING ORDER - A - Average

You are hereby notified that this case is on the track referenced above as per Superior Court Standing Order 1-88. The order requires that the various stages of litigation described below must be completed not later than the deadlines indicated.

STAGES OF LITIGATION	DEADLINE		
	SERVED BY	FILED BY	HEARD BY
Service of process made and return filed with the Court		04/16/2019	
Response to the complaint filed (also see MRCP 12)		05/14/2019	
All motions under MRCP 12, 19, and 20	05/14/2019	06/13/2019	07/16/2019
All motions under MRCP 15	03/09/2020	04/08/2020	04/08/2020
All discovery requests and depositions served and non-expert depositions completed	01/04/2021		
All motions under MRCP 56	02/02/2021	03/04/2021	
Final pre-trial conference held and/or firm trial date set			07/02/2021
Case shall be resolved and judgment shall issue by			01/13/2022

The final pre-trial deadline is not the scheduled date of the conference. You will be notified of that date at a later time. Counsel for plaintiff must serve this tracking order on defendant before the deadline for filing return of service. This case is assigned to

<p>DATE ISSUED 01/14/2019</p>	<p>ASSISTANT CLERK Steven J Masse</p>	<p>PHONE (517)788-3147</p>
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Board of Registration in Medicine

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March 22, 2019

VIA CERTIFIED MAIL, RETURN RECEIPT REQUESTED

Alice G. Mark, M.D.
5 Perrin Road
Brookline, MA 02445

0188 5175 8E07 1997 9917 LR

Re: Docket Number: 19-114

Dear Dr. Mark:

The Board of Registration in Medicine has received a complaint regarding your conduct in the practice of medicine, a copy of which is enclosed. Please provide a written response to the issues raised in the enclosed material. As part of your response, you may include any materials you feel are relevant in connection with the investigation of this matter. Pursuant to Board regulations and statutes, the person filing the enclosed complaint may have access to your response and any attachments.

The Health Insurance Portability and Accountability Act (HIPAA) provides that otherwise protected health information may be disclosed to a health oversight agency for activities that include disciplinary actions. See 45 CFR section 164.512 (d). The Board clearly meets the definition of a health oversight agency. See 45 CFR section 164.501.

You are welcome to have an attorney represent you in this matter. Please note that if an attorney does represent you, either you or your attorney may write your response, but you must sign or co-sign it as the licensee. Your response must be sent to me within thirty days of this letter.

Upon receipt, your response will be reviewed to determine the course of action. You will be notified of this decision. Thank you for your attention to this request.

Very truly yours,

Paula Hannon
Consumer Protection Coordinator

PH/FAR
Enclosure

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APR 25 2019



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April 22, 2019

Paula Hannon, Consumer Protection Coordinator
Board of Registration in Medicine
200 Harvard Mill Square, Suite 330
Wakefield, MA 01880

Re: Complaint of
Docket No. 19-114

Dear Ms. Hannon:

The following is my response to the complaint by [redacted] dated January 31, 2019, and mailed to me from the Board on March 22, 2019, concerning treatment given to [redacted] at the Planned Parenthood League of Massachusetts clinic in Boston ("Planned Parenthood") on February 4, 2016.

INTRODUCTION

All the health care professionals, including myself, involved in Ms. [redacted]'s care provided good, safe and competent care which conformed to the standards of practice. Any events occurring during the course of the treatment or thereafter, did not result from any breach of duty on the part of any practitioner.

As explained in greater detail below, Ms. [redacted] presented for an aspiration abortion on February 4, 2016, when she was at approximately 10 weeks of gestation. She had a routine procedure with assistance of ultrasound guidance. Prior to the procedure she reviewed and signed a detailed consent form. This consent detailed possible risks of the procedure including specific instruction to "return to the clinic or to your own health care provider 2-3 weeks after a medical or surgical abortion. This is to make sure there are no signs of infection or other problem". Ms. [redacted] was fully informed and proceeded with treatment. She went home after the procedure having received standard discharge instructions and medications. Ms. [redacted] never returned to Planned Parenthood for any follow-up visit.

