STATE OF NEW HAMPSHIRE

OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
DIVISION OF HEALTH PROFESSIONS
Board of Medicine
121 South Fruit Street, Suite 301
Concord, N.H. 03301-2412
Telephone 603-271-1203 · Fax 603-271-6702

June 3, 2020

LAURENT CONSTANCE DELLI-BOVI, MD
[redacted]

Dear Dr. Delli-Bovi:

Congratulations. The New Hampshire Board of Medicine has granted your application for licensure. Your license number is 20554 and is dated June 3, 2020.

You are required to renew your license on a biennial basis and forms for that purpose will be forwarded to you at the address on file with the Board in April of the year in which your renewal is set to occur. For this reason, a form is enclosed which should be returned to us if and when you change your home or business address. Please be aware that you are required to inform the Board of any change of address within 30 days of that change.

IMPORTANT: As a licensee in New Hampshire, you are required to register for the NH Prescription Drug Monitoring Program ("NH PDMP") within 90 days from the date your license was issued. (Med 501.02(l)) Please visit the website at https://newhampshire.pmpaware.net/login and register using the attached instructions. The NH PDMP Help Desk information is 855-353-9903.

An embossed certificate of licensure will be provided to you within the next six months. This certificate is for display purposes only and does not constitute a legal document which verifies current licensure. The enclosed pocket size card should be used for that purpose.

Please feel free to contact this office if you have any questions.

Sincerely,

Penny Taylor

Penny Taylor
Administrator

Encl.

Online Registration – ACCESS the DATA

New Hampshire Prescription Drug Monitoring Program - AWARxE

The New Hampshire Prescription Drug Monitoring Program (PDMP) grants system access accounts to practitioners and approved delegates so that they may look up, and view, controlled substance dispensing information on specific patients .

Practitioners (and Delegates) can perform the following steps to request an account:

1. To request a new account in PMP AWARXE, got to login screen is located at https://newhampshire.pmpaware.net/login

2. Once at the login screen, the user must click the "Create an account" option to begin the process..

3. The first screen displayed requires the user to enter their current, valid email address and select a password. The password must be entered a second time for validation. a. The password must contain at least 8 characters, including 1 capital letter and 1 special character (such as !,@,#,$)

4. After the email and desired password have been entered, the user must click the "Save and Continue" button.

5. The second step is the role selection screen. The user can expand the role categories to select the role that fits their profession. After the role has been selected, the user must click the "Save and continue" button.

6. A message is temporarily displayed to the user stating that an email has been sent to their email address for verification. The email should arrive in the user's inbox within a few minutes and will contain a link that the user will click to verify that their email address is valid and current.

7. The final screen is the demographics screen. Here the user must enter their name, date of birth, employer information, and other information as configured by the PDMP Administrator. a. Required fields are marked with a red asterisk. b. Please enter all active DEA numbers, if applicable.

8. After all information has been entered into the form, the user must click the "Submit Your Registration" button to complete the process.

9. The user will then be taken to a landing page notifying them that their account is pending approval.
   - a. Additional validation documents are not required, as is indicated by the "None Required" message in the "Validation Documents Required" column.

NH | PRESCRIPTION DRUG MONITORING PROGRAM

CONFIDENTIAL MEMO

To:

From:

Re:

Date:

[redacted]

[redacted]

FCVS

FEDERATION CREDENTIALS VERIFICATION SERVICE

OBG

Penn State Univ
College of Med
PA
1976

fsmb

FEDERATION OF STATE MEDICAL BOARDS

RECEIVED
OCT 03 2019
NH BOARD

Medical Professional Information Profile

This report provides credentialing information for:

Name: **Delli-Bovi, Laurent Constance** MD

Social Security Number: [redacted]

Date of Birth: [redacted]

FID#: [redacted]

Recipient: **NH - New Hampshire Board of Medicine**

Delivery Date: **10/02/2019**

ABOUT THIS PROFILE

The Federation Credentials Verification Service (FCVS) was retained by the above referenced medical professional to verify his/her medical credentials for submission to your agency/organization. Unless noted otherwise, all documents contained in this report were received directly from the issuing institution per written request made by FCVS.

NOTICE: All documents bearing an original Official FCVS seal are certified to be an exact reproduction of the original. Where required, original documents are provided according to the agreements with the Institution issuing such document. FCVS maintains all original documents (excluding third-party examination transcripts) in the physician's source file.

400 FULLER WISER ROAD | EULESS, TX 76039 | TEL (817) 868 - 5000 | FAX (817) 868 - 5099

FCVS | FEDERATION CREDENTIALS VERIFICATION SERVICE

Affidavit and Release

fsmb

I, the undersigned, hereby certify under oath that I am the person named in this application, that all statements I have or shall make with respect thereto are true, that I am the original and lawful possessor and person named in the various forms and credentials furnished or to be furnished with respect to my application and that all documents, forms or copies thereof furnished or to be furnished with respect to my application are strictly true in every aspect.

I acknowledge that I have answered all questions contained in the application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to me being prosecuted under appropriate federal and state laws.

I authorize and request every person, hospital, clinic, government agency (local, state, federal or foreign), court, association, institution or law enforcement agency having custody or control of any documents, records and other information pertaining to me to furnish to the Federation Credentials Verification Service any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data and to permit the Federation Credentials Verification Service or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application.

Notary: Your seal (or stamp) must be partly upon the photo and partly upon the signature of the applicant.

I hereby release, discharge and exonerate the Federation Credentials Verification Service, its agents or representatives and any person furnishing information, of any and all liability of every nature and kind arising out of investigation made by the Federation Credentials Verification Service. I authorize the Federation Credentials Verification Service to release information, material, documents, orders or the like relating to me or this application to any entity at my request.

DOUGLAS YU
Commonwealth of Massachusetts
My Commission Expires December 17, 2025

C. Delli-Bovi
Applicant's Signature (must be signed in the presence of a notary)

DELLI-BOVI
Applicant's Printed Last Name

LAURENT C.
Applicant's Printed First Name, Middle Initial, and Suffix (e.g., Jr.)

9/4/19
Date of Signature (must correspond to date of notarization)

State of Massachusetts, County of Norfolk

I certify that on the date set forth below the individual named above did appear personally before me and that I did identify this applicant by: (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made in my presence on this form with the signature on his/her identifying document. The statements on this document are subscribed and sworn to before me by the applicant on this 4 day of September, 2019.

