

Commonwealth of Massachusetts Board of Registration in Medicine

178 Albion Street, Suite 330 - Wakefield, MA 01880

Telephone: (781) 876-8210 Fax: (781) 876-8383

www.mass.gov/massmedboard

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RECEIVED
DEC 13 2021
Board of Registration

FULL LICENSE APPLICATION

Non-refundable Application Fee: A \$600.00 check or money order payable to the Commonwealth of Massachusetts must be included with your full license application.

TYPE OF APPLICATION

<p>(Check One)</p> <p><input checked="" type="checkbox"/> Initial Full License</p> <p><input type="checkbox"/> Administrative License</p> <p><input type="checkbox"/> Volunteer License</p>	<p>(Check One)</p> <p><input checked="" type="checkbox"/> U.S. or Canadian Medical School Graduate</p> <p><input type="checkbox"/> International Medical School Graduate</p>
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PERSONAL INFORMATION

1. Legal Name	Last Thornton	First Olivia	Middle Louise	Suffix
2. Other Name(s) <small>List other names that appear on your application documents (medical education, exams, etc.)</small>	Last	First	Middle	Suffix
3. Degree Type	<input checked="" type="checkbox"/> M.D. <input type="checkbox"/> D.O. <input type="checkbox"/> Other degree: _____			
4. Social Security Number	[REDACTED]	5. Gender	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	
6. NPI Number	1578060497			
7. Date of Birth	[REDACTED]	8. Place of Birth	City/State	Country if not USA
9. Mailing Address <small>This address will be used for correspondence</small>	Number and Street		[REDACTED]	
	City	State/Province/Territory	Zip (or postal) Code	
10. Home Address	Number and Street		[REDACTED]	
	City	State/Province/Territory	Zip (or postal) Code	
11. Business Address	Number and Street		[REDACTED]	
	City	State/Province/Territory	Zip (or postal) Code	
12. Telephone Numbers	Home #	Business #	Cell #	
	[REDACTED]	[REDACTED]	806-577-8420	
13. Email Address <small>Will be used for correspondence</small>	[REDACTED]			

Received: 12/13/21

Account: 152

Amount: 600.00

Initials: RP



PRINT NAME: Olivia Louise Thornton

Questions #14 – 16 are optional. This information will assist the Board in processing your application.

14. Reason for requesting a Massachusetts medical license: fellowship at Brigham & Women's Hospital in
Complex Family Planning

15. Name of anticipated practice location/facility: Brigham & Women's Hospital
Address: 75 Francis St City: Boston

16. Anticipated starting date in Massachusetts: July 1st, 2022

U.S. OR CANADIAN MEDICAL LICENSURE

17. If you currently or have ever held a full license in the U.S. or Canada list the state/province abbreviation. This includes any active or inactive licenses. Do not report training or temporary licenses.
NOTE: You must provide license verifications for every active or inactive full license issued to you in the U.S. or Canada. Verifications must be received in a sealed envelope, electronically from the licensing authority or through Veridoc.

PRACTICE SPECIALTY

18. List the medical specialt(ies) that you practice. If you are completing postgraduate training, list that specialty here. The specialties listed will be included on your Physician Profile on the Board's website to help consumers locate physicians in specific specialties.

Obstetrics & Gynecology, Complex Family Planning Postgraduate Training

ABMS/AOA BOARD CERTIFICATION

19. Are you certified by the American Board of Medical Specialties (ABMS)? Yes No
If "Yes", list Board Certification(s): _____

20. Are you certified by the American Board of Osteopathic Medicine (AOA)? Yes No
If "Yes", list Board Certification(s): _____

EXAMINATION HISTORY

Please note below each medical licensure examination you have taken.

NOTE: Your official examination scores will be included in your FCVS Physician Profile.

Examination Requirements: (Please see Application Instructions for more information regarding eligibility.)

- **7 Year Time Limit:** All Steps of the USMLE and all Levels of the COMLEX must be completed within 7 years. The Board may, in certain circumstances, grant a waiver of the 7 year time limit.
- **Step/Level Attempt Limit:** Each USMLE Step/COMLEX Level must be passed by the 4th attempt. No waiver is available for applicants that did not pass a Step/Level by the 4th attempt.
- **Step 3/Level 3 Attempt Limit:** If an applicant failed Step 3/Level 3 on the 3rd attempt, he/she must complete a year of ACGME/AOA postgraduate training prior to his/her 4th attempt. The Board may, in certain circumstances, grant a waiver of this requirement.

<u>Examination</u>	<u>Number of attempts</u>	<u>Passed (P) or Failed (F)</u>	
USMLE Step I	1	<input checked="" type="checkbox"/> P	<input type="checkbox"/> F
USMLE Step II CK	1	<input checked="" type="checkbox"/> P	<input type="checkbox"/> F
USMLE Step II CS	1	<input checked="" type="checkbox"/> P	<input type="checkbox"/> F
USMLE Step III	1	<input checked="" type="checkbox"/> P	<input type="checkbox"/> F
NBME Part I	_____	<input type="checkbox"/> P	<input type="checkbox"/> F
NBME Part II	_____	<input type="checkbox"/> P	<input type="checkbox"/> F
NBME Part III	_____	<input type="checkbox"/> P	<input type="checkbox"/> F
FLEX Component 1	_____	<input type="checkbox"/> P	<input type="checkbox"/> F
FLEX Component 2	_____	<input type="checkbox"/> P	<input type="checkbox"/> F
FLEX Pre-1985	_____	<input type="checkbox"/> P	<input type="checkbox"/> F
COMLEX Level 1	_____	<input type="checkbox"/> P	<input type="checkbox"/> F
COMLEX Level 2 CE	_____	<input type="checkbox"/> P	<input type="checkbox"/> F
COMLEX Level 2 PE	_____	<input type="checkbox"/> P	<input type="checkbox"/> F
COMLEX Level 3	_____	<input type="checkbox"/> P	<input type="checkbox"/> F
MCCQE – Part I	_____	<input type="checkbox"/> P	<input type="checkbox"/> F
MCCQE – Part II	_____	<input type="checkbox"/> P	<input type="checkbox"/> F
State Board Exam	State of Examination: _____	<input type="checkbox"/> P	<input type="checkbox"/> F

PRINT NAME: Olivia Louise Thornton

PRE-MEDICAL SCHOOL

A minimum of two or more academic years at a legally-chartered college or university is required. For international medical graduates, this education may be incorporated into your medical school training. If not, please indicate the school(s) where you completed this requirement.