Approximately two months after her abortion, Ms. [redacted] presented to the Mass General Hospital Emergency Room and was treated with misoprostol for retained products of conception. Retained products of conception are a known complication of abortion for which Ms. [redacted] was counselled and consented. Retained products of conception occur in 0.5 to 2% of all abortion cases and can be treated with medication or a repeat aspiration procedure, as she received at MGH [1].



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PROFESSIONAL QUALIFICATIONS

In light of the Complainant's assertions as to my level of skill, competence and education, I will review my professional credentials and qualifications.

I graduated from Columbia College of Physicians and Surgeons in 1999. I completed my residency in Obstetrics and Gynecology from Harvard Medical School, Brigham and Women's Hospital/Massachusetts General Hospital, Boston MA, in 2003. I was in general obstetrics and gynecology practice for four years and performed abortions as part of my practice. I obtained a Master's Degree in Epidemiology from Boston University School of Public Health, Boston, MA while completing a two-year fellowship in Family Planning in the Department of Obstetrics and Gynecology at Boston University Medical Center, Boston, MA. This fellowship included specialty training in abortion and family planning.

I am a board-certified obstetrician/gynecologist since 2004. I am engaged in active medical practice, with a focus on Family Planning. I have co-authored several peer-reviewed articles, received grants to study contraception, mentored medical students, and won awards for teaching.

I currently serve as the Medical Director of the National Abortion Federation. The National Abortion Federation is a member organization of abortion providers and facilities, including Planned Parenthoods, in the United States, Canada, Mexico, and Colombia. One of my responsibilities is producing our evidence-based *Clinical Policy Guidelines for Abortion Care*, which set the clinical standard for abortion facilities and providers [2]. I am a contract physician at Planned Parenthood League of Massachusetts, and have voluntary faculty status at Boston Medical Center.

I mention these qualifications to counter the claim that I "fall short of being an expert", may be "direct threat to public's health and safety", have "...violated the Health Code for physicians", am "...incompetent, negligent and has created a health problem that did not exist".

CARE PROVIDED TO MS.

Ms. [redacted] presented at Planned Parenthood in Boston on February 4, 2016, for a 10-week aspiration abortion procedure. She reviewed and signed a detailed consent explaining the risks and benefits of the abortion. She had an ultrasound examination by which the pregnancy was confirmed and gestational age was established. She was given detailed information about the tests, treatment, procedure and contraceptive methods to be provided, including benefits, risks, possible problems/complications, and alternatives. She was given specific information about in-clinic suction abortion, including the use of



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dilators, the sedation, possible complications, and the symptoms requiring a follow-up call to the clinic. She was informed about the risks associated with the in-clinic abortion, specifically, incomplete abortion, blood clots in her uterus, and heavy bleeding as detailed in the consent form that she signed. The consent form specifically mentions "return to the clinic or to your own health care provider 2-3 weeks after a medical or surgical abortion. This is to make sure there are no signs of infection or other problem." The complaint incorrectly states that Planned Parenthood advised her that she would be contacted to obtain her status, and/or to schedule a follow-up appointment, within 2 weeks or sooner. Because it is important to observe confidentiality and respect the patient's discretion, Planned Parenthood does not call patients at home, but asks them to call for follow-up as needed based on the symptoms they experience. It is the patient's prerogative to make contact. This is specifically mentioned in the consent form that she signed. She was informed of each stage of the procedure and made an informed decision to bear the risks, benefits, and alternatives to said abortion procedure. She was discharged at 03:51 p.m. after having been given discharge instructions and medications. Following her procedure, Ms. [redacted] did not return to Planned Parenthood or make any further efforts to contact me or anyone at Planned Parenthood.

Following her abortion, Ms. [redacted] was evaluated on March 15, 2016 at Cambridge Hospital for vaginal bleeding and abdominal cramping. She was told that her symptoms were caused by hormonal changes following her abortion. No additional treatment was given. She did not contact me or report her symptoms to Planned Parenthood.