Notary Public Signature: D. Yu

My Notary Commission Expires: 12/12/2025

Please complete and mail this original document to the Federation of State Medical Boards at:

400 FULLER WISER ROAD | EULESS, TX 76039 | TEL(817)868-5000

FCVS ID Number [redacted]

FID Number

FCVS FEDERATION CREDENTIALS VERIFICATION SERVICE

Identity

Biographic Information

Medical professional Name(s): **Delli-Bovi, Laurent Constance**

Date of Birth: [redacted]

Place of Birth: New York, New York, UNITED STATES

Contact Information

Home Address: [redacted]
UNITED STATES

Home Phone: [redacted]

Email: [redacted]

Credentials Analysis Information for Identity

There is no Omission/Discrepancy/Miscellaneous information identified.

CERTIFICATION OF IDENTIFICATION

Certification by Notary Public Is Required

Applicant Full Legal Name: DELLI-BOVI LAURENT C.
Last First Middle

FCVS ID Number: [redacted]

Notary – Please complete the section below:

State of Massachusetts County of Norfolk

I certify that on the date set forth below, the individual named above, did appear personally before me and presented one of the following forms of identification as proof of his/her identity (Birth Certificate or Passport). I further certify that I did identify this applicant by comparing his/her physical appearance with the photograph on a Government issued photo identification presented by the applicant.

The statements on this document are subscribed and sworn to before me by the applicant on this (Day) 4, of (Month) September, (Year) 2019.

Notary Public Signature: [signature]

Commission Expiration Date* (Month) 12 /(Day) 12 /(Year) 2025

*** The notary's commission expiration date must be current and legible. If no expiration date, such as 'lifetime', an explanation must be provided.**

Notary Stamp Here

DOUGLAS YU
Notary Public, Commonwealth of Massachusetts
My Commission Expires December 12, 2025

Please complete and mail this original document and a photocopy of the birth certificate or passport presented to the Notary to:

Federation of State Medical Boards
ATTN: FCVS
400 Fuller Wiser Rd., Suite 300
Euless, TX 76039-3856

[redacted]

PP


We The People
Of the United States,
in Order to form a more perfect Union, establish Justice, insure domestic Tranquility, provide for the common defence, promote the general Welfare, and secure the Blessings of Liberty to ourselves and our Posterity, do ordain and establish this Constitution for the United States of America.
SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR
PASSPORT
PASSEPORT
PASAPORTE
UNITED STATES OF AMERICA
USA
[redacted]
USA
[redacted]


UNITED STATES OF AMERICA
PASSPORT CARD
[redacted]

[redacted]

FCVS FEDERATION CREDENTIALS VERIFICATION SERVICE

Chronology of Activities

The Chronology of Activities is a comprehensive report of a medical professional's activities as reported to FCVS in the medical professional application.

Start Date	End Date	Activity Type	Location
09/01/1972	05/31/1976	Medical Education	Pennsylvania State University College of Medicine Hershey Pennsylvania UNITED STATES
06/01/1976	06/30/1980	PGT/Education	Boston Hospital for Women Boston Massachusetts UNITED STATES
07/01/1976	06/30/1980	Postgraduate Training	Brigham and Women's Hospital/Massachusetts General Hospital Program Boston Massachusetts UNITED STATES
06/30/1980	11/30/1990	Work	Women's Care Associates 500 Brookline Ave. Boston, Massachusetts UNITED STATES
07/01/1980	07/31/2001	Work	MIT 25 Carlton Street Cambridge, Massachusetts UNITED STATES
08/01/1981	08/31/1982	Work	Women's Medical Office 1319 Worcester Road Framingham, Massachusetts UNITED STATES
02/01/1982	07/31/1985	Work	Crittenton Hastings House Clinic 10 Perthshire Road Brighton, Massachusetts UNITED STATES
07/01/1985	12/30/1991	Work	Repro Associates 1297 Beacon Street Brookline, Massachusetts UNITED STATES
12/01/1990	04/30/1992	Work	Laurent Delli-Bovi, Private Practice 1269 Beacon Street Brookline, Massachusetts UNITED STATES
04/01/1992	02/01/2010	Work	Women's Health Services 822 Boylston Street Chestnut Hill, Massachusetts UNITED STATES
05/01/1992	02/01/2010	Work	Laurent Delli-Bovi - Private OB GYN Practice 822 Boylston Street Chestnut Hill, Massachusetts UNITED STATES
06/01/2002	06/30/2007	Work	Brigham and Women's Hospital 75 Francis Street Boston, Massachusetts UNITED STATES

FCVS FEDERATION CREDENTIALS VERIFICATION SERVICE

Chronology of Activities

02/01/2010		Work	Laurent Delli-Bovi private practice 111 Harvard Street Brookline, Massachusetts UNITED STATES
04/01/2010		Work	Women's Health Services 111 Harvard Street Brookline, Massachusetts UNITED STATES

End of Chronology of Activities report for: Delli-Bovi, Laurent Constance

FCVS FEDERATION CREDENTIALS VERIFICATION SERVICE

Medical Education

Medical Education

Medical School: **Pennsylvania State University College of Medicine**

Location: Hershey, PA
UNITED STATES

Credentials Analysis Information for Medical Education

There is no Omission/Discrepancy/Miscellaneous information identified.

FCVS FEDERATION CREDENTIALS VERIFICATION SERVICE

Institution Name: Pennsylvania State University College of Medicine

City: Hershey **State/Province:** Pennsylvania **Country:** UNITED STATES

Premedical Education:

Years of education required for admission to your medical school: 4

Credential/degree presented by the applicant for admission to your medical school: Baccalaureate

Enrollment and Participation:

Our records indicate that Delli-Bovi, Laurent attended our medical school for a total of

152 weeks of medical education on the following dates: From: 09/25/1972 To: 05/22/1976

This individual:

Was awarded the degree of Doctor of Medicine on 05/22/1976

DS GD

Unusual Circumstances

1. Do this individual's official records reflect (an) interruption(s) in his/her medical education? YES NO X N/A

If YES, please select the reason(s) for, indicate the dates of the interruption(s) or extension(s) and check whether the interruption/extension was approved or unapproved.

Personal/Family	Applicable	N/A	Month:	Day:	Year:
Academic remediation	Applicable	N/A	Month:	Day:	Year:
Health	Applicable	N/A	Month:	Day:	Year:
Financial	Applicable	N/A	Month:	Day:	Year:
Participation in joint degree program (e.g., MD/PhD)	Applicable	N/A	Month:	Day:	Year:
Other	Applicable	N/A	Month:	Day:	Year:

Other Explanation:

Medical School Code: 039040 FID: [redacted]

2. Do this individual's official records reflect that he/she was ever placed on academic or disciplinary probation during his/her medical education?