Name of School University of Texas at Austin	Degree BS	Dates of Attendance (Year) 2010 to 2014
	City Austin	State/Country TX/USA

Name of School	Degree	Dates of Attendance (Year) _____ to _____
	City	State/Country

MEDICAL SCHOOL

List all medical schools of attendance regardless of whether a degree was awarded.

Medical School Name UT Health San Antonio Joe R & Teresa Lozano Long School of Medicine	Degree MD
Street Floyd Curl Dr	City, State San Antonio, TX

Medical School Name	Degree
Street	City, State

Medical School Name	Degree
Street	City, State

APPLICATION QUESTIONS

You **must** answer "yes" or "no" to questions #21 – 47.



NOTE: A "yes" response requires a detailed explanation on the *Explanation for Application Questions* page and submission of documentation related to the underlying occurrence from the appropriate institution.



PRE-MEDICAL SCHOOL AND MEDICAL SCHOOL		YES	NO
21.	While enrolled in college, medical school or graduate school were you ever the subject of any disciplinary action? (This includes action that was formal or informal, oral or written, voluntary or involuntary. A confidentiality agreement does not absolve you of your requirement to answer this question.)		
22.	Have you ever been terminated from a medical school?		
23.	Have you ever withdrawn or transferred from a medical school?		
24.	Have you ever been granted a leave of absence by a medical school? (This includes a leave for research, public service, participated in a joint degree program such as an M.D./Ph.D. program, medical leave or for any other "personal reasons".)		
25.	Have you ever been placed on probation or remediation by a medical school or graduate school?		
26.	If you are a US or Canadian graduate, did you take more than four (4) years to complete medical school; or if you are an international medical graduate, did you take more than six (6) years to complete medical school?		
POSTGRADUATE TRAINING		YES	NO
27.	While enrolled in postgraduate training were you ever the subject of any disciplinary action or under investigation? (This includes action that was formal or informal, oral or written, voluntary or involuntary. A confidentiality agreement does not absolve you of your requirement to answer this question.)		
28.	Have you ever been suspended, terminated or dismissed from any postgraduate training program?		
29.	Have you ever had to repeat a year of postgraduate training?		
30.	Have you ever withdrawn or transferred from a postgraduate training program?		
31.	Have you ever been granted a leave of absence from a postgraduate training program? (This includes a leave for research, public service, medical leave or for any other "personal reasons".)		
32.	Have you ever been placed on probation or remediation by a postgraduate training program?		
33.	Were any limitations or special requirements imposed on you because of questions of competency or disciplinary problems?		
34.	Did you ever receive partial or no credit for a postgraduate training program?		
35.	Have you ever had a postgraduate training program contract not be renewed?		

PRINT NAME: _____

ACTIONS BY ANY HEALTHCARE FACILITY, EMPLOYMENT, PROFESSIONAL ORGANIZATION, STATE BOARD OR ANY OTHER GOVERNMENTAL AGENCY		<u>YES</u>	<u>NO</u>
36.	Have you been denied the privilege of taking or finishing an examination or been accused of or found to have cheated or engaged in improper conduct during an examination?		
37.	Have you ever been denied a medical license, whether full, limited, temporary, or have you withdrawn an application for medical licensure?		
38.	Have you ever surrendered a license to practice medicine or any professional license or has your license or certificate ever been revoked? (You do not need to report a lapsed license.)		
39.	Have you been denied American Board of Medical Specialties or American Board of Osteopathic Medicine certification or has your certification ever been suspended or revoked?		
40.	Are you aware of any open complaint, pending investigation or inquiry into your professional conduct by any entity or are any disciplinary charges pending against you?		
41.	Since your completion of postgraduate training, has any disciplinary action ever been taken against you? (A confidentiality agreement does not absolve you of your requirement to answer this question.)		
42.	Since your completion of postgraduate training, have you taken a leave of absence from any health care facility, group practice or employer for reasons related to your competency to practice medicine?		
43.	Has your medical staff membership, medical privileges, medical staff status or association with a health care facility ever 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, administration or governing board?		
44.	Have you ever withdrawn an application for hospital privileges or appointment, or have you ever been denied medical staff membership, advancement in medical staff status or association with a health care facility, or has such denial been recommended by a medical staff committee, administration or governing body?		
45.	Has your privilege to manufacture, distribute, administer, 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?		
46.	Has any professional liability insurance provider ever restricted, limited, terminated, imposed a surcharge or co-payment, or placed any condition 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?		
47.	Have you ever had an application for membership as a participating provider denied by any third-party payor, Medicare or Medicaid (any state) or have you ever been the subject of any termination, suspension or probation proceedings instituted by any third-party payor, Medicare or Medicaid (any state) or have you ever been restricted from receiving payments from any third-party payor, Medicare, Medicaid (any state)?		

Olivia Louise Thornton
PRINT NAME: _____

MEDICAL MALPRACTICE HISTORY QUESTION			
You must answer "yes" or "no" to question #48. NOTE: A "yes" response requires a detailed explanation of each malpractice claim. Please use the <i>Explanation for Malpractice History Question</i>. You must also arrange for your lawyer or liability carrier to provide the requested supporting documentation.		<u>YES</u>	<u>NO</u>
48.	Has any medical malpractice claim ever been made against you, whether or not a lawsuit was filed in relation to the claim? NOTE: You must report any medical malpractice claims that have been made against you, even if the claim against you was dropped, dismissed, settled, adjudicated or otherwise resolved.		

CRIMINAL HISTORY QUESTION			
You must answer "yes" or "no" to question #49. NOTE: A "yes" response requires a detailed explanation of each offense/arrest. Please use the <i>Explanation for Criminal History Question</i>. You must also arrange for submission of the court and police records directly from the primary source or from your lawyer.		<u>YES</u>	<u>NO</u>
49.	Have you ever been charged with any criminal offense? NOTE: You must report being arrested, arraigned, indicted or convicted, even if the charges against you were dropped, filed, dismissed or otherwise discharged. Minor traffic or parking violations need not be reported. You must report serious traffic offenses such as reckless driving, hit and run, driving with a suspended license, or operating under the influence or its equivalent. This list is not all-inclusive. If in doubt as to whether an arrest or criminal offense must be disclosed, it is best to disclose the action on your application. A medical malpractice claim is a civil, not a criminal matter and should not be reported on this question. <div style="border: 1px solid black; padding: 5px;">Expunged/Sealed Offenses: While expunged/sealed offenses, arrests, tickets or citations need not be disclosed, it is your responsibility to ensure the offense, arrest, ticket or citation has, in fact been expunged or sealed. Failure to reveal an offense, arrest, ticket or citation that is not in fact expunged or sealed, raises questions related to truthfulness in addition to questions regarding the offense itself. You may have been told your record is expunged or sealed when in fact it is not. If, during the course of the application process, information about an offense is discovered which you did not disclose because you believed it to be expunged or sealed, you will be required to provide a copy of the expunction or sealing order.</div>		