On April 6, 2016, Ms. [redacted] went to the Massachusetts General Hospital Emergency Room complaining of pelvic pain. An ultrasound showed "complex heterogeneous endometrial echocomplex measuring up to 2 cm with internal vascular flow" which was felt to represent retained products of conception. She was given Misoprostol, 600 mg, and told to follow up in the gynecology clinic in two weeks. Again, she did not contact either me or Planned Parenthood at that time or any time thereafter.

RESPONSE TO SPECIFIC COMPLAINTS

The complaint was filed by [redacted] who has never been a patient at Planned Parenthood nor has, to my knowledge, been my patient at any other time or place. There is no indication that [redacted] (has the assent of Ms. [redacted]) to pursue this complaint or that Ms. [redacted] spoke or corresponded with [redacted]. No complaint has been brought to the Board by the patient, Ms. [redacted], although an attorney representing Ms. [redacted] has filed a complaint for damages against me and Planned Parenthood in Superior Court. [redacted] complaint is a recitation of the Superior Court complaint. [redacted] has no apparent first-hand knowledge and has solely presented this complaint based on the information available in public domain. Neither the lawsuit nor complaint has any merit. In particular, nothing that I did or failed to do fell below the standard of care, constituted any professional misconduct or caused any adverse outcome in Ms. [redacted]'s treatment or condition.



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Furthermore, [redacted] is known to target abortion providers with complaints to the board. [redacted]'s complaint is a form of harassment of abortion providers, rather than serving any interest to the patient.

In the case of Ms. [redacted] all applicable standards of care required of an Obstetrician/Gynecologist ("OB/GYN") in conducting an abortion procedure were followed. The procedure was appropriate, given the patient's gestational age, and was performed according to Planned Parenthood's Standards & Guidelines. Pre-abortion care requiring determination of gestational age was accomplished by using transvaginal ultrasound technique. While the standard of care specifically mentions that "Ultrasound scanning is not routinely required for the provision of abortion", Ms. [redacted]'s abortion was monitored using ultrasound. Monitoring with ultrasound ensured that the uterine contents were completely evacuated. Gross tissue examination immediately after the procedure revealed "decidua, villi, sac, placenta, fetal parts" which can be easily identified by trained providers. Post-procedure assessment was made and pregnancy was declared to be terminated. While the entire procedure was monitored using ultrasound, there is no indication to perform additional ultrasound after the procedure. There is also no indication for further examination of the products of conception, once the clinician has determined that they appear consistent with gestational age. Proper medications were administered to reduce the risk of infection. Complete, accurate and easy-to-understand information about the procedure and what to expect during and afterwards was given to Ms. [redacted]. Information regarding post-abortion contraception was also provided. Ms. [redacted] was fully informed of the nature of the procedure, and of its risks and benefits. The records indicate that she was properly prepared, medicated, treated and monitored. As the treating physician, I followed all applicable protocols, standards, and rendered care which was entirely appropriate.

[redacted] next asserts that Ms. [redacted] was not advised of the post-abortion risks. The fifteen-page consent form describes the risks of the procedure, including potential injuries and complications, such as risk related to the prolonged bleeding and severe abdominal pain/cramping being a sign of retained products of conception. The consent form is regularly reviewed and updated by the national Planned Parenthood organization. The proper Massachusetts state required first-trimester abortion consent was also signed by the patient prior to her procedure.

Following the procedure, the patient was provided with discharge instructions setting forth a toll-free telephone number for the patient to call immediately if she experienced bleeding, leakage of fluid, or severe cramping or pain not relieved by over-the-counter medications. These included instructions to contact the clinic or a hospital in the event that she experienced pain or bleeding. All appropriate warnings and monitoring were provided to Ms. [redacted] in light of the particular procedure she was having.