YES NO X N/A

If YES, please select the reason(s) for the probation and indicate the date(s) of placement on and removal from probation.

Academic Probation	Applicable	N/A	Month:	Day:	Year:
Probation for unprofessional conduct/behavior	Applicable	N/A	Month:	Day:	Year:
Probation for other reason	Applicable	N/A	Month:	Day:	Year:

3. Do this individual's official records reflect that he/she was ever disciplined for unprofessional conduct/behavioral reasons by the medical school or parent university? YES NO X N/A

If YES, please provide detailed information about the circumstances and outcome(s):

4. Do this individual's official records reflect that he/she was ever the subject of negative reports for behavioral reasons or an investigation by the medical school or parent university? YES NO X N/A

If YES, please provide detailed information about the circumstances and outcome(s):

5. Do this individual's official records reflect that there were any limitations or special requirements imposed on the individual because of questions of academic incompetence, disciplinary problems, or any other reason? YES NO X N/A

If YES, please provide detailed information about the nature of the limitations or special requirements:

6. Attach Diploma **7. Would you like to upload an additional attachment?**

Yes No X

Attestation of Person completing Verification of Medical Education document: I hereby attest that the information contained herein accurately reflects the training records of the above-named physician.

ELECTRONIC SEAL VERIFIED	Name: Diane Gill Title: Registrar Signature: DocuSigned by: Gill, Diane Date of Signature: 9/3/2019 Email: dgill@pennstatehealth.psu.edu

Medical School Code: 039040 FID: [redacted]

FCVS FEDERATION CREDENTIALS VERIFICATION SERVICE

Applicant Reported Unusual Circumstances

Medical School

Medical Professional Name: Delli-Bovi, Laurent C

Pennsylvania State University College of Medicine

Unusual Circumstances

Did you have any interruption(s) or extension(s) in your medical education?	**No**
Were you ever placed on probation?	**No**
Were you ever disciplined or placed under investigation?	**No**
Were any negative reports for behavioral reasons ever filed by instructors?	**No**
Were any limitations or special requirements imposed on you because of academic performance, incompetence, disciplinary problems or for any other reason?	**No**

End of Applicant Reported Unusual Circumstances report for: Delli-Bovi, Laurent C

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1904
RECORDS OFFICE

THE PENNSYLVANIA STATE UNIVERSITY
UNIVERSITY PARK, PENNSYLVANIA

GRADUATE ACADEMIC RECORD — MEDICAL

STUD [redacted] | DELLI-BOVI (LAST NAME) | LAURENT (FIRST NAME) | CONSTANCE (MIDDLE NAME)

DELLI-BOVI LAURENT | [redacted] (DATE OF BIRTH) | FALL 1972 (DATE OF ADMISSION) | F (SEX) | M D (DEGREE SOUGHT) | MED (MAJOR)

[redacted] (HOME ADDRESS) | RADCLIFFE COLLEGE B A (EARNED DEGREES) | 06/71

COURSE	NO.	TITLE	CREDIT	GRADE
		FALL TERM 1972		
ANAT	501	GROSS HUM ANAT	3.0	
BEHSC	501	BEHAVIORAL SCIENCE	2.0	
BCHEM	502	BIOL CHEM	5.0	
FCMED	701	FAMILY & COM MED	1.0	
MED	701	INTRODUCTORY MED	3.0	
PHARM	515	HUMAN GENET	2.0	
		WINTER TERM 1973		
ANAT	502	GROSS HUM ANAT	3.0	
BEHSC	502	BEHAVIORAL SCIENCE	2.0	
FCMED	702	FAMILY & COM MED	1.0	
MED	702	INTRODUCTORY MED	3.0	
MICRB	556	GENETICS	3.0	
PHSIO	520	MEDICAL PHYSIOLOGY	2.0	
		SPRING TERM 1973		
ANAT	505	MICRO ANAT	3.0	
ANAT	510	NEUROBIOLOGY	3.0	
BEHSC	570A	SPECIAL TOPICS	2.0	
BCHEM	523	METABOLISM	3.0	
MED	703	INTRODUCTORY MED	3.0	
PHARM	570	SPECIAL TOPICS	3.0	
PHSIO	521	MEDICAL PHYSIOLOGY	4.0	
		FALL TERM 1973		
BEHSC	503	BEHAVIORAL SCIENCE	3.0	
FCMED	721	FAMILY & COM MED	2.0	
MED	702	INTRODUCTORY MED	3.0	
PATH	501	PRIN PATH	4.0	
PHARM	501	PHARMACOLOGY	3.0	
RADIO	770	SPECIAL TOPICS	1.0	
MICRB	551	MED MICRO	3.0	
MICRB	552	MED MICRO LAB	2.0	
		WINTER TERM 1974		
HUMAN	705	DYING DEATH GRIEF	3.0	
HUMAN	750	DRS IN MOD DRAMA	2.0	
BEHSC	504	HLTH & HUM ECOLOGY	1.0	
FCMED	722	FAM & COMM MED	2.0	
MED	703	INTRODUCTORY MED	3.0	
PATH	502	PRIN OF PATHOLOGY	4.0	
PHARM	502	PHARMACOL	4.0	

COURSE	NO.	TITLE	CREDIT	GRADE
PSCHT	701	EVAL & TREAT PSY D	2.0	
		SPRING TERM 1974		
HUMAN	740	MED LAW	3.0	
ANAT	512	HUMAN EMBRYOLOGY	2.0	
MED	705	PHYS DIAG	3.0	
PSCHT	702	EVL PSYCHT DISORDE	2.0	
MICRB	554	IMMUNOLOGY	3.0	
		FALL TERM 1974		
OBGYN	700	OB-GYN CLERKSHIP	10.0	
PSCHT	700	PSCHT CLERKSHIP	5.0	
		WINTER TERM 1975		
ANSTH	700	INTRODUCTORY ANSTH	2.0	
SURG	700	SURGERY CLERKSHIP	15.0	
		SPRING TERM 1975		
MED	700	MEDICINE CLERKSHIP	15.0	
		SUMMER TERM 1975		
NEUR	700	NEURO CLERKSHIP	5.0	
PED	700	PED CLERKSHIP	10.0	
		FALL TERM 1975		
OBGYN	770	OB-GYN ELECTIVE	5.0	
PED	770	NEONATOLOGY	5.0	
		WINTER TERM 1976		
MED	721A	HY CARDIOLOGY	5.0	
MED	731	CLIN RES IN HEME	5.0	