PRINT NAME: Olivia Louise Thornton

CONFIDENTIAL INFORMATION QUESTIONS			
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, <u>or</u> within the past two years. You <u>must</u> answer "yes" or "no" to questions #50 - 52.		<u>YES</u>	<u>NO</u>
NOTE: A "yes" response to questions # 50 - 52 requires a detailed explanation. Please use the <i>Explanation for Confidential Information Questions.</i>			
50.	Do you have a medical or physical condition that currently impairs your ability to practice medicine?		
51.	Have you engaged in the use of any substance(s) with the result that your ability to practice medicine is currently impaired?		
52.	Have you ever refused to submit to a test to determine whether you had consumed and/or were under the influence of chemical substances?		

**** IMPORTANT NOTE REGARDING PHYSICIAN WELLNESS ****

If you have a substance use disorder or mental or physical health diagnosis that impacts your ability to practice medicine, the Board encourages you to seek assistance voluntarily and to abide by any recommendations of your health care provider.

When the Board receives notice of a substance use disorder, its primary mission is to protect the public; however, the Board also seeks to ensure successful rehabilitation through the physician's participation in approved treatment programs and supervised structured aftercare. Similarly, when the Board receives notice of a mental health or physical health diagnosis that impacts a physician's ability to practice, the Board needs to ensure that the physician can practice medicine safely.

In regard to issues of physician impairment, whether the impairment is caused by a substance use disorder, or a mental or physical health diagnosis, the Board works cooperatively with the Massachusetts Medical Society's Physician Health Services (PHS) and encourages physicians to contact PHS to determine what services may be available to them in order to ensure their safe practice of medicine. Please call PHS at (781) 434-7404.

PHS is a nationally recognized physician assistance program designed to assist physicians with the following: alcohol misuse; substance use disorder; behavioral or mental or physical health issues that currently impair the ability to practice medicine; stress including administrative burdens; financial pressures; and work-family balance issues. PHS does not treat but may refer a physician for evaluation and treatment, if necessary. PHS services are available to all physicians in Massachusetts, whether or not they belong to the Massachusetts Medical Society.

Olivia Louise Thornton, MD, MPH



EDUCATION & TRAINING

Case Western Reserve University **June 2018 – Present**
University Hospitals Cleveland Medical Center
Obstetrics & Gynecology Residency Program
MacDonald Women's Hospital
Cleveland, Ohio

The University of Texas Health Science Center **July 2014 – May 2018**
Joe R. & Teresa Lozano Long School of Medicine
San Antonio, Texas
Doctor of Medicine

The University of Texas Health Science Center **May 2014 – December 2017**
School of Public Health
Houston, Texas
Master of Public Health

The University of Texas at Austin **August 2010 – May 2014**
School of Natural Sciences
Austin, Texas
Bachelor of Science in Human Biology
Specialization in the Social Aspects of Health and Disease

ADDITIONAL CREDITS & CERTIFICATIONS

Global Health Scholars Track **November 2018 – Present**
Department of Obstetrics & Gynecology
MacDonald Women's Hospital
Case Western Reserve University School of Medicine

ASAM Treatment of Opioid Use Disorder Course: Ob-Gyn Focus **December 2020**
- Completed an opioid use disorder course, which provided the required education needed to obtain an x-waiver to prescribe buprenorphine after graduation
- Course was provided through a partnership between the American Society of Addiction Medicine and ACOG

Foundations in Transgender Health Course
World Professional Association for Transgender Health
Global Education Initiative

October 2020

- Completed an online course for healthcare professionals on transgender health; topics included gender development, mental health, policy and ethical issues, primary care and preventative health, puberty blockers, hormonal treatment, and surgical overviews
- Learned how to utilize the Standards of Care for Transgender Health in a medical practice
- Supplemented this course by reviewing patient cases with hormone therapy providers at University Hospitals and participating in gender affirming surgery during a self-led PGY3 trans health elective

Centering Healthcare Basic Facilitation Training

July 2018

- Completed a certification course for facilitation of Centering Pregnancy group prenatal care classes
- Practiced facilitation and group management skills using proven Centering techniques such as mindful listening, Acknowledge, Refer, Return (ARR), and strategic questioning
- Worked with the midwifery department at University Hospitals to co-facilitate prenatal care groups as a PGY1

UT Health School of Medicine Elective Credits

August 2015 – May 2018

- Homelessness & Addiction, Richard Usatine, M.D.
- Healthcare Practice & Business of Medicine, Luci Leykum, M.D., and Adam Ratner, M.D.
- Global Health Enrichment, Ruth Berggren, M.D.
- Issues in Women's Healthcare, Elizabeth Evans, M.D.
- Basic Research Design: A Short Course, Center for Medical Humanities & Ethics
- Humanism in Medicine Fellowship, Richard Usatine, M.D.
- Preparing for Global Health Work, Ruth Berggren, M.D.

HONORS & AWARDS

NATIONAL

Outstanding Resident in Gynecologic Oncology

June 2021

The Society of Gynecologic Oncology

ASCCP 2021 Resident Award

June 2021

For showing outstanding research, academic, and/or clinical potential as a resident

Recognition of Excellence in Minimally Invasive Gynecology

June 2021

American Association of Gynecologic Laparoscopists

Ryan Program Resident Award for Excellence in Family Planning

April 2021

In recognition of continued excellence and dedication to family planning in residency

The 2019 Ryan Resident Scholarship

June 2019

Awarded annually to OB/GYN residents with a commitment to family planning clinical training and research; attendance at the 2019 Society of Family Planning Annual Meeting

The American College of Obstetricians & Gynecologists **March 2018**
Congressional Leadership Conference Scholarship Recipient
Full registration, housing, and travel scholarship to attend the ACOG 2018 CLC focused on advocacy training and congressional lobbying in Washington, D.C.