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There is no basis in medical practice or otherwise for the claim that I should have followed up with Ms. [redacted] two weeks after the procedure. Planned Parenthood does not require that patients have a follow-up appointment booked after a routine aspiration abortion procedure, but gives patients instructions for when they should seek care if they are experiencing problems. Planned Parenthood has a policy of providing detailed information about when and how to seek care should there be any complications post procedure. [redacted] incorrectly states that "no one ever advised [redacted] that prolonged bleeding and severe abdominal pain/cramping could be a sign of retained products of conception". In fact the section "What is an in-clinic abortion" has a sub-section "Risks of an in-clinic abortion are" which specifically lists out the complication that Ms. [redacted] experienced and was aware of the need to follow up as per "Follow-up care" section of the consent form.

In summary, there were no deviations from standard practice in my treatment of Ms. [redacted]. The allegations that I was negligent and incompetent in my treatment of Ms. [redacted] is baseless. All of the care and treatment that Ms. [redacted] received was proper, and all appropriate warnings were given and consents obtained. All protocols were properly formulated and adhered to. The complainant seems to believe that he or she has an obligation to act as a public watchdog, but there is no merit to the complaint. Furthermore, the complainant specifically targets abortion providers for complaints as a form of harassment. The records show that treatment was appropriate and in accordance with the standard of care. Ms. [redacted] sought and received treatment for retained products of conception at an outside facility. Retained products of conception are a known complication of any abortion procedure, for which the patient was counselled and consented. Neither I nor anyone else at Planned Parenthood League of Massachusetts did anything that was unacceptable or inappropriate with respect to her treatment.

I hope this response answers your questions and will be sufficient for the Board to dismiss the letter of complaint without further investigation. Enclosed in this letter is the record of the procedure from Planned Parenthood. I did not include the consents, but these are available if you need them. Should you need any additional information, please do not hesitate to contact me.

Sincerely,

Alice G. Mark, M.D., M.Sc.
Medical Director, National Abortion Federation



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www.prochoice.org

References:

[1] Tristan SB, Gilliam M. First trimester surgical abortion. Clin Obstet Gynecol. 2009;52(2):151-9

[2] National Abortion Federation, Clinical Policy Guidelines for Abortion Care 2018. <https://prochoice.org/resources/clinical-policy-guidelines/>

Encl: 1 _____ (medical record)

Cc: I _____



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October 15, 2019

Alice G. Mark, M.D.
C/o Eric P. Finamore, Esquire
Weston Patrick, P.A.
One Liberty Square, Suite 1210
Boston, MA 02109

RE: Docket Number: 19-114

Dear Dr. Mark:

The Complaint Committee of the Board of Registration in Medicine met on October 10, 2019, and considered the above-referenced matter. We have decided not to recommend disciplinary action and closed the complaint.

However, information concerning this matter will be kept on file at the Board. We reserve the right to reopen the complaint should you commit any violation of Board statutes or regulations in the future.

Sincerely,

George M. Abraham, M.D.
Complaint Committee Chair

GMA/jec



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Board of Registration in Medicine

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March 22, 2019

RE: Alice G. Mark, M.D.
Docket Number: 19-114

Dear Ms.

The Board of Registration in Medicine has received your complaint regarding the above named physician. The physician has been asked to respond in writing to your complaint.

If you wish to bring additional information about your complaint to the attention of the Board, please provide it to me in writing at the address above. Any future correspondence regarding your complaint should include the name of the physician and the docket number as it appears in this letter.

Once our review of your complaint has been completed, you will receive a letter informing you of the outcome.

Thank you for bringing this matter to the attention of the Board.

Very truly yours,

Paula Hannon
Consumer Protection Coordinator

PH/FAR



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Department of Public Health

October 15, 2019

RE: Alice G. Mark, M.D.
Docket Number: 19-114

Dear Ms.

Thank you for the information that you provided to the Board of Registration in Medicine. A copy of your complaint, referenced above, was sent to the physician, who was required to respond in writing. Enclosed please find a copy of the physician's response.

After considering this matter on October 10, 2019, the Board's Complaint Committee did not recommend disciplinary action and closed the complaint. However, your complaint and the physician's response will be placed in the physician's file at the Board.

Thank you again for bringing this matter to the Board's attention.

Very truly yours,

Paula Hannon
Consumer Protection Coordinator

PH/jec