SPECIAL ACTIONS AND NOTES

MAY 1976 M D DEGREE CONFERRED BY COLLEGE OF MEDICINE

GRADING SYMBOLS
PASSING GRADES: A. B. C.
FAILING GRADES: D. F.
GRADE POINTS
A = 4 B = 3 C = 2 D = 1 F = 0

AVERAGE COMPUTED ON BASIS OF EARNED GRADES IN 400 and 500 COURSES

1 CREDIT = 1 SEMESTER HOUR

TERM	MAJOR	CUMULATIVE CREDITS	CUMULATIVE GRADE PTS.	CUMULATIVE AVERAGE	TOTAL CREDITS EARNED
FALL 72	MED	[redacted]			
WINTER 73	MED				
SPRING 73	MED				
FALL 73	MED				
WINTER 74	MED				
SPRING 74	MED				
FALL 74	MED				
WINTER 75	MED				
SPRING 75	MED				
SUMMER 75	MED				
FALL 75	MED				
WINTER 76	MED				

OTHER SYMBOLS

AU = AUDIT
R = RESEARCH
DF = DEFERRED
P = PASSED - (NO CREDIT)
NRC = NOT RESIDENT CREDIT
NDC = NOT DEGREE CREDIT - GRADES BELOW C AND COURSES BELOW 400 LEVEL
W = WITHDREW
WP = PASSING
WF = FAILING
WN = NO GRADE

THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD OF THE ABOVE NAMED STUDENT. WHEN SIGNED AND SEALED IT IS AN OFFICIAL TRANSCRIPT. STUDENT IN GOOD STANDING UNLESS STATED OTHERWISE.

ELECTRONIC SEAL VERIFIED

RECORDER

DATE SEAL

PennState

Office of the University Registrar

The Pennsylvania State University
112 Shields Building
University Park, PA 16802
(814) 865-6357
www.registrar.psu.edu

RELEASE OF INFORMATION
In compliance with the Family Education Rights and Privacy Act of 1974, this information is released on the condition that the recipient "will not permit any other party to have access to such information without the written consent of the student."

OFFICIAL DOCUMENT
"Penn State" appears in small print on a blue background across the entire face of the official academic transcript which is printed with security ink. The official transcript bears the seal of Penn State and the signature of the University Registrar. The raised University seal is not required.

OFFICIAL ELECTRONIC DOCUMENT
An electronic signature and certification appears before you open the PDF transcript, and also on the front page of the transcript. The Statement of Authenticity bears the name of the University Registrar.

ACCREDITATION
The Pennsylvania State University, whose prime purpose has always been to serve the people and the interests of the Commonwealth and the Nation, is accredited by the Middle States Association and is a member of the Association of American Universities.

Each of the Penn State Dickinson Schools of Law is on the approved list of the American Bar Association and is a member of the Association of American Law Schools.

INSTITUTIONAL CODE
The institutional code for The Pennsylvania State University is 003329.

TRANSCRIPTS KEYS
To view academic transcript keys for all academic careers, please visit our website at
http://www.registrar.psu.edu/transcripts/transcript_key_index.cfm

The Pennsylvania State University
Office of the University Registrar
University Park, PA 16802
Official Transcript

Date 29-Aug-2019

Statement of Authenticity

This document was requested, following all applicable state and federal laws, and is the official transcript of the student identified below. The document has been transmitted electronically to the recipient identified below and is only intended for that recipient. If you are not the intended recipient, please notify The Pennsylvania State University Transcript Department, 814-865-5600. It is not permissible to replicate this document or forward it to any person or organization other than the identified recipient.

If this document has been issued by The Pennsylvania State University and no change(s) have been made, the recipient will view a "Certified by Parchment Inc." message in a blue banner across the top of the reader confirming the digital signature of the University Registrar. Additional details are available by clicking on the "Signature Panel" button on the right side of the blue banner. If the "Certified by..." message does not appear, the document has either been altered or was not issued by The Pennsylvania State University. The electronic signature at the bottom of this page provides the credentials for the issuing authority.

Recipient:

Student:

Laurent Constance Delli-Bovi

[redacted]

Robert A Kubat
University Registrar

Digitally signed by Robert A Kubat University Registrar
DN: cn=Robert A Kubat University Registrar, c=US, l=University Park, st=Pennsylvania, o=The Pennsylvania State University, email=registrar@psu.edu
Reason: Certified Official Transcript from The Pennsylvania State University
Location: cts1

THE·MILTON·S·HERSHEY·MEDICAL·CENTER
THE·PENNSYLVANIA·STATE·UNIVERSITY
COLLEGE·OF·MEDICINE

BY · AUTHORITY · OF · THE · BOARD · OF · TRUSTEES · AND · UPON
THE · RECOMMENDATION · OF · THE · FACULTY · AND · OF · THE · SENATE
HEREBY · CONFERS · UPON

LAURENT·CONSTANCE·DELLI-BOVI

ELECTRONIC
SEAL
VERIFIED

THE · DEGREE · OF

DOCTOR·OF·MEDICINE

IN · TESTIMONY · WHEREOF · THE · UNDERSIGNED · HAVE · SUBSCRIBED
THEIR · NAMES · AND · AFFIXED · THE · SEAL · OF · THE · UNIVERSITY · THIS
MONTH · OF · MAY · 1976

PRESIDENT OF THE BOARD OF TRUSTEES

PROVOST OF THE UNIVERSITY

PRESIDENT OF THE UNIVERSITY

PROVOST AND DEAN

6/3/19

FCVS FEDERATION CREDENTIALS VERIFICATION SERVICE

Postgraduate Training

Postgraduate Training

Accreditation ID: [redacted]

Institution: **Brigham and Women's Hospital/Massachusetts General Hospital Program**

Location: Boston, MA
UNITED STATES

Credentials Analysis Information for Postgraduate Training

Issue:
The Verification of Post Graduate Training Form from Brigham and Women's Hospital/Massachusetts General Hospital Program dated 07/01/1976 to 06/30/1980 reported in the Chronology of Activities is not included in the Profile.

Solution:
The institution provided a standardized letter which does not reflect all the requested elements. The institution reports no additional information is available.

BRIGHAM AND WOMEN'S HOSPITAL
A Teaching Affiliate of Harvard Medical School
75 Francis Street, Boston, Massachusetts 02115

Due to the increase in requests for information regarding former and current Brigham and Women's Hospital medical staff members, we regret that we are unable to complete the form that you have sent to us. The information provided below satisfies the Massachusetts Board of Registration in Medicine requirements for reasonable inquiries, as stated in Regulation 243 CMR 3.05. To the best of our knowledge, this information is accurate and current.