North American Forum on Family Planning Scholarship **July 2015**
Full conference and travel scholarship from the Forum Partners Committee and the Society of Family Planning

Medical Students for Choice Abortion Training Institute **January 2015**
Application-based scholarship to attend MSFC's March 2015 Abortion Training Institute

LOCAL

Resident Community Service Award **June 2021**
University Hospitals Cleveland Medical Center, MacDonald Women's Hospital

Department of OB/GYN Resident Research Award, 2nd place **June 2021**
University Hospitals Cleveland Medical Center, MacDonald Women's Hospital

Student Government Association Community Service Award **March 2018**
In recognition of UT Health's Pride Community Clinic, an interdisciplinary community service project that engages and serves the community

The UT Health 2018 Paul C. Weinberg Award **March 2018**
In recognition of a strong social conscience, advocacy for women's rights, and a respectful, caring, ethical approach to patients

The UT Health Class of 2010 Scholarship Award **March 2018**
In recognition of academic excellence and a vision to enhance and contribute to the educational experience of future medical students

UT Health's 11th Annual Community Service Learning Conference **February 2018**
Blue Ribbon Award
Poster Winner: Safe Space Training Expansion to Enhance LGBTQ Sensitivity and Clinical Competency

Gay & Lesbian Medical Association 33rd Annual Conference **September 2015**
UT Health Travel Award Recipient

The 65th American Medical Student Association Convention **March 2015**
Advocacy and Grassroots Activism Award
Poster Winner: Preliminary Findings: LGBTQI San Antonio Healthcare Needs Assessment

Medical Students for Choice Conference on Family Planning **November 2014**
UT Health Travel Award Recipient

PROFESSIONAL MEMBERSHIPS

National Abortion Federation	May 2021 – Present
Ohio Policy Evaluation Network	November 2020 – Present
World Professional Association for Transgender Health	October 2020 – Present
Consortium of Universities for Global Health	March 2019 – Present
Cleveland Society of Obstetricians & Gynecologists	October 2018 – Present
Gold Humanism Honor Society Marvin Forland, M.D. Chapter	October 2017 – Present
The American College of Obstetricians & Gynecologists	August 2014 – Present
American Medical Association	July 2014 – Present

RESEARCH EXPERIENCE

Ohio Policy Evaluation Network Trainee	October 2020 – Present
- Joined OPEN, an interdisciplinary team of researchers from The Ohio State University, the University of Cincinnati, and Case Western Reserve University who conduct a rigorous evaluation of the effects of recent and future Ohio legislation, regulations, and policy on a variety of outcomes related to reproductive health	
- Working on a focus-group project examining provider views of abortion education in medical school and residency	
- Attended OPEN's 3 rd Annual Conference in September 2020	
Improving Contraceptive Knowledge in Pediatrics University Hospitals Cleveland Medical Center	September 2020 – Present
- Collaborating with pediatrics colleagues on a quality improvement project focused on knowledge of contraceptive options for pediatric patients	
- Currently assisting with survey development with a plan to eventually lead a lecture for pediatric residents and fellows on contraception	
Counseling, Contraception, and Conception Rates in Patient Undergoing Bariatric Surgery Maria Shaker, M.D., University Hospitals Rainbow Center for Women & Children	October 2019 – March 2021
- Led a project to determine conception rates, contraceptive use patterns, and frequency of counseling regarding pregnancy recommendations in patients undergoing bariatric surgery	
- Collaborated with bariatric surgery colleagues, designed a retrospective cohort study, completed the IRB, organized the collection of data, analyzed the results, and wrote and edited a final manuscript published in <i>Contraception</i>	

Quality Improvement of Postpartum IUD Insertion January 2017 – May 2018
Kristen Plastino, M.D., UT Teen Health Program Director

- Assisted with data collection and analysis for a quality improvement project examining the existing protocol for postpartum IUD insertions at University Hospital
- Prepared an abstract and poster for the ACOG 2017 Districts VI, VII, & XI Annual Meeting on September 15th in San Antonio, Texas

Project WORTH Internship June 2015
Mario Martinez, M.B.A., Project WORTH Program Manager

- Completed an internship and public health practicum experience with San Antonio Metropolitan Health's teen pregnancy prevention department, Project WORTH (Working On Real Teen Health)
- Wrote an abstract detailing project interventions and presented results at SURF 2015
- Worked in the weekly Teen Health Clinic providing contraceptive counseling to teens and assisting in Nexplanon insertions under the instruction of Dr. Junda Woo, Medical Director of the San Antonio Metropolitan Health District

UT Health Pride Research Committee January 2015 – February 2016

- Conducted multiple data analyses from a community needs assessment of the local LGBTQ population in collaboration with Pride's Vice Chair of Research
- Applied the results of the research to a successful proposal for the formation of a community clinic that provides free healthcare to the local LGBTQ population

Undergraduate Research Assistant September 2012 – May 2014
Boris Zemelman, Ph.D., Assistant Professor of Neuroscience
University of Texas at Austin

- Worked in the Zemelman Neuroscience Lab in the Center for Memory and Learning focused on optogenetics and the role of the hippocampus in memory formation and diseases that affect memory, including Alzheimer's Disease
- Worked specifically on molecular techniques targeting the hippocampal D1 dopamine receptor and assisted in the creation of a method for Fragile X Syndrome synaptic tagging using mice brain histology

BIBLIOGRAPHY

PEER REVIEWED PUBLICATIONS

Thornton O, Daggett E, Zia L, Quian A, Close E, Khaitan L, El-Nashar SA, & Shaker M. (2021). Counseling, contraception, and conception rates in patients undergoing bariatric surgery: A retrospective review. *Contraception*. In Press.

Brandalise F, Kalmbach BE, Mehta P, **Thornton O**, Johnston D, Zemelman BV, & Brager DH. (2020). Fragile X Mental Retardation Protein bidirectionally controls dendritic Ih in a cell type-specific manner between mouse hippocampus and prefrontal cortex. *The Journal of Neuroscience*. 40(27), 5327–5340.

ABSTRACTS & PRESENTATIONS

Thornton O, Daggett E, Zia L, Quian A, Close E, Khaitan L, El-Nashar SA, & Shaker M. (2021). Counseling, contraception, and conception rates in patients undergoing bariatric surgery: A retrospective review. Accepted for oral presentation at the 2021 Cleveland Society of Obstetricians and Gynecologists Resident/Fellow Research Day (virtual).

Thornton O, Daggett E, Schlüssel M, El-Nashar SA, & Shaker M. (2021). Counseling, contraception, and conception rates in patients undergoing bariatric surgery: A retrospective review. Accepted for ePoster presentation at the 2021 American College of Obstetricians & Gynecologists Annual Clinical & Scientific Meeting (virtual).

Thornton O, Purusothaman V, Dinesman I, & Plastino K. (2018). Improving the Post-Placental Intrauterine Device Protocol to Reduce Patient Visits [2H]. *Obstetrics & Gynecology*. 131, 87S.

