

**Before the  
New Hampshire Board of Medicine  
Concord, New Hampshire 03301**

In the Matter of:  
Jeffrey D. Rosen, MD

**VOLUNTARY SURRENDER OF LICENSE**

Recognizing that professional misconduct allegations are now pending against me before the New Hampshire Board of Medicine ("Board") concerning the denial of my application for licensure by the State of Vermont and the voluntary surrender of my medical license in the State of West Virginia, I, Jeffrey D. Rosen, MD, hereby voluntarily surrender my New Hampshire license (#14695) effective on the date that the Board accepts this offer of voluntary surrender.

By voluntarily surrendering my license, I understand that:

1. I relinquish all rights and privileges to practice medicine in the State of New Hampshire effective upon the Board's acceptance of this voluntary surrender.
2. I admit that this license surrender has occurred in settlement of pending disciplinary charges arising solely out of the denial of my application for licensure by the State of Vermont Medical Board and the subsequent voluntary surrender of my medical license in the State of West Virginia based on the Vermont Board's licensure denial.
3. I acknowledge that the denial of my application for licensure by the Vermont Medical Board was primarily based on that State's finding that I had mischaracterized a response to a Board Investigator's inquiry regarding the

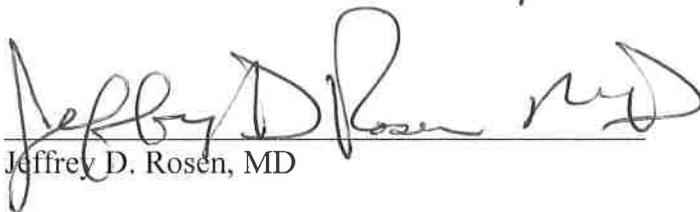
termination of my employment at the Women's Health Center of West Virginia. Although my termination letter stated that my services were no longer needed, the Vermont Medical Board received information that the contract for my services was terminated as a result of complaints alleging unprofessional and disrespectful treatment of patients. I was unaware at that time of any such allegations.

4. I admit to no violations of RSA 329:17, VI, but recognize that the fact of my voluntary surrender will be distributed by the Board as a disciplinary action.
5. Should I again seek licensure in the State of New Hampshire, I must meet and shall bear the burden of proving compliance with all of the standards and prerequisites then required by the Board for new applicants, including professional character requirements.
6. I understand that the pending disciplinary allegations shall be resolved in any future licensure application I may submit in New Hampshire. I hereby specifically waive any statute of limitations or laches defense, which might then be available as to these misconduct allegations.
7. I understand that if the Board chooses to accept my surrender of license, this document shall be distributed to all relevant licensing authorities and professional societies in the same manner as a final decision making specific finding of professional misconduct. I recognize that the fact of my voluntary surrender will be distributed by the Board as a disciplinary action. I further

understand that this document shall become a permanent part of my file, and will be maintained by the Board as a public document.

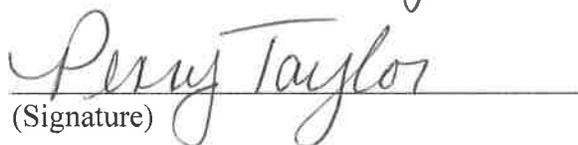
8. I voluntarily submit this surrender of license to the Board and state that no promises or representations have been made to me other than those terms and conditions expressly stated herein.

IN WITNESS WHEREOF, I hereby affix my signature on this 3<sup>rd</sup> day of April, 2013.

  
Jeffrey D. Rosen, MD

ACCEPTED BY THE BOARD OF MEDICINE on this 1<sup>st</sup> day of May, 2013

Date: May 3, 2013

  
(Signature)

PENNY TAYLOR  
(Print or Type Name)  
Authorized Representative of the  
New Hampshire Board of Medicine

Board members, Michael Barr, M.D and Robert P. Cervenka, M.D., recused.