PHYSICIAN'S NAME: Laurent Delli-Bovi, M.D.

DEPARTMENT: OB/GYN

STAFF CATEGORY:

Intern:	From: 7/01/76	To: 6/30/77
Resident:	From: 7/01/77	To: 6/30/80
Clinical Fellow:	From:	To:
Active Staff:	From: 7/01/80	To: Present

CLINICAL PERFORMANCE: Dr. Delli-Bovi has been an attending physician on the BWH staff. During her time on the staff there have been no issues related to clinical performance.

PROFESSIONAL PERFORMANCE / DISCIPLINARY ACTION: There are no pending or closed disciplinary actions.

LIABILITY CLAIMS: Contact CRICO/Risk Management

9/11/2019

Name: Robert L. Barbieri, M.D. Date

Title: Chairman, Department of Obstetrics & Gynecology

FCVS FEDERATION CREDENTIALS VERIFICATION SERVICE

Applicant Reported Unusual Circumstances

Graduate Medical Education

Medical Professional Name:	Delli-Bovi, Laurent C
Accreditation ID:	[redacted]
Institution:	Brigham and Women's Hospital/Massachusetts General Hospital Program
Specialty:	Obstetrics & Gynecology

Unusual Circumstances

Training Period: 7/1/1976 - 6/30/1980 **Residency**

Did you have any interruption(s) or extension(s) in your medical education?	**No**
Were you ever placed on probation?	**No**
Were you ever disciplined or placed under investigation?	**No**
Were any negative reports for behavioral reasons ever filed by instructors?	**No**
Were any limitations or special requirements imposed on you because of academic performance, incompetence, disciplinary problems or for any other reason?	**No**

End of Applicant Reported Unusual Circumstances report for: Delli-Bovi, Laurent C

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FCVS FEDERATION CREDENTIALS VERIFICATION SERVICE

Licensure / Examinations

fsmb

Licensure / Examinations

Exam: NBME Part I

Exam: NBME Part II

Exam: NBME Part III

Credential Analysis Information for Licensure / Examinations

There is no Omission/Discrepancy/Miscellaneous information identified.

NATIONAL BOARD OF MEDICAL EXAMINERS® (NBME®)
Record of Scores

This document was prepared by
National Board of Medical Examiners® (NBME®)
3750 Market Street, Philadelphia, PA 19104-3190 - Telephone (215) 590-9700

Recipient: To Whom It May Concern **Date:** 10/01/2019

Examinee: Dellibovi, Laurent C **Examinee ID:** [redacted] **Date of Birth:** [redacted]

This record shows a complete Part history for this examinee.

NBME PART I

Test Date	Pass/Fail	Score Scale	Total Score	(Min.Pass)	Individual Subject Scores Anat	Phys	Bioc	Path	Micr	Phar	Beh Sci
09/04/1974	Pass	Three-Digit	[redacted]								
		Two-Digit									

NBME PART II

Test Date	Pass/Fail	Score Scale	Total Score	(Min.Pass)	Individual Subject Scores Med	Surg	ObGyn	Prev	Peds	Psych
09/23/1975	Pass	Three-Digit	[redacted]							
		Two-Digit								

NBME PART III

Test Date	Pass/Fail	Score Scale	Total Score	(Min.Pass)
03/09/1977	Pass	Three-Digit	[redacted]	
		Two-Digit		

/235822/Rev 2018

Patent #9,636,874

[redacted]

TouchSafe

SEE REVERSE SIDE FOR EXPLANATION OF INFORMATION REPORTED ABOVE.

PDC PHYSICIAN DATA CENTER

fsmb

PRACTITIONER PROFILE

Prepared for:	FCVS	As of Date:10/2/2019

PRACTITIONER INFORMATION

Name:	Delli-Bovi, Laurent Constance
DOB:	[redacted]
Medical School:	Pennsylvania State University College of Medicine Hershey, Pennsylvania, UNITED STATES
Year of Grad:	1976
Degree Type:	MD

BOARD ACTIONS

To date, there have been no actions reported to the FSMB

NATIONAL PROVIDER IDENTIFIER (NPI)

NPI	NPI Type	Deactivation Date	Reactivation Date	Last Reported
[redacted]	Individual			06/04/2018

LICENSE HISTORY

Jurisdiction	License Number	Issue Date	Expiration Date	Last Reported
MASSACHUSETTS	41986	11/28/1977	04/25/2021	09/26/2019

US DRUG ENFORCEMENT ADMINISTRATION (DEA)

DEA Number	Schedule	Address	Expiration Date	Last Reported
[redacted]	22N 33N 4 5	BROOKLINE, MA 02446	06/30/2022	09/06/2019
	22N 33N 4 5	BROOKLINE, MA 02446	06/30/2022	09/06/2019

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PDC PHYSICIAN DATA CENTER

fsmb

PRACTITIONER PROFILE

Prepared for:	FCVS	As of Date:10/2/2019
Practitioner Name:	Delli-Bovi, Laurent Constance	

ABMS® CERTIFICATION HISTORY

No ABMS Certifications found.

AOA® CERTIFICATION HISTORY

No AOA Certifications found.

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FCVS FEDERATION CREDENTIALS VERIFICATION SERVICE

NPDB Report

[redacted]

Uniform Application for Licensure

Application ID: 284615
FID: [redacted]

License Requested: MD
License Type: Permanent Medical License
Submitted to: New Hampshire Board of Medicine
Submission Date: 8/23/2019 3:46 PM

Practitioner Name

Delli-Bovi, Laurent C

Contact Information

Address

Public Access	Board Contact	Type	Address
Yes	Yes	Home	[redacted] UNITED STATES

Phone

Public Access	Board Contact	Type	Phone Number	Phone Extension
Yes	Yes	Home	[redacted]	

Email

Public Access	Board Contact	Email
Yes	Yes	[redacted]

Identification

USMLE Number	SSN	Birth Date	Birth Place	Gender	NPI	Practitioner Type	US Citizen
	[redacted]		[redacted] UNITED STATES	F	[redacted]	MD	Yes

Medical School

Medical School Name	Address	Start Date	End Date	Graduation Date	Degree Code
Pennsylvania State University College of Medicine	500 University Drive M.C. H060 Hershey, PA 17033 UNITED STATES	09/01/1972	05/31/1976	05/31/1976	MD

Fifth Pathway

None Reported

ECFMG

Certificate Number	Issue Date
None Reported	

Postgraduate Training

Hospital Name: **Brigham and Women's Hospital/Massachusetts General Hospital Program**
Boston, MA UNITED STATES

Program Code: ACGME 2202411125

Attendance Dates:

Institution: Brigham and Women's Hospital

Start Date: 07/01/1976

Training Specialty: Obstetrics & Gynecology

End Date: 06/30/1980

Program Type: Residency

Training Status: Completed

Clinical %: 100

Administrative %: 0

Examination History

Exam	State	Last Attempt	Pass/Fail	Number Of Attempts
None Reported				

State Licensure History

MD, DO, PA License History

License Entity	Licensing State	License Number	Issue Date	Expiration Date	License Type	License Status
Massachusetts Board of Registration in Medicine	MA	41986	11/28/1977	04/25/2021	Full	Active

Physician Reported License History

Practitioner License Type	Licensing State	License Number	Issue Date	Expiration Date	Type	License Status
None Reported						

Chronology of Activity Type

Practice/Emp/ Desc: **Pennsylvania State University College of Medicine**

Chronology Type: Medical Education

Address: Hershey, PA
US

Attendance Dates:

Position/Dept:

From: 09/01/1972 to 05/31/1976

Clinical %:

Admin %:

Employment: **Staff Privileges:** **Affiliation:**

Practice/Emp/ Desc: **Boston Hospital for Women**

Chronology Type: PGT/Education

Address: 221 Longwood Avenue
Boston, MA 02215
US

Attendance Dates:

Position/Dept: Resident - OB GYN

From: 06/01/1976 to 06/30/1980

Clinical %: 100

Admin %: 0

Employment: • Staff Privileges: • Affiliation: •

Practice/Emp/ Desc: **Brigham and Women's Hospital/Massachusetts General Hospital Program**

Chronology Type: Accredited Training

Address: Boston, MA
US

Attendance Dates:

Position/Dept:

From: 07/01/1976 to 06/30/1980

Clinical %: 100

Admin %: 0

Employment: Staff Privileges: Affiliation:

Practice/Emp/ Desc: **Women's Care Associates**

Chronology Type: Work

Address: 500 Brookline Ave.
Boston, MA 02215
US

Attendance Dates:

Position/Dept: Private Practice - OB-GYN

From: 06/30/1980 to 11/30/1990

Clinical %: 100

Admin %: 0

Employment: • Staff Privileges: • Affiliation: •

Practice/Emp/ Desc: **MIT**

Chronology Type: Work

Address: 25 Carlton Street
Cambridge, MA 02139
US

Attendance Dates:

Position/Dept: Staff Obstetrician Gynecologist - OB GYN

From: 07/01/1980 to 07/31/2001

Clinical %: 100

Admin %: 0

Employment: • Staff Privileges: • Affiliation: •

Practice/Emp/ Desc: **Women's Medical Office**

Chronology Type: Work

Address: 1319 Worcester Road
Framingham, MA 01701
US

Attendance Dates:

Position/Dept: Private Practice Obstetrician-Gynecologist - OB GYN

From: 08/01/1981 to 08/31/1982

Clinical %: 100

Admin %: 0

Employment: • Staff Privileges: • Affiliation: •

Practice/Emp/ Desc: **Crittenton Hastings House Clinic**

Chronology Type: Work

Address: 10 Perthshire Road
Brighton, MA 02135
US

Attendance Dates:

Position/Dept: Medical Director - OB GYN

From: 02/01/1982 to 07/31/1985

Clinical %: 80

Admin %: 20

Employment: • **Staff Privileges:** • **Affiliation:** •

Practice/Emp/ Desc: **Repro Associates**

Chronology Type: Work

Address: 1297 Beacon Street
Brookline, MA 02446
US

Attendance Dates:

Position/Dept: Medical Director - OB GYN

From: 07/01/1985 to 12/30/1991

Clinical %: 80

Admin %: 20

Employment: • **Staff Privileges:** • **Affiliation:** •

Practice/Emp/ Desc: **Laurent Delli-Bovi, Private Practice**

Chronology Type: Work

Address: 1269 Beacon Street
Brookline, MA 02446
US

Attendance Dates:

Position/Dept: Private Practice Obstetrician Gynecologist - OB GYN

From: 12/01/1990 to 04/30/1992

Clinical %: 100

Admin %: 0

Employment: • **Staff Privileges:** • **Affiliation:** •

Practice/Emp/ Desc: **Women's Health Services**

Chronology Type: Work

Address: 822 Boylston Street
Chestnut Hill, MA 02467
US

Attendance Dates:

Position/Dept: Medical Director - GYN

From: 04/01/1992 to 02/01/2010

Clinical %: 75

Admin %: 25

Employment: • **Staff Privileges:** • **Affiliation:** •

Practice/Emp/ Desc: **Laurent Delli-Bovi - Private OB GYN Practice**

Chronology Type: Work

Address: 822 Boylston Street
Chestnut Hill, MA 02467
US

Attendance Dates:

Position/Dept: Private Practice Obstetrics and Gynecology - OB GYN

From: 05/01/1992 to 02/01/2010

Clinical %: 100

Admin %: 0

Employment: • **Staff Privileges:** • **Affiliation:** •

Practice/Emp/ Desc: **Brigham and Women's Hospital**

Chronology Type: Work

Address: 75 Francis Street
Boston, MA 02215
US

Attendance Dates:

Position/Dept: Division Director of Family Planning - OB GYN **From:** 06/01/2002 to 06/30/2007

Clinical %: 30

Admin %: 70

Employment: • **Staff Privileges:** • **Affiliation:** •

Practice/Emp/ Desc: **Laurent Delli-Bovi private practice** **Chronology Type:** Work

Address: 111 Harvard Street
Brookline, MA 02446
US

Attendance Dates:

Position/Dept: Private gynecology practice - GYN **From:** 02/01/2010 to In Progress

Clinical %: 100

Admin %: 0

Employment: • **Staff Privileges:** • **Affiliation:** •

Practice/Emp/ Desc: **Women's Health Services** **Chronology Type:** Work

Address: 111 Harvard Street
Brookline, MA 02446
US

Attendance Dates:

Position/Dept: Medical Director - Gynecology **From:** 04/01/2010 to In Progress

Clinical %: 75

Admin %: 25

Employment: • **Staff Privileges:** • **Affiliation:** •

Malpractice

Patient Name: [redacted]

State Incident Occurred: MA **Court:** Norfolk

Case Number: 000021469 **Insurance Carrier:** CRICO

Case Status: Dismissed [redacted] **Date of Event:** 01/25/2006

Judgement/Settlement Amount: [redacted] **Amount Paid:** [redacted]

What is/was your status? Primary Defendant **Date of Lawsuit:** 08/16/2007

Provide specifics in reference to the event including the allegations and your role:

Patient alleged incomplete abortion and negligent post-abortion care resulting in pain and suffering. The claim was denied/dropped because there was no substantiating evidence of the claim.