Thornton O, Purusothama V, Dinesman I, & Plastino K. (2018). Improving the Post-Placental Intrauterine Device Protocol to Reduce Patient Visits. Poster presented at the 2018 American College of Obstetricians & Gynecologists Annual Clinical & Scientific Meeting (Austin, Texas).

Jones C, Hardy C, Nevitt N, Richards J, Castillo J, Ofomata A, Schall B, Smith C, Spears C, Al-Asadi F, **Thornton O**, & Moser B. (2018). Safe Space Training Expansion to Enhance LGBTQ Sensitivity and Clinical Competency. Poster presented at the 11th Annual UT Health San Antonio Community Service-Learning Conference (San Antonio, Texas).

Thornton O, Purusothama V, Dinesman I, & Plastino K. (2017). Improving the Post-Placental Intrauterine Device Protocol to Reduce Patient Visits. Poster presented at The American College of Obstetricians & Gynecologists Districts IV, VII, & XI Annual Meeting (San Antonio, Texas).

Thornton O & Martinez M. (2015). Teen Pregnancy Prevention: An 1115 Medicaid Waiver Approach. Poster presented at the 2015 San Antonio Military Health System and Universities Research Forum (San Antonio, Texas).

Al-Asadi F, **Thornton O**, Pham L, Smith C, Spears C, Nordhauser J, Guarnero P, & Esterl R. (2015). Addressing the Unique Demographics and Healthcare Needs of the San Antonio Gay Male Population through Free, LGBTQI-Competent Educational Healthcare Settings. Poster presented at the 33rd Annual Gay and Lesbian Medical Association Conference (Portland, Oregon) and UT Health's 2015 Annual Alumni Gala (San Antonio, Texas).

Pham L, Westhart K, Al-Asadi F, Leet J, Gonzales E, Benavides L, Flores J, Hwang E, Winkler G, Alonzo C, Munoz P, Jensen S, Reiter P, Smith C, Spears C, **Thornton O**, McLeod C, Vazquez G, Lam C, Guarnero P, & Esterl R. (2015). Overview: LGBTQI San Antonio Healthcare Needs Assessment. Poster presented at the 2nd Annual Out for Health Conference (Houston, Texas) and the 65th American Medical Student Association Convention (Washington, D.C.).

TEACHING ACTIVITIES & PROFESSIONAL SERVICE

Resident Presentations:

September 2018 – Present

- Traumatic Experiences in Residency, June 2019 – 2021
- Gynecologic Surgery Nursing Lecture, June 2020
- Osteoporosis, REI Education, October 2019
- Tubal Ligation vs Salpingectomy, GYN Education, February 2019
- Nephrolithiasis in Pregnancy, MFM Clinic Education, November 2018
- The ARRIVE Trial, MFM Journal Club, November 2018
- Adnexal Masses in Postmenopausal Women, GYN Education, October 2018
- Menstrual Physiology, Residency Education, October 2018
- Pathophysiology of Pregnancy, OB Conference, September 2018

Interdisciplinary Communication Committee Member

October 2020 – Present

- Acting as resident representative on a committee of nurses and physicians dedicated to improving communication and patient care at MacDonald Women's Hospital
- Led a resident initiative for nursing appreciation week

Postpartum Care Committee Member

July 2020 – Present

- Acting as resident representative on a committee of nurse practitioners, midwives, and physicians dedicated to improving postpartum patient care and restructuring postpartum provider responsibilities at MacDonald Women's Hospital

Gynecologic Ultrasound Education

June 2020 – Present

- In an effort to address a gap in program education, collected images of gross pathology during various GYN surgeries and correlated them with pre-operative ultrasound findings
- Planning to lead a resident education series focused on gynecologic ultrasound

Black Lives Matter Book Club Leader

March 2020 – Present

University Hospitals OB/GYN Residency Program

- Working with a group of residents to plan and facilitate a racism-focused book club within the program in an effort to examine personal biases and explore the history of our field
- Current read: Dorothy E. Roberts' *Killing the Black Body*

Reproductive Health Elective Facilitator & Lecturer **September 2021 – October 2021** **Case Western School of Medicine**

- Facilitated a lecture series focused on sexual and reproductive health topics that were not covered in the required medical school curriculum
- Presented a lecture on Shared Decision Making in Contraceptive Counseling

Oberlin College Doula Collective Invited Guest Lecturer

March 2020, April 2021

- Presented an interactive guest lecture on medication abortion, D&C, and D&E for a group of in-training abortion doulas at Oberlin College

ACOG Residency Representative

March 2020 – March 2021

- Elected to represent ACOG within the University Hospitals OB/GYN program

- Focused on keeping residents informed, connected, and engaged with ACOG
- Led the expansion of this position as Advocacy Chief Resident to include our advocacy curriculum, sex education program, and the BLM book club and other anti-racism initiatives

OB/GYN Medical Student Bootcamp Guest Lecturer **March 2019, March 2021**

Case Western Reserve University School of Medicine

- 2019 topic: 1st Trimester Bleeding, Manual Vacuum Aspiration, and Long-Acting Reversible Contraception
- 2021 topic: Dictations, Handoffs, and OB Triage

Case Western Medical Students for Choice Guest Lecturer **January 2020**

- Presented a lecture on medication abortion, D&C, and D&E and facilitated an MVA workshop for first- and second-year medical students

ACOG District V Junior Fellow Secretary/Treasurer **October 2019 – October 2020**

- Elected 1-year position assisting with logistical and financial needs of the Junior Fellow District Advisory Council

Quality Assurance and Risk Review Committee Presenter **September 2020**
University Hospitals Cleveland Medical Center

- Recommended and presented a patient's case at a hospital-wide, interdisciplinary quality committee after a negative patient experience
- Results included a change in the consent form for radiologic imaging in pregnancy, investigation into imaging orders in the EMR, and updated protocols for consulting services in the ED

Centering Pregnancy Steering Committee Member **August 2018 – August 2020**

University Hospitals Rainbow Center for Women and Children

- Participated in monthly meetings with Centering Pregnancy leadership for input on program initiatives

OB/GYN Department Grand Rounds Presenter **September 2019**

MacDonald Women's Hospital

- Presented a patient case and educational update on Bandl's Rings

Medical Student Career Development Series Panelist **March 2019**

Case Western Reserve University School of Medicine

- Topic: The Couples Match

Women's Health Elective Panelist **September 2018**

Case Western Reserve University School of Medicine

- Topic: Abortion

Issues in Women's Healthcare, ELEC 5055 **August 2015 – May 2018**

- Co-Founder & Scheduling Coordinator (August 2015 – December 2016)
- Course Director (June 2017 – May 2018)
- Managed logistics for the inaugural elective course for 40+ preclinical medical students led by Elizabeth Evans, M.D. and Corinne McLeod, M.D.