Patient Name: [redacted]

State Incident Occurred: MA **Court:** Middlesex County

Case Number: 83428 **Insurance Carrier:** JUA

Case Status: Closed (Settled) **Date of Event:** 01/27/1981

Judgement/Settlement Amount: [redacted] **Amount Paid:** [redacted]

What is/was your status? Co-defendant **Date of Lawsuit:** 01/31/1983

Provide specifics in reference to the event including the allegations and your role:

Claimed fetal hyperthermic CNS injury from undiagnosed ruptured appendix during pregnancy. The medical tribunal ruled in my favor because I hadn't seen the mother until shortly before her delivery. Bond was posted and the case continued. The case was settled secondary to illness of one of the other defendants.

Patient Name:	[redacted]		
State Incident Occurred:	MA	**Court:**	Norfolk County
Case Number:	NOCV2000-01999	**Insurance Carrier:**	CRICO
Case Status:	Dismissed [redacted]	**Date of Event:**	03/10/1998
Judgement/Settlement Amount:	[redacted]	**Amount Paid:**	[redacted]
What is/was your status?	Primary Defendant	**Date of Lawsuit:**	01/10/2001

Provide specifics in reference to the event including the allegations and your role:

Patient underwent a late abortion after laminaria and had a post-abortal hemorrhage. She was taken by ambulance to the hospital with the physician in attendance. She underwent exploratory laparotomy which found no injury. A hypogastric ligation was performed which failed to control the bleeding. A hysterectomy was performed. The patient claimed negligence, battery and lack of informed consent. Jury and judge found for the defendant on all counts and that the patient was fully informed of the risks and made an informed choice to proceed with the surgery.

Patient Name:	[redacted]		
State Incident Occurred:	MA	**Court:**	Suffolk County
Case Number:	77864	**Insurance Carrier:**	JUA
Case Status:	Dismissed [redacted]	**Date of Event:**	08/28/1982
Judgement/Settlement Amount:	[redacted]	**Amount Paid:**	[redacted]
What is/was your status?	Co-defendant	**Date of Lawsuit:**	08/21/1985

Provide specifics in reference to the event including the allegations and your role:

Claimed facial palsy secondary to low forceps delivery. The medical tribunal ruled in my favor. The case was dismissed due to plaintiff's inability to support allegations before the tribunal.

Patient Name:	[redacted]		
State Incident Occurred:	MA	**Court:**	Worcester County
Case Number:	06-1771B	**Insurance Carrier:**	CRICO
Case Status:	Dismissed [redacted]	**Date of Event:**	09/12/2003
Judgement/Settlement Amount:	[redacted]	**Amount Paid:**	[redacted]
What is/was your status?	Primary Defendant	**Date of Lawsuit:**	08/30/2006

Provide specifics in reference to the event including the allegations and your role:

The patient underwent a late abortion after laminaria for a fetal abnormality at 22 weeks. During the procedure a perforation was identified and the patient was taken to the hospital with the physician in attendance. The patient had an exploratory laparotomy which ended in a hysterectomy for the finding of perforation, previous scarred uterus and a large fibroid in the lower uterus. The pathology showed a placenta accrete.

PDC PHYSICIAN DATA CENTER

fsmb

PRACTITIONER PROFILE

Prepared for:	Uniform Application for Physician State Licensure	As of Date:8/23/2019

PRACTITIONER INFORMATION

Name:	Delli-Bovi, Laurent C
DOB:	[redacted]
Medical School:	Pennsylvania State University College of Medicine Hershey, Pennsylvania, UNITED STATES
Year of Grad:	1976
Degree Type:	MD
NPI:	[redacted]

BOARD ACTIONS

To date, there have been no actions reported to the FSMB

LICENSE HISTORY

Jurisdiction	License Number	Issue Date	Expiration Date	Last Updated
MASSACHUSETTS	41986	11/28/1977	04/25/2021	07/24/2019

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PDC PHYSICIAN DATA CENTER

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PRACTITIONER PROFILE

Prepared for: Uniform Application for Physician State Licensure

As of Date:8/23/2019

Practitioner Name: Delli-Bovi, Laurent C

ABMS® CERTIFICATION HISTORY

No ABMS Certifications found.

AOA® CERTIFICATION HISTORY

No AOA Certifications found.

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UA UNIFORM APPLICATION FOR PHYSICIAN STATE LICENSURE

For State Board Use Only

Affidavit and Authorization for Release of Information

Applicant: In the presence of a notary public, sign this form with attached photo, [illegible] having the FCVS affidavit notarized at the same time. Send the separate notarized FCVS form to FCVS. **Do not send this form to FCVS** as doing so will delay your licensure.

Send this form to the **New Hampshire Board of Medicine, 121 South Fruit Street, Suite 301, Concord, NH 03301-2412.** Include all other required materials.

RECEIVED JAN 22 2020 MEDICINE

To the New Hampshire Board of Medicine,

I, the undersigned, being duly sworn, hereby certify under oath that I am the person named in this application, that all statements I have made or shall make with respect thereto are true, that I am the original and lawful possessor of and person named in the various forms and credentials furnished or to be furnished with respect to my application, and that all documents, forms, or copies thereof furnished or to be furnished with respect to my application are strictly true in every aspect.

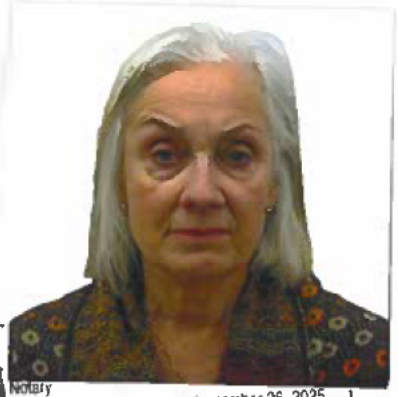
I acknowledge that I have read and understand the Uniform Application for Physician State Licensure and have answered all questions contained in the application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to my being prosecuted under appropriate federal and state laws.

I authorize and request every person, hospital, clinic, government agency (local, state, federal, or foreign), court, association, institution, or law enforcement agency having custody or control of any documents, records, and other information pertaining to me to furnish to the Board any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit the Board or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application.

I hereby release, discharge, and exonerate the Board, its agents or representatives, and any person, hospital, clinic, government agency (local, state, federal, or foreign), court, association, institution, or law enforcement agency having custody or control of any documents, records, and other information pertaining to me of any and all liability of every nature and kind arising out of investigation made by the Board.