- Directed the third annual elective, including reforming the curriculum, scheduling lecturers, registering students, and leading the Elective Planning Committee
- Lecture topics: Women in Global Health, Intimate Partner Violence, Women's Mental Health, Sexual Health, LGBTQ Health, Alternative Birthing Techniques, Menopause & Aging, Female Physicians & Family Life, Contraception, Abortion, Women's Healthcare in Politics, WIC (Women, Infants, and Children), Race & Gender Intersectionality, Pregnancy, Adolescent Medicine, Maternal Mortality in Texas, and Infertility: Options & Access

Global Health Journal Club Student Presenter & Discussion Leader **May 2015**
Center for Medical Humanities and Ethics

- Article: Grimes DA, Benson J, Singh S, et al. (2006). Unsafe Abortion: The Preventable Pandemic. *The Lancet*. 368: 1908–1919.

EXTRACURRICULAR & COMMUNITY SERVICE ACTIVITIES

Cleveland Sexual Health Education **July 2019 – December 2020**
University Hospitals OB/GYN Residency Program

- Updated our existing sex education curriculum for Cleveland Metropolitan School District middle schoolers to be evidence-based, inclusive, and consent-focused
- Presented a session on STIs and Contraception at Ben Franklin Elementary School
- Led a recorded session for continuation of the curriculum during the COVID-19 pandemic

VotER Health Democracy Distribution **September 2020 – November 2020**

- Created and led the distribution of VotER badge backers to the University Hospitals OB/GYN Department; badges include a scannable QR code to assist patients and colleagues with voter registration and ballot tracking

UT Health Medical Students for Choice **October 2014 – May 2018**

- Chapter President (October 2014 – January 2016)
- MS3/MS4 Liaison (January 2016 – May 2018)
- Directed the first UT Health IUD Insertion Workshop and planned lectures aimed at educating students about contraceptive counseling, abortion care and provision, non-judgmental pregnancy counseling, and laws that affect women's healthcare, among others
- Planned documentary screenings, organization fundraising events, and social gatherings
- Served as a panelist for the Fund Texas Choice screening of the documentary "Vessel"

UT Health Pride **August 2014 – May 2018**

- Member (August 2014 – February 2015)
- Fundraising Chair (February 2015 – February 2016)
- Pride Community Clinic Committee Member (March 2015 – May 2018)
- Worked with medical and nursing student leaders, faculty, and administrators to create the first Student Faculty Collaborative Practice Clinic that serves uninsured and underinsured LGBTQ community members in partnership with the AARC Health Equity Clinic
- Coordinated a partnership with Avita Pharmacy that allowed our clinic patients to receive necessary medications, including hormone therapy, at a reduced price
- Assisted with fundraising events including the sale of t-shirts and lapel pins, bake goods and breakfast tacos, and Out for Health conference gear

Student Faculty Collaborative Practice Clinic Volunteer July 2014 – May 2018

- UT Health's SFCs provide free healthcare to marginalized populations through different student-run clinics, including Alpha Home, which serves a local women's rehabilitation center; Haven for Hope, which provides dermatologic care to patients experiencing homelessness; the San Antonio Refugee Health Clinic; and the Pride Community Clinic

Volunteer Deputy Registrar September 2012 – May 2018

- Certified to distribute and accept voter registration applications in Travis County (2012 - 2014) and Bexar County (2014 - 2018) and assist residents in registering to vote
- Planned and executed a voter registration drive at UT Health where over 170 students, faculty, and staff registered to vote in November 2015

Reproductive Health Externship May 2016 – June 2016

Planned Parenthood of Greater Texas, Austin, TX

- Planned and completed a 3rd year medical student elective clerkship at Planned Parenthood of Greater Texas under the instruction of Amna Dermish, M.D., M.Sc.
- Observed and participated in outpatient obstetric and gynecologic care including 1st and 2nd trimester abortions, pelvic ultrasounds, contraception care, STD diagnosis and treatment, well women's preventative care, and menopause management

Next Generation Project Fellow February 2016 – December 2016

NARAL Pro-Choice Texas

- Received exclusive trainings on leadership, advocacy, and policy regarding reproductive justice and participated in opportunities to protect reproductive rights for Texas women

Discussions in Medical Ethics October 2014 – February 2016

- Co-Founder and Secretary (October 2014 – February 2015)
- Member (February 2015 – May 2018)
- Assisted with the recruitment of faculty members for lectures on ethical issues in medical care and planned student-led ethics discussions
- Coordinated a special guest lecture with Dr. William Winstlade, author and professor at the University of Texas Medical Branch Institute of Medical Humanities, on the social, ethical, and policy issues surrounding brain trauma in sports

UT Health Physicians for Human Rights August 2014 – February 2016

- Member (August 2014 – February 2015)
- Chapter Secretary (February 2015 – February 2016)
- Assisted with event planning and membership management
- Coordinated a mandatory medical student training through the San Antonio Metro Health department on Intimate Partner Violence that focused on recognizing and caring for victims of IPV in a medical setting

Cachamsi Medical Spanish Institute May 2015 – June 2015
Riobamba, Ecuador

- Participated in an international medical rotation involving two weeks of medical Spanish class and participation in medical care with a local hospital's pediatric surgery department

Women in Medicine

August 2010 – May 2014

The University of Texas at Austin

- Member (August 2010 – April 2012)
- Chapter Secretary (April 2012 – May 2014)
- Organized bimonthly meetings hosting women in the medical field and volunteered with partner organizations, including Hope Africa and the Breast Cancer Resource Center

SKILLS & OUTSIDE INTERESTS

Spanish language: basic conversational and medical

Outside interests: cooking, gardening, reading, hiking, and traveling

Sealed Envelope
Initials: *gf*

Commonwealth of Massachusetts Board of Registration in Medicine
178 Albion Street, Suite 330 – Wakefield, MA 01880
Telephone: (781) 876-8210 Fax: (781) 876-8383
www.mass.gov/massmedboard

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 or Canada. Someone who has known you for at least one year and is not a relative should execute this statement. The Board of Registration in Medicine prefers statements from physicians licensed to practice in Massachusetts. You may use the same physician to complete both the Supervisory Evaluation Form and the Certificate of Moral and Professional Character, if they have known you for at least one year and are not a relative.

CERTIFYING PHYSICIAN INSTRUCTIONS:

- Please complete the below certification.
- Return to the applicant in a sealed envelope with your name affixed across the envelope seal.

CERTIFICATION OF MORAL AND PROFESSIONAL CHARACTER

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

Olivia Louise Thornton
(print name of applicant)

for 1 1/2 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.

SIGNATURE: Kim M. Pufferbaugh MD DATE: 11/22/21

Print Name: Kim M. Pufferbaugh, MD

License Number: 35-123109 State: MA

Address: [REDACTED]

City: [REDACTED] State: [REDACTED] Zip: [REDACTED]

Email: [REDACTED]

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

STATUTORY AND REGULATORY REQUIREMENTS FOR LICENSURE	
NOTE: You <u>must</u> complete the following requirements. Please see the Instructions for further information.	
53.	<p><u>Opioid and Pain Management Training:</u> (You <u>must</u> check one.)</p> <p><input checked="" type="checkbox"/> I completed three (3) credits of Board-approved CME credit in effective pain management. (i.e., www.opioidprescribing.com)</p> <p><input type="checkbox"/> I do <u>not</u> prescribe controlled substances (Schedules II – VI).</p>
54.	<p><u>Child Abuse or Neglect Recognition and Reporting Training:</u> (You <u>must</u> check one.)</p> <p><input checked="" type="checkbox"/> I received training in child abuse and neglect assessment in medical school or postgraduate training.</p> <p><input type="checkbox"/> I completed a hospital sponsored training program in recognizing the signs of child abuse and neglect.</p> <p><input type="checkbox"/> I completed a CME program in identifying and reporting child abuse and neglect.</p> <p><input type="checkbox"/> I completed an online training program (i.e. The Middlesex Children’s Advocacy Center’s program “51A Online Mandated Reporter Training: Recognizing and Reporting Child Abuse, Neglect and Exploitation” www.middlesexcac.org/51A-reporter-training).</p> <p><input type="checkbox"/> I completed a specialized certification (i.e., Child Abuse Pediatrics)</p>
55.	<p><u>Domestic and Sexual Violence Education and Training:</u> (You <u>must</u> complete.)</p> <p><input checked="" type="checkbox"/> I completed the Massachusetts Department of Public Health online training in Domestic and Sexual Violence for licensed healthcare professionals. https://www.mass.gov/service-details/domestic-and-sexual-violence-integration-initiatives</p>
56.	<p><u>MassHealth Enrollment Requirement:</u> (You <u>must</u> check one.)</p> <p><input type="checkbox"/> I am enrolled or have applied to enroll in MassHealth as a <u>nonbilling</u> provider. (Nonbilling application: https://www.mass.gov/doc/nonbilling-orp-provider-contract-and-application-3/download)</p> <p><input checked="" type="checkbox"/> I am enrolled or have applied to enroll in MassHealth as a <u>billing</u> provider. (Billing provider application must be requested through MassHealth at 1-800-841-2900)</p>
57.	<p><u>Electronic Health Records (EHR) Proficiency Requirement:</u> (You <u>must</u> check one.)</p> <p>I have <u>DEMONSTRATED PROFICIENCY</u> in the use of EHR through my:</p> <p><input type="checkbox"/> participation in a Meaningful Use program as an eligible professional.</p> <p><input checked="" type="checkbox"/> my employment with, credentials to provide patient care at, or contractual agreement with an eligible hospital or critical access hospital that has implemented an electronic health record.</p> <p><input type="checkbox"/> participation as either a Participant or an Authorized User in the Massachusetts Health Information Highway.</p> <p><input type="checkbox"/> completion of 3 hours of a Category 1 EHR-related CME course that discusses, at a minimum, the core and menu objectives and the Clinical Quality Measures (“CQMs”) for Meaningful Use.</p> <p><u>OR</u></p> <p>I am <u>EXEMPT</u> from the EHR Proficiency requirement because I am an applicant:</p> <p><input type="checkbox"/> for an Administrative or Volunteer License.</p> <p><input type="checkbox"/> who will <u>not</u> be engaged in the practice of medicine as defined in 243 CMR 2.01(4).</p> <p><input type="checkbox"/> on active duty as a member of the National Guard or of a uniformed service called into service during a national emergency or crisis.</p>

PRINT NAME: Olivia Louise Thornton

90-DAY RENEWAL INFORMATION

State law requires that renewal of your license occur on your first birthday after your license is issued, unless your birthday falls within ninety (90) days of your license issue date. If your first birthday is within the 90-day time period that your license is issued, you will not be required to renew your license until your following birthday.

Example: If your birthday falls on September 1, 2014, and your license is issued on July 1, 2014, your renewal date will be September 1, 2015. However, if your birthday falls on September 1, 2014, and your license is issued on January 1, 2014, you will be required to renew your license by your birthday on September 1, 2014. Renewals thereafter will be on a two-year birthday cycle.

Check one:

- Do not hold my Full License Application; send it to the Board as soon as it is completed.
- Hold my Full License Application until it is within the 90-day time period.

My birthday is: [REDACTED]
Month Day Year

CERTIFICATIONS

- Pursuant to M.G.L. c. 112, § 2 and 243 CMR 2.07(15), I certify that 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. (*Note:* providing certification does not imply that you will participate in the Medicare program).
- 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. 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.
- By signing this application, 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 your MassHealth application and enrollment status and Massachusetts licensure status.
- I have read the Board's regulations, 243 CMR 1.00 through 3.00.

Certification:

- I confirm I have read and agree to comply with these statutory and regulatory requirements.

DECLARATION OF APPLICANT

I, Olivia Louise Thornton
(PRINT LEGAL NAME)

being duly sworn, depose and say that I am the person described and identified in this application. I declare that I have examined this complete application and to the best of my knowledge and belief, the information contained herein and evidence or other credentials submitted herewith are true, correct and complete. I understand that any falsification or misrepresentation of any item or response on this application or any attachment hereto may be a sufficient basis for denying or revoking a license. I hereby 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 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. I hereby authorize the Board of Registration in Medicine to transmit any information contained in the application, or information that may otherwise become available to them, to any agency, organization, or individual, who, in the judgement of the Board, has a legitimate interest in such information.