I will immediately notify the Board in writing of any changes to the answers to any of the questions contained in this application if such a change occurs at any time prior to a license to practice medicine being granted to me by the Board.

I understand my failure to answer questions contained in this application truthfully and completely may lead to denial, revocation, or other disciplinary sanction of my license or permit to practice medicine.



Laurent C. Delli-Bovi MD

Applicant's signature (must be signed in the presence of a notary)

DELLI-BOVI, LAURENT C.

Applicant's printed last name, first name, middle initial, and suffix (e.g., Jr.)

1/14/20

Date of signature (must correspond to date of notarization)

[Please note: The Notary Public seal should overlap the bottom of the photo to the left.]

Notary
My Commission Expires September 26 2025

NOTARY

State of Massachusetts, County of Norfolk.

I certify that on the date set forth below, the individual named above did appear personally before me and that I did identify this applicant by: (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made in my presence on this form with the signature on his/her identifying document.

The statements on this document are subscribed and sworn to before me by the applicant on this 14th day of January, 2020.

Notary Public Signature _____ My Notary Commission Expires 09/26/2025

ADDENDUM TO UNIFORM APPLICATION

Applicant Name Laurent Delli-Bovi, MD **Date** 12/10/19

Please answer the following questions. **If you answer "yes" to any of these questions, please explain on the reverse side of this sheet, or attach an additional 8 ½" x 11" sheet(s) if necessary.**

1. Have you been actively engaged in the practice of clinical medicine within the past 12 months? Yes ☑ No ☐
2. Are you certified by an American Specialty Board? (If yes, provide a notarized copy of all certificates.) Yes ☐ No ☑
3. Have you ever, for any reason, lost American Specialty Board Certification? Yes ☐ No ☑
4. Have you been denied required recertification by any specialty boards? (If yes, list each board and dates denied.) Yes ☐ No ☑
5. Has any medical malpractice suit been brought against you or has any claim been settled on your behalf in the last ten years? (If so, list each suit/claim on the Malpractice Liability Claims Information page within the online Uniform Application.) Yes ☐ No ☑
6. Have you ever applied for licensure or to sit for an examination, or taken an examination, under a different name? Yes ☐ No ☑
7. Have you ever been denied the privilege of taking or finishing an examination or been accused of cheating or improper conduct during an examination since you graduated from high school? Yes ☐ No ☑
8. Have you ever failed any national medical licensure examination or any part of that examination, state board examination, or failed to gain certification from the National Board of Medical Examiners? **You must report all exam failures, even if you later passed the examination.** (This does not include specialty board certification examinations.) Yes ☐ No ☑
9. Have you ever failed a foreign licensing or certification examination? Yes ☐ No ☑
10. Have you ever been denied a medical license, whether full, limited, or temporary, for any reason? Yes ☐ No ☑
11. Have you ever had staff privileges, employment or appointment in a hospital or other health care institution denied, limited, suspended, or revoked, or have you ever resigned from a medical staff in lieu of disciplinary action? Yes ☐ No ☑
12. Is any investigation or disciplinary action pending, or has any investigation or disciplinary action been taken against you in the last ten years by any governmental authority, by any hospital or health care facility, or by any professional medical association (international, national, state, or local)? Yes ☐ No ☑
13. Have you ever voluntarily surrendered a license to practice medicine or any healing art or allowed such a license to lapse in lieu of facing disciplinary investigation or action? Yes ☐ No ☑
14. Have you ever withdrawn an application for licensure, hospital privileges, or appointment for any reason? Yes ☐ No ☑

(continued on next page)

Applicant Name Laurent C. Delli-Bovi, MD **Date** 12/10/19

15. Have you ever been a defendant in a criminal proceeding including driving while under the influence or driving while suspended, which has not been annulled by a court, but not including traffic offenses not classified as misdemeanors or felonies? Yes ☐ No ☑

16. Has your privilege to possess, dispense, or prescribe controlled substances ever been suspended, revoked, denied, restricted, or surrendered, or have you ever been charged, investigated, or warned by a state or federal agency based on controlled substance issues? Yes ☐ No ☑

17. Have you ever had any physical, emotional, or mental illness which has impaired or would be likely to impair your ability to practice medicine? Yes ☐ No ☑

18. Are you now, or have you, during the past 5 years, been dependent upon alcohol or habituating drugs, or undergone treatment for such? Yes ☐ No ☑

Anticipated Practice Location(s) (if known):

medical consultant to Elizabeth Grady salons in Salem and Nashua NH

Laurent C. Delli-Bovi MD
Applicant's Signature

DELLI-BOVI
Applicant's Printed Last Name

12/10/19
Date of Signature

RECEIVED
JAN 22 2020
MEDICINE

For Board Use Only:

Application Received: 1/22, 2020 Fee Paid: [redacted] Check # [redacted]

License Number: _____ Date of Issue: _____

Commonwealth of Massachusetts
Board of Registration in Medicine

200 Harvard Mill Square, Suite 330
Wakefield, Massachusetts 01880
(781) 876-8200

www.mass.gov/massmedboard

Enforcement Division Fax: (781) 876-8381
Legal Division Fax: (781) 876-8380
Licensing Division Fax: (781) 876-8383

2/27/2020

To Whom It May Concern:

This certifies that Laurent C Delli-Bovi, M.D., a 1976 graduate of The Pennsylvania State Univ. College of Medicine, has been duly registered by this board as provided by the laws of the Commonwealth.

Certificate Number 41986 was issued to Dr. Delli-Bovi on 11/28/1977. The license status is: Active. The expiration date is 4/25/2021.

Listed below is certain complaint and disciplinary information on this physician. Please note that the Board can neither confirm nor deny the existence of open complaints.

Closed Complaint Information

[redacted]

Final Board Disciplinary Action

[redacted]

This information is derived from Board files from January 1, 1987 to the present. It does not include all the information contained in a license application.

As a service to the public and to designated agencies, the Massachusetts Board of Registration in Medicine offers an online profile of all physicians with full licenses who are licensed in the Commonwealth. This profile is updated daily and may include public information that is not otherwise contained in this certification letter. You may access this information at the Board's website:

www.mass.gov/massmedboard

Finally, the Board tallies closed complaints separately from disciplinary actions. If the same underlying incident gives rise to both a complaint and a disciplinary action, the Board counts this as two separate actions. In the same way, multiple disciplinary actions are tallied separately, even if they arise from a single set of circumstances.

SEAL

Staff Member, Board of Registration in Medicine

Tammi McManus