SIGNATURE: [Signature] DATE: 11/23/2021

PHOTOGRAPH



SIGNATURE OF APPLICANT:

[Signature]
(Sign in the presence of a notary)

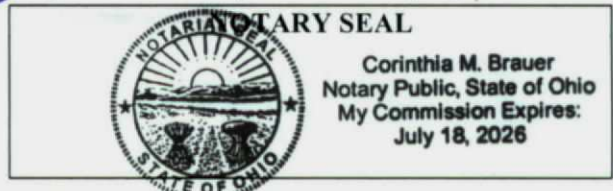
Seal Verified
DATE: 12/14/2021
INITIALS: [Initials]

NOTARY SECTION

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

On this 23rd day of Nov, 2021, before me, the undersigned notary public, personally appeared Olivia Louise Thornton (name of document signer), proved to me through satisfactory evidence of identification, which were personally known, to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

Corinthia M. Brauer
Signature of Notary Public
July 18, 2026
Commission Expires On





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

Physician Name: Olivia L Thornton, M.D.

License No.: 291181

Current Status: Active

License Expiration Date: 6/25/2022

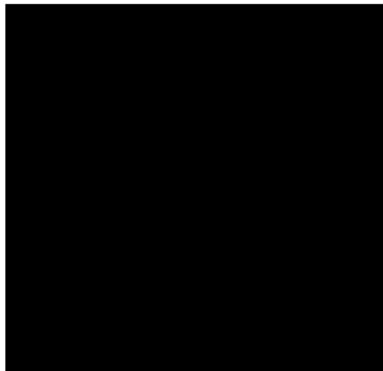
1) **Activity Status:** Active

2) **Address & Contact Information**

Mailing Address:

Home Address:

Business Address:



3) **Email Address:** [Redacted]

4) **Fax Number:**

5) **Specialties**
Family Planning Fellowship
Obstetrics and Gynecology

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

ABMS/AOA	Board Name	Certification	Subspecialty
		None Reported	

7) **Drug License Numbers**

Massachusetts	Federal (DEA)	Federal (DEA) XS
[Redacted]	[Redacted]	

8) **Other states where you are now licensed to practice**
Ohio

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
Brigham & Women's Hospital	



Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application

Physician Name: Olivia L Thornton, M.D.

License No.: 291181

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

Insurance Carrier	Policy Start Date	Policy End Date	Policy Type
Marsh Management Services Cayman	07/01/2021	07/01/2022	Claims made with tail coverage

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 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**

Physician Name: Olivia L Thornton, M.D.

License No.: 291181

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**

Physician Name: Olivia L Thornton, M.D.

License No.: 291181

23) Do you have a medical or physical condition that currently impairs your ability to practice medicine? If your answer is 'yes', please provide a detailed explanation.

You may answer 'NO' if the behavior or condition is known to the Massachusetts Medical Society's Physician Health Services (PHS) and you are complying with all PHS requirements for evaluation, treatment and/or monitoring as recommended.

24) Have you engaged in the use of any chemical substance(s) with the result that your ability to practice medicine is currently impaired? If your answer is 'yes', please provide a detailed explanation.



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

Physician Name: Olivia L Thornton, M.D.

License No.: 291181

25) Alzheimer's Training Requirement

I did not complete the required Alzheimer's and Dementia Training.

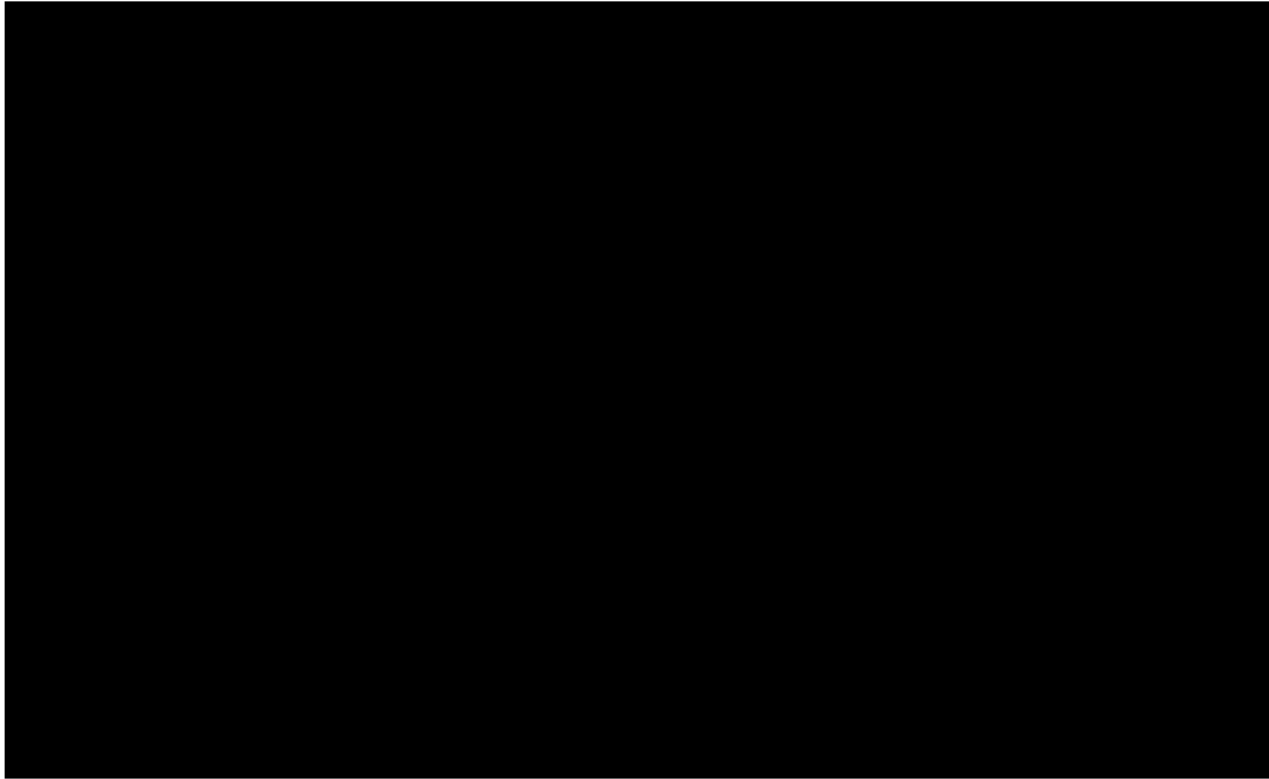
Licensees applying to renew a license must complete the required course by November 7, 2022.



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

Physician Name: Olivia L Thornton, M.D.

License No.: 291181





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

Physician Name: Olivia L Thornton, M.D.

License No.: 291181

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**

Physician Name: Olivia L Thornton, M.D.

License No.: 291181

- 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.